

Welcome to the final edition of the Australian BPD Foundation Newsletter for 2015

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*Happy Festive Season to all
and best wishes for 2016 from all
here at the Australian BPD
Foundation.*



Report on the 5th Annual National Borderline Personality Disorder Awareness Day Conference

by **Deb Ringwood**

The 5th Annual National Borderline Personality Disorder Conference was held on Friday 2nd October 2015 at Flinders University in Adelaide. The Faculty of Health Sciences building was made available to participants, who were able to appreciate the natural serenity of the University surrounds during conference breaks.

The Conference M.C. was De Backman-Hoyle who introduced Penny Wright to officially open the Conference. Penny Wright is a former Greens Party Senator and a passionate advocate for mental health awareness. Senator Wright immediately engaged a capacity crowd of more than 250 people.

Senator Wright reflected on her time in the Senate and documented her understanding of the daily struggle that consumers experience. Senator Wright's comment resonated with participants when she said: *I have learned how difficult it is for some people to get out of bed - every day takes courage.*

The Conference Keynote Speaker was Professor Andrew Chanen, Director of Clinical Services at Orygen Youth Health Clinical Program. Professor Chanen has a major involvement in many organizations and presented a dedicated and



compassionate view of the importance of early diagnosis of mental illnesses such as BPD. Professor Chanen's address **New Directions in Borderline Personality Disorder** gave an outline of how people with BPD present themselves in our community. Challenging the belief that BPD cannot be diagnosed early, Professor Chanen outlined that BPD is the same disorder in youth as in adults, and can be fully developed by age 18. He emphasised the degree to which BPD is associated with poor physical health and that severe and persistent disability is an under-recognised and devastating hallmark of BPD.

Professor Chanen outlined that 1 in 5 patients have traits of BPD, that Conduct Disorder, Oppositional Defiant Disorder and Attention Deficit Hyperactivity Disorder can all be considered clues to a possible diagnosis of BPD.

Professor Chanen further outlined that unemployment due to illness and extreme difficulty in regulating emotions can have the effect of scarring a consumer's self-esteem for decades, producing a self-perpetuating cycle. People with BPD have the strongest association of any population group with being the recipient of disability benefits.

Professor Chanen discussed the various treatments helpful for people with BPD. He believes that good clinical care and structured psychological and psychiatric management can work as well as specialised treatments and that the primary focus should be developing the consumer's life function

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skills rather than treating symptoms and behaviour.

Conference participants were then addressed by speakers for whom BPD is an ongoing and continually changing reality. Three perspectives were given - Consumer, Carer and Clinical Psychologist.

Consumer Catherine Bennett outlined her journey with BPD with her Address **Recovery - A Lived Experience**. Catherine's journey has taken many years and her stories resonated with many in the Conference. Her defining moment came when she recognised that there was *something missing* in her recovery. She had been unable to take responsibility for herself and her actions. She wanted *someone else* to fix her problems. She did not believe in fighting to recover - *it was too hard, she hated herself*. Catherine eventually realised that only she could initiate change. Catherine now believes the *Essentials for Recovery* are: the right therapist and treatment, the right medication

The goal for consumers should be to become independent, and able to develop stable life skills.

Clinical Psychologist Professor Brin Grenyer is the Director of the **Project Air Strategy for Personality Disorders** - a project funded by the Health Department of NSW. The Project Air Team work with patients, carers and their families to develop solutions where everyone works together. Project Air's name derives from air symbolising life and hope.

Professor Grenyer also believes that effectively managed clinical care works as well as specialised treatment programs.

The Conference offered Concurrent Sessions for participants to attend. Each session offered a different perspective. Topics were **Commonalities in Therapeutic Approaches, What might a Model for a Statewide Service Look like** and **Making Sense of it All**.

All three presentations were informative and thought provoking and offered participants the

Conference presentations on YouTube channel

<https://www.youtube.com/channel/UCu74-57DZP1CLC-9Q09P7NA>

and soon on our NEW website

(if appropriate), the right psychiatrist and the right support people. Catherine is an advocate for recovery from BPD and her continued success and participation in life is a reminder that recovery is indeed possible.

