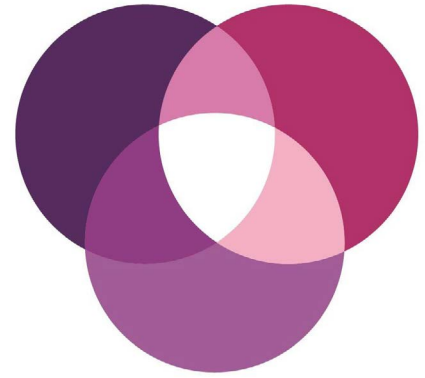


THE BPD ADVOCATE



Issue 10

2020: Stronger Together

We are stronger when we work together - whether we are managing Bushfires, Pandemics or Disorders

For many of us 2020 has continued to be challenging. Firstly, the catastrophic **bushfires** that devastated so many lives and communities and so much of our beautiful Australian countryside.

Now, in the face of the **COVID-19**, even as controls seem to be working and the rates of infection are decreasing we still experience the anxieties and uncertainties and the impact on our 'normal' way of life. These fears often divide people, but as seen with the bushfires when communities unite we are stronger together. The situation is changing rapidly so please keep yourselves informed through official health sources in your state or territory.

Jack Heath (CEO of SANE Australia) recently made the observation about 'social distancing' which he feels is profoundly unhelpful. He suggests reframing to '**physical distancing with social connection**' (see bit.ly/SANE_MaintainConnection). To me the term social distancing is so isolating and potentially triggering for people with mental illness (especially BPD) who rely on normal social structures to get them through the tough times. So I encourage you to reach out to those we love and seek supports for yourself as well.

In the last edition of The BPD Advocate I spoke about our **National BPD Training Strategy** - a four stage strategy to upskill clinicians across Australia. Unfortunately, COVID-19 has meant we have postponed the workshops for at least 7 months. We will reschedule the workshops as soon as possible. Check for updates on our [website](#) and [facebook](#) or subscribe to our monthly eBulletin at www.bpdfoundation.org.au/newsletter.php. The level of interest has been huge, so we are seeking increased funding to help us to meet the demand.

Our hope is that this training will help bring our vision one step closer - that people across Australia affected by Borderline Personality Disorder will be able to access best-practice treatments and appropriate services to meet their needs. Further, a core aim is for families, other carers and clinicians who choose to treat people with BPD are also supported.

Rita Brown

President, Australian BPD Foundation Ltd

AUTUMN 2020



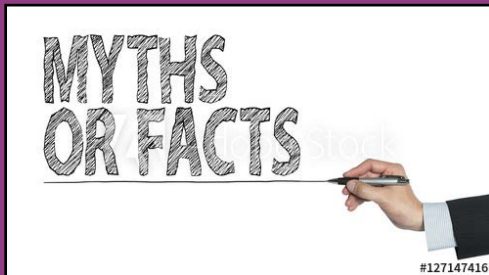
- 02 MYTHS OR FACTS
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Australian BPD
Foundation Limited

Support Promote Advocate
for Borderline Personality Disorder

Petition - Change.Org
40 funded Better Access
visits per year for BPD
<http://bit.ly/BPDvalidated>



I've Tried Everything - Nothing Works!

This is a sentiment I've heard from some people with a diagnosis of BPD. While I am mindful not to invalidate their difficulties, I am also mindful not to endorse this statement either. Their frustrations are valid and it may feel like all therapies have failed them. On further discussion, it could be reframed as 'What I've tried hasn't worked for me, *so far*'.

After engaging in treatments that have not been effective, feelings of hopelessness are quite normal. There are a few common barriers to people with BPD receiving effective treatments.

When people are feeling 'therapy doesn't work', it's helpful to remember:

- There are many therapies shown to benefit people with BPD – DBT, Mentalization, Schema, and other structured psychological therapies, as outlined in the [NHMRC BPD Clinical Guidelines 2012](#). Not all therapies are a 'good fit' for everyone, and people may have been engaging in a therapy inappropriate for them or for BPD specifically
- It is not uncommon for people to receive multiple (inaccurate) diagnoses before receiving a diagnosis of BPD, consequently they may have been offered inappropriate treatments
- Some people only have access to treatment during acute presentations when it is difficult to learn new skills, or know when to use them
- Therapy is typically time-limited and may not be geared towards a person's needs
- Finances, availability of treatment and other issues can affect attendance and limit capacity to engage
- Multiple co-existing illnesses such as substance abuse, eating disorders, intellectual/physical challenges can impact
- When feeling ashamed or hopeless it's very difficult to seek help or remember positive experiences of therapy
- The person may feel that they don't deserve to seek help.

