Australian BPD Foundation Limited

The Australian BPD Foundation's Top Three Priorities for Equity and Access for People with Personality Disorder and Complex Trauma[1]

The Australian BPD Foundation is a volunteer led, NFP charity that aims to change the predominant nihilistic culture surrounding provision of ANY treatment for people with borderline personality disorder (BPD). This resulted in considerable iatrogenic harm and economic, social and personal 'costs' as well as premature death including by suicide.

Priority I: Equity in access to treatment – addressing the treatment gap

The Better Access program is not meeting the needs of many vulnerable groups, especially people with BPD. BPD is prevalent, ranges in severity, and many people who need services are not able to access them. Currently, some localised services are available through the public system and the private system primarily through private psychologists. Gap fees make this a difficult if not impossible option for many. Currently, access to services is ad hoc, more difficult in outer metropolitan areas and virtually non-existent in rural and remote areas. There are NO available treatment options for many people with BPD. Access to evidence-based treatment could result in reduced inappropriate prescribing, emergency department presentations, inpatient admissions, domestic violence, substance misuse, homelessness and decreased pressure on community services.

Priority 2: Access to 10/20/30/40 sessions according to severity and complexity of presentation

The previous labour Government supported the development of the NHMRC Clinical Guidelines for BPD. Unfortunately, the Guidelines were not implemented. The Guidelines recommend[2] that people with BPD receive structured psychological therapies specifically designed for BPD; provided by adequately trained and supervised health professionals; that the frequency of sessions match the person's needs with consideration being given to at least one session per week; and that all health professionals receive training in BPD management. The Foundation believes 10 to 20 sessions are required for those experiencing mild to moderate distress whilst those experiencing a higher level of severity/complexity will need more sessions probably provided by services other than through Better Access. Currently these other services are very limited or non-existent depending on location.

Priority 3: Holistic treatment, care and support

People with BPD have a much-reduced lifespan primarily due to comorbidity with other chronic conditions (e.g. obesity, diabetes, autoimmune conditions). The addition of sessions and conditions (BPD and CPTSD) to the Chronic Disease GP Management Plan would support a treatment approach more appropriate to the person's holistic care and support. Including case co-ordination sessions for meetings with health professionals and psychosocial support such as NDIS, GP and emergency service liaison and writing safety /treatment plans would support more effective care coordination. There is a high comorbidity of BPD and Eating Disorders (30-50%). Currently those in this group can access 40 sessions for their eating yet feel that their BPD is invisible/dismissed. This causes much distress as they feel that a part of them is too shameful and is unworthy of treatment.

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[1] Due to the current changing understanding around personality difficulties and the high comorbidity (and similarity of many symptoms) with complex posttraumatic stress disorder when we refer to BPD we are mindful of the complexities that surround this diagnosis

[2] NHMRC Clinical Guidelines for the Management of BPD (2012) p 58, p105

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