

26 January 2019

Mental Health Royal Commission Establishment
Department of Premier and Cabinet
GPO Box 4509
Melbourne VIC 3001

Dear Sir/Madam

Re: Royal Commission into Mental Health – Terms of Reference

Our submission asks that the Victorian Royal Commission into Mental Health specifically investigate the serious problems experienced by people with (or a probable) diagnosis of a PERSONALITY DISORDER. There is a critical lack within the current healthcare system for them to receive timely assessment and appropriate services for their serious mental illness. We also seek that the experiences of families and carers who support people with Personality Disorders be included within the terms of reference. Further clinicians and others working with this group of people also require specialist training and support.

People with BPD can recover! With early diagnosis, appropriate treatment and support the prognosis for people with BPD is positive.¹

Despite the positive prognosis people with a diagnosis of a personality disorders experience significant prejudice and discrimination within mental and general healthcare services, by emergency personnel and other supports.

Even today, in 2019, some people are denied access, or treated differently, due to their diagnosis. Many people diagnosed with personality disorders say that they are ignored and blamed for their illness² which further adds to their levels of mental distress and stress.

About the Australian BPD Foundation

The Australian BPD Foundation is a not-for-profit organisation. Our vision is that people with BPD are acknowledged as having a legitimate mental illness and require access to appropriate treatment and support for themselves and their families/carers.

The mission of the Foundation is to promote a positive culture to support the recovery journey of people with BPD and their families/carers. The Foundation also supports clinicians, health care personnel and

1 Ng FYY, Bourke ME, Grenyer BFS (2016) Recovery from Borderline Personality Disorder: A Systematic Review of the Perspectives of Consumers, Clinicians, Family and Carers. PLoS ONE 11(8): e0160515. <https://doi.org/10.1371/journal.pone.0160515>

2 <https://www.yourhealthinmind.org/getmedia/e4a256bf-e2b8-4870-8ee5-54fd0a1d3acc/Borderline-personality-disorder-YHIM.pdf.aspx?ext=.pdf>

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researchers working in this field and acknowledges everyone who works towards a better recognition of BPD.

Background Information

- Personality Disorders affects up to 6.5% of the population.³
- BPD is considered to be the "general" personality disorder, from which others are specific variants (e.g. paranoid, narcissistic).⁴
- Most of the research in personality disorders is on Borderline Personality Disorder (BPD), as it is the most commonly presenting problem to health services. However, it remains a hugely neglected area within mental health.⁵
- BPD is a common mental illness characterised by pervasive and persistent instability of sense of self, difficulty in regulating emotions, extreme sensitivity to perceived interpersonal slights, and by impulsive and often self-destructive behaviours.⁶
- BPD is often under-recognised due to its presentation with common psychiatric comorbidities including substance abuse, eating disorders, depression, anxiety, bipolar affective disorder.⁷
- The impact of BPD on the wellbeing of consumers and carers is severe.⁸ Consumers often live with constant and intrusive suicidal thoughts and a feeling of deep shame. Carers live with constant anxiety, lack of support and information to appropriately cope with their family member (or friend's) emotional dysregulation, their suicidality or self-harming and manage the impact on their own physical and mental health.⁹ Many carers experience vicarious trauma as a result.
- The rate of presentations in Emergency Departments by people with BPD is very high. Recent estimates indicate that around 26% of people presenting to emergency departments for mental health crisis have a personality disorder, while 25–43% of adult inpatients and 23% of adult outpatients meet the criteria for BPD¹⁰
- Personality disorder diagnoses is linked to a high risk of suicide – approximately 10% with many more deaths failing to meet the strict criteria for the determination of death by suicide.¹¹
- The incidence of BPD seen in parents who come to the attention of Child Protection Services is approx. 30%

3 Tyrer, P., Mulder, R., Crawford, M., Newton - Howes, G. I. L. E. S., Simonsen, E., Ndeti, D., & Barrett, B. (2010). Personality disorder: a new global perspective. *World Psychiatry*, 9(1), 56-60.

4 Sharp, C., Wright, A. G. C., Fowler, J. C., Frueh, B. C., Allen, J. G., Oldham, J., & Clark, L. A. (2015). The structure of personality pathology: Both general ('g') and specific ('s') factors? *Journal of Abnormal Psychology*, 124, 387-398.

5 Grenyer, B. F. S., Ng, F. Y. Y., Townsend, M. L., & Rao, S. (2017). Personality disorder: A mental health priority area. *Australian and New Zealand Journal of Psychiatry*, 51(9), 872-875.

6 American Psychiatric Association. *Diagnostic and statistical manual of mental disorders. 5th edition, Text Revision (DSM-V-TR)*. Washington DC: American Psychiatric Association; 2013

7 Quirk SE, Berk M, Chanen AM, et al. Population prevalence of personality disorder and associations with physical health comorbidities and health care service utilization: A review. *Pers Disord* 2016; 7: 136–46.