I implore people with BPD and their families (and supporters) to persevere in seeking 'what works' for you. There are many organisations, services and passionate, dedicated people in the field that you can connect with. While I come from a South Australian perspective, there are national and local agencies and services that can offer referrals. It often takes perseverance and can be exhausting. Researching and making connections will assist in helping to find something that works for you.

Here are some information sources that I have found useful: https://bit.ly/TriedEverything_Resources

Kirsty Burns, Mental Health Social Worker, DBT facilitator, Family Connections co-leader, (SA) 

Lived Experience

Clare found therapy to be challenging, uncomfortable and confronting, yet the skills she learnt are still helping her maintain recovery

My struggles with mental health started very young. I can't remember a life without anxiety, depression, loneliness, explosiveness and instability. It was confusing and isolating as no one else seemed to struggle 24/7 with the same level of emotional intensity.

My self-image and self-worth grew from the perception I was made wrong. This led to very self-destructive thought and behaviour patterns that 20+ years later, I'm still trying to outgrow. I still struggle but today, I'm the happiest and most functional I've ever been. Eighteen years after my first therapy session, I can recognise a few pivotal moments that helped my recovery to this place.

A valuable lesson I've learned is to view mental health as a condition that needs lifetime management.

Mental illness has always been a part of my life and, through treating it, I can mitigate the degree to which it affects my life.

I used to fall into vicious cycles of withdrawing from treatment when I was feeling better, thinking I was 'cured'. These temporary highs were always followed by crashing lows and feelings of failure admitting I needed help again. Feeling hopeless, guilty and ashamed is a difficult place to be reaching out from.

Recovery isn't linear, there's lots of forwards, backwards and lateral moves. Seeing mental health as a chronic condition has helped me commit to consistent treatments

and withstand those natural ebbs and flows.

My recovery really began when I found the right clinician. Starting therapy at 10, I've interacted with countless health professionals and have endless examples of inappropriate, offensive and insensitive remarks they've made. So frustrated by these interactions, I eventually stopped expecting therapeutic benefits and just went for my parents. Only when I met my current clinician did I believe therapy could actually help.

For the first time I felt I could be completely honest and heard, not judged or dismissed. There were definitely learning curves, it's uncomfortable being that vulnerable, but those speedbumps were worth overcoming.


After several years working together, it feels like a partnership and I'm encouraged to be the decision-maker in my recovery. In most client-professional relationships,

you're encouraged to shop around to find someone that works for you and with you. If you feel you can't be honest or leave feeling invalidated or misunderstood, it might be time to consider a new clinician. You shouldn't have to endure someone who doesn't make that level of vulnerability feel worthwhile.

Similarly, there are so many kinds of therapies and different approaches work for different people.

I'd always connected with analytical approaches but after being diagnosed with BPD, I started a DBT course. It was easily the most challenging, uncomfortable and confronting thing I've ever done, but it was lifesaving. Before then, a 'life worth living' seemed impossible for me.

Years later, the knowledge and skills I learned still help me day-to-day to function, regulate my emotions and navigate relationships. For the first time, I can say I'm excited about the life I've built.

Clare (Vic) 



Carers Corner

Most families experience moments when mum or dad overreacts. These times can be more intense when one of the parents has BPD. The *Meltdown Moments* book can help small children to understand their world and talk about big feelings. Here's how it helped my family.

My daughter has lived with BPD for some time. She has two pre-school children of her own: a girl and a boy, my grandchildren. It has been a stressful year for all of us, with hospital admissions and other challenges.

I was wondering how to help my grandchildren make sense of what was going on. I wanted to reassure them that these experiences were symptoms of an illness (which can be treated) and nobody is at fault. I knew that talking would help but how to start the conversation? And how to find the level that was appropriate for their ages?

I bought the picture book *Meltdown Moments*, hoping the kids would initiate the conversation themselves, while we were reading.

