

THE BPD ADVOCATE



Issue 11

Embracing All Perspectives

"In the beginner's mind there are many possibilities; in the expert's mind there are few." *Shunryu Suzuki-roshi*

What a roller coaster 2020 has been for so many of us. A few months ago we were still reeling from the tragic bushfires, and learning to live a new way of life, with restrictions on movement and in many instances a decrease in the availability of face-to-face mental health supports. We have heard mixed opinions over the value of telehealth services. To try to capture this information and advocate for the availability of appropriate services for BPD, we are developing a survey which we will email to everyone shortly.

I have found, working alongside people with lived experience of BPD that they often display remarkable resilience in managing difficult times in their lives. Please reach out to others and seek supports for yourself as well.

Early during Australia's initial lockdown I made the decision to learn something new and enrolled in a DBT skills course for clinicians. One of Marsha's concepts of 'Beginner's Mind' has really resonated... approaching life with an attitude of openness and curiosity. It's a way to see the world with fresh eyes and free yourself from limiting preconceptions.

There is a Zen story about a student who went to see a Zen master seeking knowledge and enlightenment. He asked questions, then gave a detailed explanation of everything he already understood, leaving no opportunity for the Zen master to say anything. As the student was speaking, the Zen Master brought out 2 teacups and started pouring tea, one for himself, and one for the student, which overflowed and continued spilling onto the table. "Stop", cried the student, "the cup is full, there is no room for anymore!" "Like this cup," said the Master, "you are full of your own opinions and speculations. How can I teach you Zen unless you first empty your cup?"

This story, I believe, offers a great illustration of how we often fill our minds with preconceptions and beliefs. If our mind is full there is no opportunity to shift our perception, to observe without judgement or see other possibilities, and have the opportunity to embrace different perspectives.

I feel this is a really important philosophy for us all as we work towards a better future for everyone impacted by BPD.

Until the next edition, do what you need to do, to stay safe and well.

Rita Brown

President, Australian BPD Foundation Ltd

WINTER 2020



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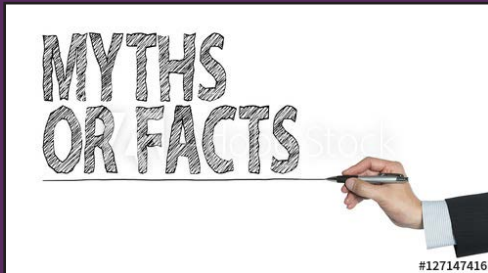
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Support Promote Advocate
for Borderline Personality Disorder

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



[https://bit.ly/
downloadPetition](https://bit.ly/downloadPetition)
PRINT
to share with your
community



Myth: BPD Develops From Poor Parenting

Fact:

“...Some people with borderline personality disorder are sexually or physically abused as children. Some people with BPD had distant or invalidating families. However, some people came from completely ‘normal’ families.

People with BPD are born with an innate, biological sensitivity to emotions, e.g. they have quick to fire, strong, reactive emotions. Children who are emotionally sensitive take special parenting. Sometimes, the parents of the person who develops BPD just aren’t as emotional and cannot teach their child how to regulate intense emotions.

We tell clients that they are like swans born into a family full of ducks. The duck parents only know how to teach the swan how to be a duck.”

Shari Y Manning PhD, CEO, counsellor in private practice, and author of 'Loving Someone with Borderline Personality Disorder' (2015)

Source: https://bit.ly/Psychcentral_BPDmyths

Lived Experience

In addition to 'talking therapy' Clare found non-clinical aspects of treatment to be beneficial for maintaining her recovery

A large part of my recovery process has involved seeing my borderline personality disorder as a condition that requires ongoing, lifelong, management.

This means I will always be engaging with treatments to manage my symptoms, some are clinical like therapy and prescribed medications, and others that are non-clinical and I've found to be therapeutically beneficial.

I've incorporated activities that support my mental health generally, and specifically my BPD, into my daily routine as a part of my consistent approach to management, including exercise, mindfulness/meditation, diet and sleep.

Exercise

I've always found exercise positively affects my mental health, distress tolerance, general mood and anxiety.

