

Dear [INSERT name of your Federal MP or Senator]

I am writing to you with a request relating to the federal responsibility to ensure that mental health services funded by the Federal Government are evidence-based and appropriate for the needs of people impacted by BPD and those who care for and support them.

As your constituent, I am writing to you about the '[National Consensus Statement: By, With and for People Impacted by Borderline Personality Disorder \(BPD\)](#)'. I am asking you to please show your support for this Statement by putting your name to it and then forward it to the Federal Minister for Mental Health, The Honourable Emma McBride MP, asking the Minister to help bring all parties together to achieve its four point plan.

The Statement advocates for

- * the endorsement of a national model of care for people with BPD
- * an accompanying national framework for the family and carers of people with BPD
- * a national training framework for health professionals
- * establishment of a BPD Centre of Excellence in each state and territory of Australia.

and it has won the support of many prestigious mental health organisations as you can see from the logos which include Lived Experience Australia, MIND, Sane Australia, Headspace, the Royal Australian College of Psychiatrists and the Australian Psychological Society and the Australian College of Mental Health Nurses.

Within our Health system, federal government funded GPs are meant to be the first port of call for people seeking help. So, it is important they can assess and refer to appropriate services. However, after seven years of operation, only about half of the 31 federal Primary Health Networks that support GPs nationally have developed their local HealthPathways for borderline personality disorder.

The National Consensus Statement is attracting hundreds of stories from people who have suffered from being unable or even denied care due to a lack of sector-wide capacity and capability. These stories are supported by testimonials from people living with BPD, their family, friends and mental health professionals.

Unlike other mental illnesses, no drug has been approved to date for the treatment of BPD. The NHMRC Clinical Guidelines for BPD 2012 suggest that BPD-appropriate structured therapy and support is the most efficacious treatment for BPD. However, although there would be huge savings in terms of economics and human suffering (including loss of life by suicide), these services are only rarely available.

When people are not referred for evidence-based assessment and treatment, their experiences of the mental health system too often lead to iatrogenic harm to themselves and others, disenchantment, distress, lack of trust and hostility, rather than positive outcomes.

The devastating system wide impacts of this ongoing neglect of people living with BPD have been amply described in the recent Quarterly Essay by Sarah Krasnostein: [Sarah Krasnostein | Quarterly Essay](#). It is available for free on Audible [here](#).

I look forward to hearing back from you about the government's response to you.

Regards

[INSERT YOUR NAME]

[INSERT YOUR ADDRESS]

PS: If you have a personal or professional interest in supporting advocacy to ensure Australians living with BPD receive effective treatment and the best chance of recovery, please consider liking [the Australian BPD Foundation Facebook page](#) and joining as a member [here via this link](#).