To my surprise, my 3-year-old granddaughter grabbed the book out of my hands and started studying it intensely, as if she was researching a PhD. She didn't want to give it back until she'd finished 'reading' it! It was obvious that she related strongly to the images in the book.

We've read the book many times since then.

Sometimes we just read the story. Sometimes we look for the dog, the cat and the mice. Personally I love the golden moment when the doctor is so kind and validates mum's distress "It's hard for you".

Then one day, we noticed in every picture, each person has a tiny mask, which is either **green**, **yellow** or **red**, according to how they feel. So we read the story again and this time we looked for the masks and talked about how the people were feeling. We decided that a **green** mask meant they're OK, a **red** mask meant they're not OK and a **yellow** mask meant they're OK but vulnerable, so be careful.

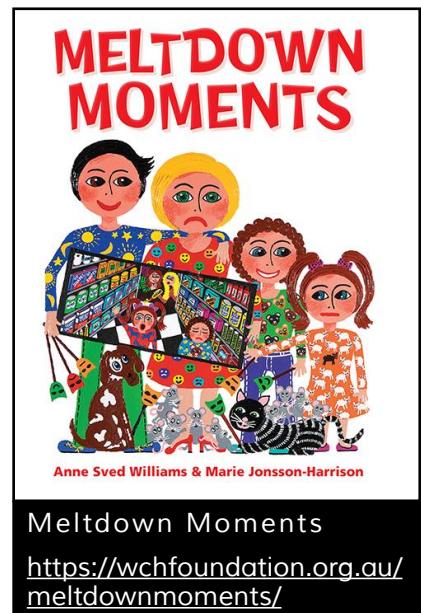
This simple concept gave us a new language and we began to use it in everyday life, to describe how we feel and start talking.

I'll never forget that day when the kids and I were looking forward to a zoo trip with their mum. She had experienced a challenging night, was unable to leave the bedroom and it was difficult for her to talk.

I explained to the kids that mummy was very sorry but she was **red** and wasn't well enough to go out, so it would just be us three going to the zoo. The 3-year-old was very disappointed and shouted at me "No, no, granny! Mummy is **green**! She can go!"

Then we heard Mummy's exhausted voice coming from the bedroom "No honey, I'm sorry I am **red**". She needed some quiet time for recovery.

Reluctantly, the kids got into the car. As you can imagine, they were very disappointed and angry. They didn't want to accept what had happened.



The 3-year-old shouted "Well, I'm **red** TOO!!!"

I gave her a hug and said "Yes, you are! I can see how disappointed you are. And I'm **yellow**. What can we do, to try to get back to **green**?"

We decided to have a big hug, then get to the zoo as quickly as we could, where we could run around a lot.

It was helpful that day, to be able to talk about our feelings using the simple traffic light shorthand from the *Meltdown Moments* book.

Meltdown Moments is available directly from Women's and Children's Hospital Foundation online shop (\$15/\$23 incl post) <https://wchfoundation.org.au/meltdownmoments/>

Debra Clark (SA) 

Research - Recovery in BPD

What does recovery look like in experiences of Borderline Personality Disorder?

One prevailing myth about borderline personality disorder (BPD) is that it is incurable. Not only is this myth harmful, it is not based on evidence.

Remission in BPD has been identified to be common, however understanding recovery through the perspectives of people with lived experience extends beyond the reduction of symptoms. What isn't clear is what recovery actually looks like to people with lived experience of BPD.

To address this, we spoke to 14 individuals with lived experience of BPD and asked them to describe their recovery experience. We found that people with BPD described that recovery occurred over three stages (being stuck, diagnosis and improving experience) and involved four processes (active engagement, treatment, hope and meaningful activities and relationships).

Individuals universally described the first stage of **being stuck**, which was characterised by not having a clear understanding of

their experiences and was described as a state of 'floundering, getting bounced in and out of hospital...'

The second stage, **diagnosis**, was identified to be a turning point and assisted individuals to conceptualise their experience.

Diagnosis provided people with a narrative 'to describe what was going on, that I wasn't alone and other people had experienced this as well'.

The third stage **improving experience** consisted of three domains:

- **Developing greater awareness of emotions and thoughts**
- **Strengthening sense of self**
- **Understanding the perspectives of others.**

Progression through the domains did not necessarily occur in isolation and individual's conceptualisation of recovery indicated that there was scepticism surrounding the complete amelioration of symptoms.