Regular exercise, especially morning exercise, helps my perspective and supports healthier decisions in other areas like diet and sleep.

My favourite exercises are walking outdoors and yoga, which are lockdown friendly and free on YouTube.

I have a standing yoga appointment with myself at the same time everyday and typically break up my day with a short walk.

Making exercise routine, I don't have to be creative or motivated, I just have to show up.

If I'm really not feeling it, I only commit to doing 10 minutes (usually by the end of 10 minutes I'm enjoying myself). I find most days a week I'm sticking to my plan.

Mindfulness/Meditation

I struggled learning guided meditations and always dreaded mindfulness until I realised any activity can be mindful. Anything done with your full attention and total presence can be mindful, grounding and calming.

I think of yoga as moving meditation and my favourite mindful activities are cooking or enjoying a cup of tea outside.

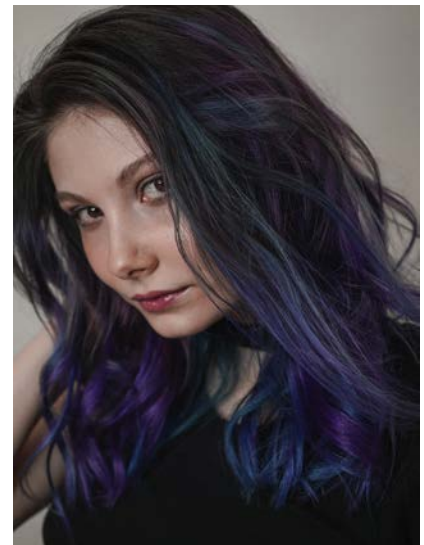
Making a small part of your day mindful, like your first tea or coffee, walking outdoors or even eating a meal, can be an easy way to incorporate mindfulness daily without too much thinking.

Diet

There's a strong link between healthy eating and positive mental health.

I don't mind eating the same breakfast and lunch every day, so on weekends I'll cook large quantities and portion them out for the week and try new recipes weekly.

This way I know most of my meals in a day or week are balanced, cover my two serves of fruit and five of vegetables, are portion controlled and contain healthy fats.



Sleep

Probably my least consistent area. I'm prone to falling into unhealthy habits but for the most part, I try to practice [sleep hygiene](#) (worth a google) and have consistent sleeping and waking times that give me at least 7 hours sleep a night. For me, making healthy habits part of my routine supports my mental health daily without too much thought or effort.

Taking care of yourself physically, mentally and emotionally isn't just beneficial to your health but actually a kind of self-care (which can take many forms).

Regularly making healthy decisions that are in my best interest helps my recovery by reinforcing everyday that I'm worth taking care of, that my health is important and by giving me the best baseline to manage my BPD from.

Clare (Vic) 💜

Carers Corner

Laugh. Argue. Cry. Repeat.
Recognising patterns in the ways we, and the person with BPD respond to situations is an important step. Developing skills to change how we respond may take time, and will be beneficial for our own self care

To outsiders, my life in the past several years looked pretty good. Stable employment, international travel every year, and I was in a long term relationship. The reality was completely different.

Being in a relationship with a guy with borderline personality disorder was challenging to say the least. Paul* and I met through mutual friends and he was and still is a charismatic, funny guy. Artistic and always recounting stories of his travels and experiences working with or meeting famous people.

Paul's work took him all round the world, especially Europe, where we would travel every June for his business meetings and sightseeing. I would work hard and save all year, looking forward to our trips.

Every year would be the same: the anticipation of travel, the fun of being overseas and then the depression of being home and broke.

The come down hit Paul very hard and he would be in a deep depression for a month. Then his spirits would rise and he would be back to normal. Only to fall into a depression again by the end of the year, due to Christmas and the reminder of family events where he was persona non grata.

It wasn't like this at the start. I had no inkling or understanding about mental illness. To me, Paul was a quirky artist who worked late into the night. It was only when we moved in together, that I got a glimpse of the challenges about to come.

Working late hours were a symptom of his chronic insomnia. The lack of food in his fridge was due to his anorexia. The niggling backhanded compliments to me was his way of control, borne out of anxiety and fear.