Karen Bailey from South Australia outlined her journey as a carer for her daughter with BPD. Karen knows the difficulties that everyday living brings for her daughter. The ongoing issue of how to *quell the pain inside* is ever present and invariably leads to destructive and addictive behaviours. The emotional dysregulation is a rollercoaster - one which a carer is also destined to ride.

Karen believes passionately that clinicians need to discuss their patients' situation with the family. Karen says *Carers need to know what happens so that they can work on the home front and they and the clinicians can be on the same page*.

Karen believes support and information is essential for Carers and cited **Partners in Recovery** and the **Semi-Colon Project** as programs that have been of assistance to her as a carer.

From her experience Karen also believes that *psychotherapy is more effective than medication*.

opportunity to raise questions for challenging discussion. Most importantly these sessions offered different perspectives to be shared with those in the wider community.

Panel Members included Dr. Clara Bookless, Dr. Jackie Amos, Dr. Sathya Rao, Dr. Martha Kent, Ms Sonia Neale, Ms. Anne Reeve, Mrs. Judy Burke.

The next presentation was given by Dr. Cathy Kezelman who is a medical practitioner and President of ASCA (Adults Surviving Child Abuse). Dr. Kezelman is a passionate advocate for and leader in trauma informed policy and practice and has worked closely with the Royal Commission into Institutional Responses to Child Sexual Abuse.

Dr. Kezelman raised many questions concerning the complex needs of survivors of child abuse and more broadly the ongoing treatment needs of consumers who have experienced other forms of trauma. Dr. Kezelman argued that survivors of trauma have, at times, been unnecessarily re-traumatised by health professionals who lack the appropriate skills and understanding to

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deal with them. This results in an invalidating experience and does little to rebuild trust and empowerment. Dr. Kezelman encouraged the necessity for trauma survivors' needs to be handled with more compassion, advocacy, and depth of understanding.

Dr. Paul Cammell is a psychiatrist, academic and psychotherapist. He is affiliated with Flinders University and Flinders Medical Centre and has recently been appointed as Chair of a committee tasked to lobby for the establishment of a South Australian statewide Personality Disorder service.

Dr. Cammell's presentation was entitled **Moving Forward**. Originally trained in Philosophy, Dr. Cammell gave an interesting and informative presentation outlining the history and development of the understanding of Borderline Personality Disorder. He is interested in relating philosophy to theories and clinical approaches in psychiatry, psychotherapy and psychoanalysis. He

has recently published a book focusing on Borderline Personality Disorder.

Dr. Cammell noted that as a health professional he is constantly aware that consumers need an individualised treatment approach as there is the constant concern of triggering past fears.

Following an overview of presentations and a wrap-up of the day the Conference was formally closed by Janne McMahon, Chair and Conference Co-Convenor and Patron of the Australian BPD Foundation.

Participants were thanked for their attendance and ongoing commitment to raising awareness of Borderline Personality Disorder within their own communities and invited to attend the 6th Borderline Personality Awareness Conference which it is hoped will be held in Perth in 2016.

Launch of the Australian Consortium for Women's Mental Health

At the recent **Public Lecture: Women's Mental Health - It's getting tougher**, delivered by Professor Jayashri Kulkarni* an internationally renowned expert and high profile advocate for women's mental health, presented a compelling lecture on the major issues which impact women and their mental wellbeing, and strategies for improving women's mental health.

During the Lecture, Professor Kulkarni presented four case studies of women with different mental illnesses, to paint a picture of how gender can play an important role in mental illness presentation and outcomes. Women are twice as likely to suffer from depression, anxiety disorders and suicide attempts when compared to men, with mental illness being gender specific in terms of symptom presentation. This makes it even more essential that new services and approaches to care are established that meet the needs of women.

Women's mental health is generally not well understood, is often ignored by the community and is not recognised as a national health care priority. With this in mind, Professor Kulkarni was delighted to announce the formation of the Australian Consortium for Women's Mental Health. The Consortium aims to address the lack of awareness, support, treatments, services and translational research which currently surround women's mental health by developing a national agenda focused specifically on this area of healthcare. It will establish integrated physical and mental health strategies and approaches to care as a national focus.

The Australian Consortium for Women's Mental Health is the collaboration of a number of expert individuals and organisations who are leading the way in advocating for women's mental health in Australia. This multidisciplinary team has expertise in women's mental health research, evaluation and clinical practice, primary care and policy.