Movement between stages could be facilitated or hindered by the four processes of recovery. Active engagement was crucial for progress and referred to the desire and willingness to engage in the recovery process. However, all individuals noted that treatment was a key component of the recovery process, where effective treatment that aligned with individual goals provided a sense of hope and development of skills. Hope was additionally generated when experiences positively contrasted to an individual's perceptions and worldview. Yet, the engagement in meaningful activities and relationships provided a sense of belonging and connectedness, the opportunity to practice new skills, reflect upon one's sense of self.

Whilst this study provides an indication of the stages and processes of recovery that are significant to people with lived experience of BPD, it is important acknowledge that everyone's experience of recovery is a personal and unique journey. However, the findings indicate that there is a need for the incorporation of more holistic approaches in clinical practice. It is recommended that a greater focus on individual motivation, treatment engagement, relationships and hope is needed.

Read full paper here: <https://tinyurl.com/y6dmvcxl>

Reference: Ng, F., Townsend, M., Miller, C., Jewell, M., & Grenyer, B. (2019). The lived experience of recovery in borderline personality disorder: A qualitative study. *Borderline Personality Disorder and Emotion Dysregulation*, 6(10), 1-9. doi: 10.1186/s40479-019-0107-2

Dr Fiona Ng (University of Nottingham, United Kingdom)

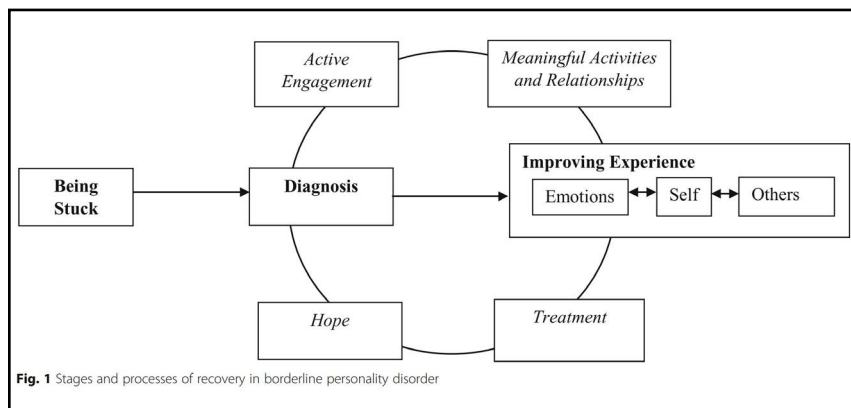


Fig. 1 Stages and processes of recovery in borderline personality disorder

National BPD Training Strategy

BPD Core Competency 2-day workshops rolling out when COVID-19 restrictions lifted. Stage 3 of the Training Strategy delivers fully funded workshops for clinicians!

Currently all face-to-face workshops from March to September 2020 have been post-poned due to COVID-19.

Expressions of Interest (EOI's) are open https://bit.ly/EOI_BPDworkshops2020

Workshops in ACT and NSW are planned for 2021. To be notified of future dates please provide your details at https://bit.ly/updates_futureBPDworkshops

Each 2-day Core Competency workshop aims to upskill clinicians and service providers to recognise, respond to and treat people living with BPD and to be inclusive of family and friends. Ongoing mentoring and supervision will be offered to participants for the life of the project.

Stage 3 - Core Competency Workshops

These workshops will cover the core competencies clinicians require to effectively engage with and support people living with BPD, including:

1. Understanding the diagnosis of BPD (including symptoms, prevalence, causes and evidence based treatments)
2. Co-morbidity and co-existing disorders in BPD
3. General principles for the treatment and care of people with BPD
4. Treatment structure
5. The therapeutic relationship
6. Partnering with families, partners and carers
7. Working with risk
8. Skills development focus
9. Clinician self-awareness
10. Recovery in BPD

For more information and to apply please email Dimitra training@bpdfoundation.org.au

Participants from the core competency training may be given the opportunity to further extend their knowledge base by participating in a 2-day intensive *Train the Trainer* workshop.

Stage 4 - Supervision and support for all participants

The Australian BPD Foundation has partnered with various organisations to develop the National BPD Training Strategy in four stages.