I never knew how to handle any of this. My reaction was always one of shock and wanting to always help.

I slowly became a 'yes' person and did anything I could to try to ease his pain. I lost my identity and sense of self worth, as I thought love meant always putting others first.

The physical, emotional and mental impact changed me. My usual upbeat optimistic demeanour became quieter and sadder as the years progressed. I became a pale imitation of my former self.

I didn't realise what was happening, even when friends and family encouraged me to see that the relationship was not working for either of us. Depression and sadness became 'normal' to me.

Things changed and I found myself again.

It meant me making drastic changes.

Toshi (NSW) 

**Names and some events have been changed to protect the privacy of the writer.*

Editor: See part 2 in a future Advocate

Research - Embracing all Perspectives

To improve personality disorder services in Australia, research is capturing perspectives from people with lived experience, their families, carers, and clinicians

Effective treatments for personality disorders are now increasingly recognised through evidence-based research, adoption of clinical practice guidelines, policy, and the strong advocacy efforts of individuals and organisations. There is still, however, much room for improvement.

In understanding opportunities to improve services, previous studies have mainly relied on the views of mental health clinicians.

A person-centred approach requires active involvement and a clear voice for people with lived experience, and their family and carers.

In this study we aimed to capture the perspectives of consumers, family members, carers, and clinicians.

Individuals who attended a lived experience forum (part of the Project Air Strategy International Treatment of Personality Disorders Conference: <http://bit.ly/ProjectAirConf2020>) were invited to take part in roundtable consultation groups.

The following question was posed:

“How could organisations improve how they provide services for people with personality disorder? Brainstorm priorities for change”

The discussions lasted for 45 minutes and each table consisted of a mixture of consumers, clinicians, and carers. Following these discussions, participants reviewed all responses from the other roundtables and voted for the five most important priorities for change, along with completing a survey

about optimal and current levels of care for personality disorder.

Analysis of all roundtable discussion responses revealed four overarching themes:

1. Increasing consumer, carer and peer worker involvement in care;
2. Re-orienting approaches to service provision;
3. Improving access and availability of treatment services;
4. Building capacity of services.

A number of compelling recommendations for the field were made.

These have the potential to impact service provision at the individual clinician-level, the service-level, and guide policy and reform.

Particular examples included:

“...the value of using formulation-based rather than diagnosis-based approaches, offering non-verbal therapies, addressing stigma, recognizing that some interventions do not work for everyone and providing choice to consumers regarding their treatment. These findings point to the importance of a holistic, integrative whole-of-service approach that emphasizes that treatment is not to be a one-size-fits-all approach but an individualized

approach that considers the consumers experiences and preferences”



These are important findings that contribute to existing efforts to ensure that the Australian mental health system is one in which an integrative model of care for personality disorders is promoted, and those with lived experience have a strong voice and crucial role to play.

To read more and access the full results, go to: <https://bit.ly/PrioritiesForServiceImprovement>

Ng, F., Townsend, M. L., Jewell, M., Marceau, E. M., & Grenyer, B.F.S. (2020). *Priorities for service improvement in personality disorder in Australia: Perspectives of consumers, carers and clinicians. Personality and Mental Health.*

Ely Marceau (NSW) 

Editor: The term ‘consumer’ is used in papers published in international journals for consistency of search terms.

PROVIDING COMPASSIONATE, RECOVERY-ORIENTED CARE: GUIDE FOR MENTAL HEALTH PROFESSIONALS

This resource is a brief guide to offering compassionate, recovery oriented care as informed by people with lived experience of personality disorder. It is also recommended health professionals seek further training and professional development in recovery-oriented care.

THE LIVED EXPERIENCE PROJECT:

The information in these resources was provided by people with lived experience of personality disorder and carers supporting people with personality disorder through two focus groups carried out in May 2018. This set of resources were developed through coverage and consultation with people with lived experience and other peer Consumer and Carer voices in NSW. This work was funded by the New South Wales Mental Health Commission.