The members of the Consortium are available here: <http://www.maprc.org.au/news/launch-australian-consortium-women%E2%80%99s-mental-health>

The lecture can be viewed here:

<http://www.maprc.org.au/news/professor-jayashri-kulkarnis-public-lecture-womens-mental-health-its-getting-tougher>

* Professor of Psychiatry and Director of the Monash Alfred Psychiatry research centre (MAPrc). MAPrc is currently undertaking a research project to analyse the relationship between early life traumatic events and the expression of BPD.

WHAT I SEE WITH BPD

He wakes up every morning in a similar kind of way,
just praying so badly that things will go his way.
It's only something small, like tripping on a shoe,
for his mind to think the way he doesn't want it to.

He doesn't want it to happen, he knows he shouldn't care,
He hates feeling this way, it really isn't fair
Why should he put up with all that's thrown his way
And still have to deal with the struggles of every day?
He gets a little angry, when he's pushed a bit too far
He also teaches me to be exactly who you are
Did you know he cries when he reads something sad,
Could a man like that, really be that bad?

He wakes up every morning and hugs his lady tight,
Does that seem like a man that doesn't treat her right?
And when things get quite hard and his mind's not clear
He says things that are not true like " I don't want you here"

But somebody who comes home to me every single day
And tells me how beautiful I am, in my heart he'll stay
Now, you might not get it, it's quite hard to understand
& sometimes things in life might not be exactly how we planned
But one thing is for sure, this I definitely know
There is no place in the world I would rather go
Because life's not very easy, not for most people you see,
And it can be a little different when you're faced with BPD
It might feel like forever that he will feel this way,
Just know I'll be here for him, through each and every day
Because believe this or not he is worth all of my time.

It may not always feel like it but one day we will be fine,
And when he's being critical saying somethings I do are wrong,
I have to try and remember that I'm pretty bloody strong,
He can't control his anger, he isn't trying to be mean,
He just can't control his emotions, and he needs some space it seems,
And with the battles that he faces in every single day,
I always tell myself it's not my fault he feels this way.

The best thing that I can do, is show him that I'm there,

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Not to try and fix him but just show him that I care,
Because he cares for me, and sometimes it's hard to show,
But I'm strong enough to do this and I do already know,
So, excuse me if I may, I'd now like to speak to you
And I know you may not like it, but I'm going to tell you what to do
Don't you underestimate and feel guilty about me,
I already know I'm pretty great and I know we're meant to be,
So when your BPD makes you think that you're not good,
Just think in life, you're doing everything you should
And you're already winning the battle you think you'd lose
And always remember I'd pick you all over again if I had a chance to choose.

Abbey Johnson

Reflections on 2015 at the Foundation

by **Estelle Malseed**

In 2015 Foundation has continued to work towards achieving its mission of promoting 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 researchers working in this field and acknowledges everyone who works towards a better recognition of BPD.

The features of the year have been the Adelaide conference and the production of the Guide to Services in Victoria, which have been discussed here in these pages. These milestones and all the work of the Foundation throughout the year have been done by a small group of volunteers, who I would like to take the opportunity to acknowledge and thank here.

In 2016, we have plans for a conference in Perth, and other states have expressed interest in putting together a guide to services similar to the one we have produced in Victoria, which has proved such a success.

Particular thanks to Janne McMahon and her team who put together the Adelaide conference, and who are now providing a professional development network.

Congratulations are also due to Spectrum for expanding their staff to include a Consumer and a Carer Consultant. Flick Grey is now appointed to the Consumer Consultant position, and Rita Brown is the Carer Consultant. These important positions will undoubtedly boost the consumer/carer participation at Spectrum. Flick has also recently been awarded the Barbara Hocking Fellowship by SANE Australia for 2016 to study and travel overseas for research.

Thank you to Spectrum and Tandem for the support that has been given to the Foundation over the year with pro bono and office support.

Wishing you all a safe and happy Festive Season and a happy year in 2016.