Stage 1 – BPD Webinars - 6 free webinars

www.bpdfoundation.org.au/webinars.php

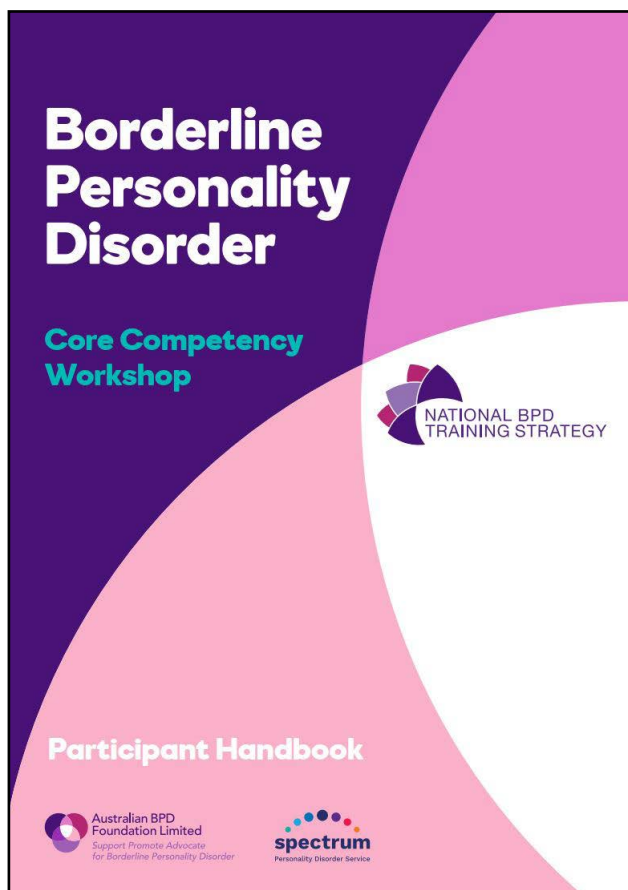
Stage 2 - BPD eLearning Modules - 5 free modules

www.bpdfoundation.org.au/learning-modules.php

Stages 3 & 4 - Workshops, Train the Trainer and supervision have been developed by a partnership

between [Australian BPD Foundation](http://www.bpdfoundation.org.au) and [Spectrum Personality Disorder Service](http://www.spectrum.org.au) with

funding from [National Mental Health Commission](http://www.nhm.gov.au).



Art Therapy for BPD

Creating images helps process intense emotions and memories, and Art Therapists are trained to guide and support the process

Art Therapy is a specialised form of healing that involves the action of creating.

In Australia, Art Therapists must hold post-graduate qualifications and are legally registered as psychotherapists. Internationally, Art Therapy has proven to be a safe space and tool for many people, including those who are non-verbal, experience extreme distress and emotional dysregulation or have experienced trauma.

Creating images help process intense emotions and memories in ways that are often less harmful to the participant.

Art therapists understand that the creative process itself is healing and are trained to facilitate the art making process, allowing the people they are working with to share what feels safe. Unlike verbal therapists, Art Therapists can silently witness the person's process. The person creating art decides if they engage the therapist in verbal conversation around the work, either way there is healing.

I've never personally accessed Art Therapy as treatment despite three decades in the public mental health system. Art Therapists are rarely found in public systems, meaning this tool for recovery has not been available to me, or millions like me. This is systemic failure of the Australian public health service. Art Therapy cannot be claimed as a Medicare item and is only largely available through private health

insurance and in some cases, the NDIS, under which a diagnosis of BPD alone does not normally meet eligibility criteria. This means it is a privilege that few have access to.

Yet, in many European countries, including the UK, it falls under public health services (Springham et al., 2012). International studies show that people with complex issues thrive from this form of therapy, becoming 'transformed' in the process.