Providing care for people with personality disorder

- Understand that change can be difficult and takes time. It is likely treatment may extend beyond the 10 session Mental Health Care Plan Medicare model.
- Clearly explain and discuss treatment approaches and plan with the person and involve carers where applicable. Invite them to ask any questions about treatment options and approach.
- Encourage self-determination. Locus of control is on the person with personality disorder (even if at times, they ask you to take control). Try to keep people responsible and engaged with their recovery plans and goals.
- Listen to what the person is saying with curiosity and be attentive in the moment.
- Provide a safe space within treatment for the person to express distressing emotions.
- Be responsible, consistent and accountable with your communication. This will strengthen rapport, increase trust and decrease distress.
- Continue to learn from people with lived experience about how to better work with personality disorder.
- Individualise treatment by engaging with the person you are working with, discuss their goals openly and focus on what works for them. Encourage human connection by allowing and inviting questions.
- When a person is not benefiting from treatment, discuss the issues, focus on strengths and explore other treatment options together. If a person stops attending therapy, reach out to reconnect and let them know they are safe to ask for a referral to another professional.
- Engage in professional development to further understanding and education of personality disorder and other complex mental health problems.

Encouraging person centered care

- Consider that people may have more than one mental health diagnosis and many also have physical health and other social concerns (i.e. homelessness, domestic or family violence). Discuss these concerns and provide appropriate treatment for co-occurring conditions, and refer to specialised services when suitable.
- Encourage opportunities for the person you are working with to be in contact with or aware of other people with lived experience, particularly those who are well on their journey to recovery (i.e. peer workers where available).

Download fact sheets from The Lived Experience Project from Project Air Strategy http://bit.ly/PA_factsheets

BPD Awareness Week 2020 - Ambassador

Professor Henry Jackson is flipping the script and changing the narrative on BPD with research into youth mental health and personality disorders



I was honoured to be invited by the BPD Awareness Week Collaboration Group to be the Ambassador for BPD Awareness Week 2020 and I am pleased to accept the role.

I am Henry Jackson, Emeritus Professor of Clinical Psychology in the Melbourne School of Psychological Sciences at the University of Melbourne.

Although I am no longer involved in academic teaching or clinical supervision, I am still actively involved in research into borderline personality disorder (BPD).

So why my interest in BPD?

When I began working clinically in Australia 40 years ago, I realised that my formal clinical training had not prepared me for working with people diagnosed with BPD.

Basic CBT and behavioural approaches were not sufficient.

At the same time, I realised that many of my fellow clinicians viewed

people diagnosed with BPD as untreatable or simply did not accept the concept of personality disorder.

My first wave of research was conducted in the 1980s to establish the various types of personality disorders and comorbidities with other mental disorders (depression, anxiety, substance use).

This work was later extended with an examination of the epidemiological data from the Australian Mental Health and Well Being Survey. My colleagues and I found there was a range of personality disorders in the Australian community and that people diagnosed with BPD were highly involved with various health services and providers.

We now know that with appropriate supports and treatment, people are able to build a 'life worth living'.

Since the late 1990s my major collaborators on personality disorders have been Prof Andrew

Chanen (Orygen) and Associate Prof Carol Hulbert (Melbourne School of Psychological Sciences). Together with post-doctoral students, we have investigated emotional sensitivity, attachment style, theory of mind, schemas, and attentional bias in people living with BPD.

Most importantly, in studies led by Professor Chanen we have been investigating forms of treatment for young people living with BPD and are currently looking at the efficacy of individual placement and support in jobs for young individuals living with BPD.

I look forward to working with you during BPD Awareness Week to raise awareness and help change the narrative and the way the world sees BPD.

There are some interesting times ahead. Meanwhile stay safe!

Henry Jackson (Vic) ❤️

https://bit.ly/Ambassador2020_profile



Creativity & Writing for Recovery

Lumi maintains her wellness with creative projects, and by writing about her experiences to reassure people they are not alone

I was diagnosed with borderline personality disorder (BPD) when I was 20. I also experienced psychosis, and was later also diagnosed with schizophrenia and schizoaffective disorder.

The main symptom or behaviour that the doctors used on which to base my diagnosis of BPD was self-harm. It is so much more than that though. Living with BPD makes everything a lot harder.