8 Lawn, S., & McMahon, J. (2015). Experiences of family carers of people diagnosed with borderline personality disorder. *Journal of Psychiatric & Mental Health Nursing*, 22(4), 234-243.

9 Bailey, R. C., & Grenyer, B. F. S. (2013). Burden and support needs of carers of persons with borderline personality disorder: A systematic review. *Harvard Review of Psychiatry*, 21(5), 248-258.

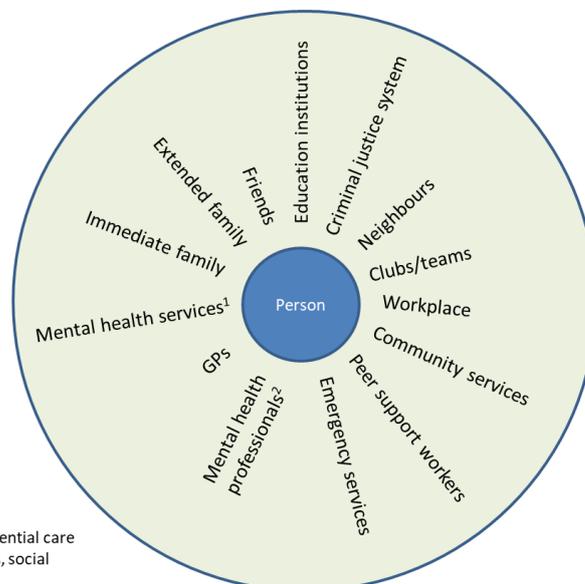
10 Carotte, E, & Blanchard, M. (2018). Understanding how best to respond to the needs of Australians living with personality disorder. *SANE Australia*

11 Grenyer, B. F. S., Ng, F. Y. Y., Townsend, M. L., & Rao, S. (2017). Personality disorder: A mental health priority area. *Australian and New Zealand Journal of Psychiatry*, 51(9), 872-875.

- The incidence of BPD within forensic services is estimated to be 20% and within aged care 10% of patients in inpatient units, residential care services and nursing homes have significant personality disorder related clinical issues
- With appropriate treatment and support people with BPD can lead a meaningful life as active members of our society

Current concerns

- Personality disorders are not effectively treated with medications.¹² The most effective treatment for people with personality disorders is psychological treatments with an emphasis on psychoeducation and life skill training. There is no ‘quick fix’. The medicalisation of the health care system biases the use of pharmaceutical therapies to treat mental health conditions. These treatments can be effective for depression and anxiety, but there is little evidence to support their effectiveness for treating personality disorders. Ineffective pharmaceutical treatment can result in poorer outcomes (e.g. increased sense of hopelessness) and higher risk of suicide in people with personality disorders.
- In 2012 the National Health and Medical Research Council (NHMRC) published the Clinical Practice Guidelines for the Management of Borderline Personality Disorder¹³. However, there has been no concerted effort to implement these guidelines. We believe that implementation of these guidelines would go a long way to redress the serious shortcomings in treatment and supports within the mental health sector in Victoria for personality disorders.
- Without access to appropriate treatments and supports the impact of personality disorders can have a significant ripple effect on society (see Figure 1). Taking a preventative approach to recognising and treating people with personality disorders will reduce the impact on the community, on family, carers and reduce the economic, social and personal costs.



- A 2017 study¹⁴ reported mean cost saving for treating BPD with evidence-based psychotherapy was about \$ 4000 per patient per year in total healthcare costs in the year following BPD treatment as compared to the year prior.

12 Chanen AM, Thompson KN. Prescribing and borderline personality disorder. *Aust Prescr.* 2016 ;39(2):49-53

13 <https://nhmrc.gov.au/about-us/publications/clinical-practice-guideline-borderline-personality-disorder>

14 Meuldijk D, McCarthy A, Bourke ME, Grenyer BFS (2017) The value of psychological treatment for borderline personality disorder: Systematic review and cost offset analysis of economic evaluations. *PLoS ONE* 12(3): e0171592. doi:10.1371/journal.pone.0171592

- Compared to treatment as usual, provision of evidence based psychotherapy resulted in an additional cost-saving of about \$ 2000 per patient per year.
- there are no organized, effective and well-defined clinical pathways of care or support for people with personality disorders. What is available often has a long waiting list and does not offer continuity of care. Support and psychoeducation for carers (family and friends) is extremely limited
- We still have a clinical workforce that is not adequately trained in treating BPD. This results in high rates of fatigue, stress and burnout of staff leading to a high turnover of staff. This further compounds the level of experience and training of staff.

In conclusion

- We wish to recommend that the commission includes an investigation of the significant issues in accessing timely and appropriate services experienced by people diagnosed with PERSONALITY DISORDERS and the needs of the families and carers who support them are included within the terms of reference.

Yours sincerely

Rita Brown (President) Australian BPD Foundation