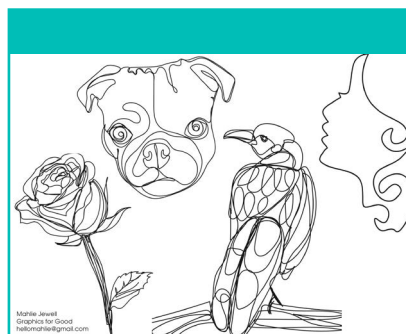
A review surrounding Art Therapists' reaction to People Living with BPD by Springham (2015) concluded that Art Therapists are aware of the stigmatisation of BPD but record lower levels of treatment anxiety than other clinicians. Art Therapists reflected the need for specific tailoring of treatment, structure and understand the importance of their relationships with BPD clients



Repetitive Shape/Line

Download drawing handout: <https://bit.ly/3coirbh>

(Haeyen, 2018). People living with BPD have noted traumatic memories and invasive thoughts can be processed by creatively expressing about them, expelling them safely without doing harm. This is well documented, and people describe this process as 'evacuation of pain' (Eastwood, 2012). [... cont >](#)



Continuous Line Drawing



Story Drawing

My self-harming behaviours lasted over 25 years and drawing about the emotions and urges attached to them stopped me engaging them in that moment. Many people undertaking art therapy report replacing or reducing their self-harming behaviour with art practice, as I did (Morgan et al., 2012). Art is also a communication tool. I still struggle to ask for help. It is common for me to hand my therapist an artwork to open a dialogue. Using art to ask for support works for me.

Using my lived experiences and education from my Masters of Art Therapy, I have created workshops where I lead groups in specific art-based skills to manage distress. They include **Continuous Line Drawing** - which helps shift 'emotional brain' states, **Repetitive Shape/Line Drawing** - which allows anxiety and overwhelming emotion to settle, and **Story Drawing** - which can help unlock experiences we cannot speak about. These practices by Mahlie Jewell and others are available to download for people living with BPD to use free of charge at http://bit.ly/GraphicsForGood_Resources.

Art therapy is a legitimate profession that helps to save people's lives, contributes to verbal therapies and provides a safe environment to process challenges. The implementation of nation-wide Art Therapy interventions, available in all public services is cost effective, recovery-orientated and well established in academia. Qualified Art Therapists in Australia can be found via the registration body, http://bit.ly/ANZACATA_find_a_therapist

If you wish to attend a workshop by me, visit <http://www.facebook.com/groups/dbtART/> to join.

References:

https://bit.ly/ArtTherapyBPD_references

Mahlie Jewell (NSW) 

Family Connections

Sharing insights while training clinicians and carer-peers to support people living with BPD

CONFERENCE

The inaugural Australian Family Connections conference "*Bringing Families Into the Picture*" was recently held at Orygen in Melbourne by [NEA BPD Australia](#).

Professor Daniel Flynn (Ireland), Robert F Krueger (USA), Beth McCrave, M.S. (USA) and Lynn Courey (Sashbear Foundation, Canada), along with Australian clinicians shared their insights to provide a well-rounded summary of helpful interventions for people living with BPD and their families/support/carers.

The day concluded with a panel representing the Australian BPD Foundation, NEA BPD, Orygen and BPD Community looking at what 'Bringing Families into the Picture Means' and what we need to work towards in the future.

Professor Andrew Chanen agreed the success of the day was undoubtedly the focus on family perspectives. "Involving parents was not an afterthought. We can't make progress with complex problems such as BPD without including everyone". (Ref: <http://bit.ly/OrygenUpdateMar2020>)

LEADER TRAINING

Prof. Daniel Flynn, Beth McCrave, M.S. and Lynne Courey presented the 2-day leader training workshop to train clinicians and carer-peers to facilitate groups for family/friends of people living with BPD.

Workshops were held in Melbourne, Brisbane and Sydney in February 2020.

Karen Bailey (SA) 



Your thoughts?

"Flip the Script - Change the narrative on BPD"

What does this mean to you?

It is an effective theme for BPD Awareness Week 2020?

Please email your comments to bpdawarenessweek@gmail.com
www.bpdawareness.com.au/

Self-Soothing Kits

The DBT skills group at BPD Awareness ACT created Self-Soothing Kits for people with complex mental illness in the bushfire affected areas in NSW

DBT SKILLS IN ACTION

In response to the severe bushfires on the NSW South Coast in January 2020, [BPD Awareness ACT](#) Dialectical Behaviour Skills Groups put their **Distress Tolerance Skills** into action and used the distraction skill of **Wise Mind ACCEPTS**.