Prevention and Early Intervention Approaches for Emerging Personality Disorder in Youth presented by Professor Andrew Chanen on 1st October 2015 in Adelaide

by **Sonia Neale** Peer Support worker with UnitingCare West in WA

Professor Andrew Chanen, Director of Clinical Services at Orygen Youth Health (Melbourne) and Helping Young people Early (HYPE) delivered a workshop to mental health professionals in Adelaide as part of the 5th Annual Borderline Personality Disorder Conference held by the Australian BPD Foundation in October, 2015,.

His workshop informed the audience of the clinical, research and training programmes at HYPE, which focuses on the understanding, prevention and early intervention for BPD in youth aged 15-25 years.

BPD can be reliably diagnosed under the age of 18. There is nothing developmentally special about age 18. The ICD11 and DSM 5 have now both removed age-related caveats for Personality Disorders

Early detection and intervention should be part of routine clinical practice in youth mental health (Recommendation by the Australian BPD Guidelines published by NHMRC 2013)

Professor Chanen quoted a study which showed that approx. 3% of community dwelling teenagers and youth (14-22 years) will meet the criteria for a diagnosis of BPD.

Professor Chanen reported that the first psychiatric contact for people meeting the criteria for a diagnosis of BPD is around 17-22 years of age and

is commonly seen in clinical practice. Well-intentioned clinicians may deliberately avoid the label and as a result perpetuate negative stereotypes, a reduced prospect of applying specific interventions for BPD and the potential for inappropriate intervention and harm eg a large percentage of youth presenting for treatment are taking more than three different types of medication. This can lead to metabolic complications. With youth BPD there is a rise of symptoms after puberty with a corresponding decline in functionality. Meeting BPD criteria in youth is associated with functional disability and multiple psychosocial problems including, low self-care, substance use and mood disorders, inter and intrapersonal distress, reduced quality of life, dysfunctional relationships with family and friends with poor outcomes for education and employment, and high morbidity.

BPD responds well to early intervention even in those with established illness. Early intervention is a key factor during adolescent development because the traits in youth are flexible and malleable and the earlier the intervention the better. The risk factors for the development of BPD include genetic, neurobiological, attachment, social and environmental. There are no specific genes identified as causative of BPD. Heritability is around 40%. Prevention and early intervention is best. Early detection and intervention is justified and practical in adolescence and emerging adulthood.

Disability Adjusted Life Years (DALYs) is 15-34 years lower than the rest of the population. There is a link between

Sonia Neale, Board Member of the Australian BPD Foundation, is a Peer Support worker with UnitingCare West in WA

BPD and physical health, cardiovascular disease, arthritis, gastrointestinal dysfunction, functional impairment,

alcohol and drug issues and smoking (68% of age 12 years and upward smoke). The dysfunctionality is stable and is a predictor of welfare reliance 20 years on. The Hype programme is based on good clinical care, structured clinical management and psychiatric care. It aims to improve adaptive functioning and reduce psychopathology. Hype uses a therapeutic intervention called Cognitive Analytic Therapy (CAT) which involves 16-24 sessions, supported by a semi-structured interview. CAT has been modified for Hype's youth programme and uses an individual's capacity to observe and think about themselves (their assumptions, their feelings and their behaviour) and explore and work with unacknowledged, unconscious factors and recognise their impact.

The Hype Program consists of a crisis team, phone support, in-patient care, after hours assistance, after hours outreach, and people are usually seen within 24-48 hours. Clients attend an average of 11 sessions. 50% have no formal follow up, 15% are linked in with GPs. It is rare there is a need for a referral to adult mental health services after HYPE services.

The general model is outpatient services with shared formulation, biopsychosocial invention with intensive outreach and home visits. Co-occurring problems are prioritised. CAT involves rewriting the formulation of client's previous life and identifies relational patterns using the transference and counter-transference between client and therapist as a re-enactment of other significant relationships.