Emotional dysregulation is a common symptom. Emotions are heightened and one minute I would be hypomanic, the next I'd be bawling my eyes out.

It was like a rollercoaster that I had no control over, and as I didn't know how to deal with my emotions, the only thing that felt like I had some control over was self-harm.

Another symptom that I have had to deal with is black and white thinking. People are either all good, or all bad with no room in the middle. This has cost me a few friendships over the years, but then again, maybe it just made me more picky as to who I was friends with.

The world of someone with BPD often feels like a threatening place which can make you feel overwhelmed and engage in risky behaviours such as self-harm and suicide attempts to manage the distress.

Although it may not feel like it at the time, I feel that BPD is actually a relatively positive diagnosis. It's definitely not easy, but a lot

of people with BPD who initially struggle with it in their teenage years can over time, and with intensive therapy, step through into an adult life that is worthwhile, purposeful and enjoyable.

My road to recovery took a lot of work. For me, the most helpful and constructive type of therapy that I did a lot of was Dialectical Behaviour Therapy (DBT).

I really learnt a lot of the skills that I still use to this day in order to manage impulsive behaviours. I learnt how to recognise emotions and how to regulate them in a more helpful/less harmful manner.

I learnt crisis survival skills which I implemented many times during emergencies and I learnt communication skills which allowed me to be assertive and to get my point across when I felt stuck.

Another thing that has been helpful for my recovery has been expressing myself creatively through my jewellery, embroidery, watercolour paintings and writing.

In my online blog I share brief thoughts of a moment, and in my book *The Girl in the Mirror* (2016) I talk about my journey with mental illness. I am currently writing *Angel in the Mirror: Road to Recovery*, which I am hoping to publish soon.

What I really want to do with my writing is to share my experiences with others, and to reassure people that they are not alone.

Emotions are hard for people to deal with no matter what age you are.



'Lighthouse'

Original watercolour by Lumi Winterson

So whether you are a teenager or an adult, struggling with self-harm behaviours and crippling emotions, substance abuse, unhelpful eating habits, unstable relationships or even psychosis, I want you to know that you are heard. You are important. You are smart. You are strong. You are funny, and you are understood. You are worth something.

You are recovering.

www.lumiwinterson.com

<https://www.lumiwinterson.com/blog>

Lumi (Vic) ❤️

Editor: People can often have co-occurring mental illnesses making it challenging to receive an accurate diagnose and engage in appropriate treatments.

Research - Sexual Diversity in BPD

'They're connected, but they're separate as well' is the finding of new research exploring past suggestions of a link between sexual diversity and BPD

In response to a number of research articles and growing discussion of the relationship between sexual diversity and BPD, I began a two-year research project to look at this relationship in a more rigorous way than had been conducted in the past. Since 2017 I have been working with Spectrum and my supervisors from Deakin University on research exploring sexual diversity in people with lived experience of BPD.

While neglected in research on BPD, there is one consistent finding - that people with BPD have been shown to be more likely to identify (or be labelled as such by clinicians) as sexually diverse (gay, lesbian, bi, queer, etc.). Assuming this, we decided to base our project on the questions "Why is this the case?" and "what are the experiences of people living with BPD who are also sexually diverse?".

Sensitivity of the subject matter meant ethics approval took a year. Much consideration had already gone into the project by means of an online survey where people with BPD could respond anonymously. This work collected information



relating to their sexuality, mental health and personality, and provided core information to develop 1:1 interviews with people living with BPD and identifying as sexually diverse.

Given the sensitivity of the topic we were very careful with language use, ensuring it was clear that our intention was to provide an evidence base for people with lived experience and clinicians alike, to better understand working with sexuality and sexual diversity in people living with BPD.

This meant writing questions relating to sexuality or BPD in a way which would not pass judgment, perpetuate stigma, or inadvertently distress individuals by asking questions about sexual behaviour and experiences (instead we focused on consensual romantic relationships).

We also provided participants with the questions prior to the interview and with the opportunity to ask us questions - so they felt as comfortable as possible with the process, would not be 'surprised', and were able to prepare what they chose to disclose.