Activities, Contribution, Comparisons, Opposite Emotions, Pushing Away, Thoughts, Sensations

'C = Contribution' (Contribute to someone; do volunteer work; give something to someone else; make someone a gift; do a surprising thoughtful thing for someone) and **'A = Activities'**. So they came together to make Self-Soothing Tool Kits for those with complex mental illness in the fire affected areas.

A number of our skills group's members had been caught in the firestorms around the Batemans Bay region and we wanted to support others in the fire regions.

Combining the DBT Distress Tolerance Skills of *Activities* and

Contribution was a great way to ride through the emotional waves from the bushfires and feel useful through helping others.

SO, WHAT IS A SELF-SOOTHING KIT?

The Self-Soothing DBT skill means using your **five senses** to comfort and nurture yourself, instead of waiting for someone else to nurture or comfort you.

This is helpful as other people will not always be available to help you when you need them. Self-soothing is doing things that feel pleasant, comforting, and provide relief from stress or pain.

Self-soothing helps us to reduce our vulnerability to **emotion mind** and to acting impulsively. It helps us tolerate pain and distress without making things worse.

Sometimes we can find it hard to self-soothe, we may think we don't deserve to feel soothing, kindness and gentleness, or we may feel guilt or shame if we self-soothe.

If we are having those thoughts, then it can be seen as a sign that we need to use skills!

You can then use **opposite action** skills to soothe yourself.

We can also make ourselves a Self-Soothing Tool Kit. In this kit we collect things for each of our senses. This can make it easier for us when we are overwhelmed, especially when our anxiety is high and we can't think of what to do. We only



have to remember to go to our self-soothing Kit and use the things we have in there. It is a good way for us to **cope ahead** and manage the tough times.

The 100 Self-Soothing Tool Kits we made included a hand written card to the person who will receive it, as well as items to distract them with by using their senses - such as a colouring-in book and pencils, soft toy, incense, peppermints, fidget spinners, hand creams, scented candles, games, mindfulness jars, stress balls, bath bombs, notebook, material swatches, sensory toys, DBT Skills cards, bouncy balls, furry pens, spinning tops etc in a calico bag.

The Self-Soothing Tool Kits were distributed by Mental Health Support Workers along the NSW South Coast for those with complex mental illness who were affected by the Bushfires. We hope they enjoy them as much as we did making them together as a group.

Natalie Malcolmson (ACT) ❤️

www.facebook.com/bpdawarenessact/

Ed: For more info see Project Air Strategy's Self-Help Fact Sheets:

<http://bit.ly/MakingASensoryBox>

<http://bit.ly/SelfHelpFactsheets>



State News

QUEENSLAND BRANCH

In 2017, Mind staff connected with the Australian BPD Foundation, and the Brisbane North PHN, to plant the seed for a branch of the Foundation in Queensland.

In 2018, we talked again at the National BPD conference in Qld where we supported the carer panel, and built connections to carers that engendered motivation for Mind and others at the conference to want to establish a branch.

In 2019, led by Mind as the interim chair and some fabulous supporters, we established the Qld Branch of the Australian BPD Foundation.

We now join our peers from other states making the national voice stronger. Though we may be in our infancy and small in number, we are a passionate and skilled team on the journey for system change and better services - now poised and ready to grow.

Our first task is to research and create a Qld *BPD Guide to Accessing Services* resource which has been supported through a generous philanthropic grant gained by the national executive. This is essential because in Qld, we have some great services and continue to have great innovations, yet we are so geographically spread and disconnected.

We would like to say thank you to the Australian BPD Foundation for their support, and especially to their treasurer Keith Warren for obtaining our grant, and Rita Brown and Geri Taylor for their continued support to establish our branch.

Leanne Lilley (Qld) 🍷

MHPN BPD News



MHPN BPD Networks are open to all GPs and mental health professionals. Meetings are free, held quarterly, and earn CPD points. Networks meet face-to-face or by teleconference and offer you the opportunity to build practitioner relationships. Videos of past Victorian and Sydney meetings can be viewed here: <http://www.bpdfoundation.org.au/conference-archives.php>

NOTE: All face-to-face MHPN meetings are suspended due to COVID-19, and will move to an online format.

Contact Ashleigh on a.blair@mhpn.org.au for updates or to start/join a network.