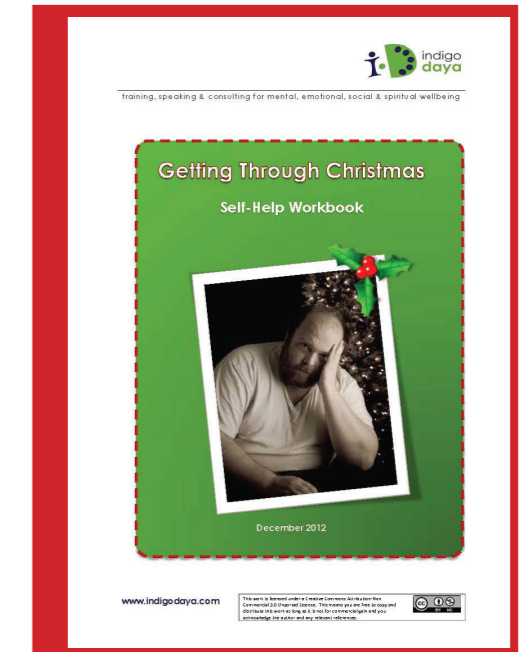
The focus is on functioning and not self-harming or suicidal behaviour. This will help prevent the establishment of disability.

Within mental health services there is a prejudice of low expectations of people with BPD. People with BPD can and do recover with the right treatment.

Getting thru Christmas

See Indigo Daya has written a helpful guide to getting thru the Christmas season.

It is



available at:

<http://www.indigodaya.com/wp-content/uploads/2012/12/Getting-Through-Christmas-Workbook-v3.pdf>

Indigo asks the question:

Why is Xmas so difficult?

She includes tips for:

A Plan to Get Through: GIFTS

A Plan to Get Through: Finding a Xmas dinner

Dealing with Critical Relatives

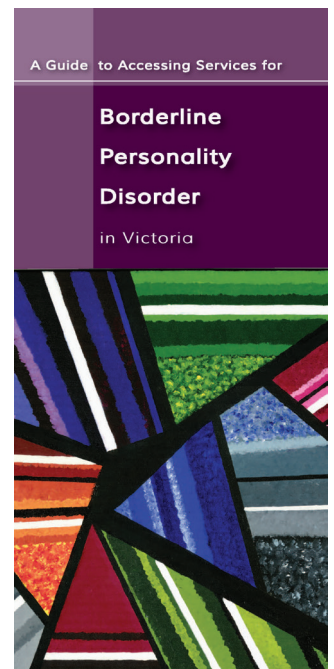
A Plan to Get Through: WHEN YOU ARE ALONE

"I wish you a safe, peaceful, balanced & heart-warming Christmas." Indigo Daya

The Spectrum-Australian BPD Foundation GUIDE TO ACCESSING SERVICES FOR BORDERLINE PERSONALITY DISORDER launched

In October a long held goal of Spectrum and the Australian BPD Foundation was reached when a **Guide to Accessing services for Borderline Personality Disorder in Victoria** was launched at the Bouverie Centre. The Guide was launched by Julien McDonald as President of the Foundation, and includes a brief outline about what BPD is, assessment and diagnosis, various therapies, and what to look for in a therapist. It includes a comprehensive list of private and public services currently available in Victoria.

At the launch, several people spoke about their experience of BPD, or of caring for someone who has BPD. The Mental Health Branch of the Department of Health and Human Services are supportive of the development of the Guide



Thank you for the opportunity to provide some comments in acknowledgement of the launch of the information brochure "A Guide to Accessing Services for Borderline Personality Disorder in Victoria" and to confirm the Victorian government's commitment to improving services for all people living with mental illness and especially for those with BPD.

I regret not being able to join the Foundation at your launch and celebrate with you the release of this guide. Bringing work like this together takes leadership and commitment and I acknowledge the work of all those who have contributed. Well done!

The Guide provides some helpful information about the nature of BPD, background to service access and outlines the types of treatment available to people experiencing BPD and their families. It confirms that people with BPD should be confident to pursue a referral to public mental health services where their problems are very serious and where treatment in this context may be indicated. The guide also outlines referral pathways for accessing services via a GPs. I am aware that the Victorian government's recent consultations in relation to developing the Ten Year Mental Health Plan underlined the need for better access to psychological therapies especially through the community mental health services such as those provided through the Commonwealth Government via GPs, and through the private sector and am hoping that this will be progressed. We will be working to ensure this work is progressed.

*I wish you all the best as you continue to provide support and advice to people living with BPD and their families. **Leanne Beagley, Director Mental Health, Drugs, Department of Health & Human Services***

The guide is available from Spectrum and Tandem, and electronically from:

www.bpdfoundation.org.au

&

www.tandemcarers.org.au

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<http://tinyurl.com/k4qsmmc>



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