NSW > [Sydney](#) - 18 Mar - *BPD in the Workplace* - [Flyer](#) **CANCELLED**

NT > [Northern Territory](#) - 30 Mar - **CANCELLED**

QLD > [Brisbane North](#)

QLD > [Ipswich/West Moreton](#) - 25 Mar - **CANCELLED**

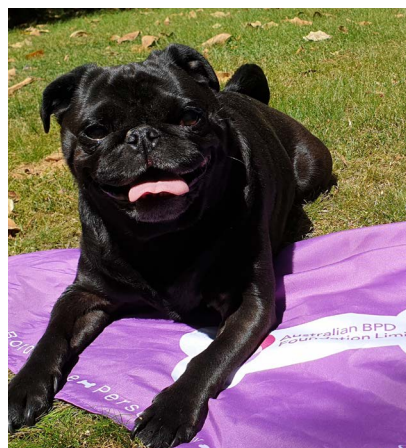
SA > [Adelaide](#) - **ON HOLD**

TAS > [Hobart](#) - **TBC**

VIC > [Victoria](#) - 31 Mar - *BPD & Sexual Diversity* - [Flyer](#) **CANCELLED**

WA > [Perth](#)

BANDANNAS FOR YOUR FUR BABIES



Help our model **Skylar** raise awareness of BPD with these gorgeous Bandannas !

Bandannas are 55x55cm square, suitable for a medium sized dog, and all humans! They cost \$15, \$20 (for 2) or add \$10 for each additional bandanna - postage included!

Order on Etsy: <https://www.etsy.com/au/shop/ABPDF>

All proceeds go to the [Australian BPD Foundation](#).

Peer Work

MULTIPLE LENSES GIVE GREAT SIGHT

When two professionals come together with different lenses we can change the way we work. In our case we changed the way we train and upskill our staff to truly understand how to support a person living with BPD.

Mind Australia in Queensland delivers dual disability supported independent living and complex care support services with a multidisciplinary team of allied health specialists supporting people with psychosocial, dual disability and complex needs.

We should be fabulous with these skills at supporting people living with BPD in supported independent living, and we feel we *are* good, but we wanted to be better. To do this we needed to train our support staff so they could be the best they can be in their roles.

The question was how to achieve better when already you have the clinical skills (knowledge) and service delivery skills? The answer for us was simple - you bring in the lived experience skills and combine this for multiple lenses and make it real.

The training about BPD and service delivery provides the knowledge of the functional impact on the person living with BPD and how to deliver care; the lived experience gives the reality and transfer of content into context to support skill application.

We transformed our training, staff attitudes and therefore service delivery; and we are now fortunate to have this peer role as part of our complex care support team.

**Leanne Lilley, General Manager Complex Care, SIL,
Mind Australia (Qld)** 🍷

OAM Award!



JUDY BURKE, OAM

Congratulations to Judy Burke who was awarded an Order of Australia medal (OAM) in the Australia Day 2020 Honours list.

This award is in recognition of her **Service to Community Health** which includes creating the [Sanctuary BPD Carer Support Group](#) in Adelaide with her late husband Bob.

Judy was involved in lobbying for the establishment of [BPD Collaborative](#) in SA, is a founding member of the SA branch of the [Australian BPD Foundation](#) and a life member of [Skylight Mental Health](#).

Thank you for your lifelong dedication to improve access to services to people with BPD and your support of carers!

Read more about Judy's work on page 56 of this honour roll: <http://bit.ly/JudyBurkeOAM>



Australian Helplines

[KIDS HELPLINE](#) - 1800 551 800 (24hr) 5-25yrs
<https://kidshelpline.com.au/>
email:counsellor@kidshelpline.com.au

[LIFELINE](#) - 13 11 14 (24 hr) Crisis Support
<https://www.lifeline.org.au/>

[SUICIDE CALLBACK](#) - 1300 659 467 (24hr)
<https://www.suicidecallbackservice.org.au/>

[SANE](#) - 1800 187 263 (weekdays 10am-10pm AEST)
<http://bpdfoundation.saneforums.org> (24/7 Forums)

[QLife](#) - 1800 184 527 (7 days 3pm-12am)
<https://qlife.org.au/> - Free LGBTI Peer Support

Support Promote Advocate for BPD

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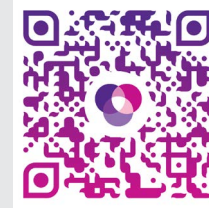
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