While I only conducted four interviews, these were four very powerful conversations with people for whom I have the utmost respect, given the willingness and openness they presented with to share their stories. We collected so much wonderful data that I am looking forward to sharing with the world.

Key findings:

- **Sexual diversity should not be considered an artefact or 'symptom' of BPD. Instead, we suggest it is something that sits alongside BPD - it is related to and impacted by BPD.**
- **Our findings also support the importance of a thorough, curious, and nonjudgmental exploration of the person's experience of their sexuality, where appropriate, by clinicians.**
- **A final point is that our research does not support previous suggestions that the higher incidence of sexual diversity in people living with BPD is related to challenges with a person's sense of self. Instead, we conclude that the increased incidence may be related to (at least in part) by the greater emotional sensitivity of people who live with BPD.**

I'd like to wrap up by thanking my supervisors Helen, Jillian, Sathya and Tess, for their endless guidance and support. I'd also like to thank Spectrum, the Australian BPD Foundation, and other organisations which helped promote our project or support it in other ways.

Finally, I'd like to thank all those with lived experience who freely shared their experiences and donated their time to enable this important research.

https://bit.ly/BPD_and_Sexual_Diversity **Julian Nolan (Vic)** ❤️

Editor: A summary of the published will be published in a future edition of The BPD Advocate.

Occupational Therapy for BPD

How does your environment prevent or encourage you to participate in life to your fullest potential? Occupational therapists can work with you to modify activities and environments to support your BPD recovery journey

Occupational therapists (OT's) are health care providers who supporting people from all walks of life to participate in their valued daily activities or occupations.

This is anything and everything that you do in your daily life that helps you live, and gives your life purpose including: self care (e.g. dressing, toileting and showering), enjoying your life (leisure e.g. play and recreation activities), and productivity e.g. employment, volunteering or student roles.

OT's support people with all types of disabilities, illnesses and conditions – including borderline personality disorder (BPD).

From the moment you get out of bed, brush your teeth, make breakfast, go to work/school/ volunteering/groups, to playing sports and socialising, we can help you. Think about all the skills you require to do these activities.... There are many.

As occupational therapists we are trained to look at these skills with you and collaborate on how to make these activities easier.

One of our main focuses is looking at the environments people live, work and play in. This means looking at how the environment either acts to prevent or encourage you to do your daily activities. With your help we work together on how we can modify aspects of the physical, social, political, institutional environment to



enable everyone to participate in life to their fullest potential.

As an OT with a diagnosis of BPD I am aware of the difficulties and hurdles we face each day. And how these challenges may prevent us from participating in life including looking after ourselves, eating properly, showering, cooking, seeing friends, and leaving the house.

In my life, I have used occupational therapy strategies to help me cope with fatigue, manage nightmares, headaches, my sensory sensitivities, reduce self-injurious behaviours, with memory issues and back pain. Strategies such as learning how

to conserve energy, reduce pain, release emotional pain through activities and accept my diagnosis has helped me with getting back into normal daily life such as cooking, having a shower, my art interests and finding employment. As such I have an increased sense of hope and purpose in my life and I see myself more than just my diagnosis.

But the amazing thing is that, an occupational therapist's role changes from one person to the next – depending on your struggles, your goals and dreams.

For example, other ways an occupational therapist ... [cont >](#)

> cont...

may support people with BPD could include:

- Running group therapy workshops such as managing stress, acceptance and commitment therapy and cooking classes
- Working alongside your life goals, dreams and projects
- Supporting you with budgeting and money management
- Supporting you in creating a healthy sleep environment that reduces sensory sensitivities
- Using the creative arts to help build self-esteem and explore your self-identity
- Working with you to explore your sensory needs and sensitivities to reduce feeling overwhelmed in different environments
- Empowering you to build and maintain your daily routines
- Supporting you in finding study, employment or volunteering opportunities
- Encouraging you to use occupations to release and manage difficult emotions
- And building your confidence to continue living your life.

If you would like more support in reclaiming your life with BPD please reach out to an occupational therapist. You can find available therapists via our professional website Occupational Therapy Australia <https://www.otaus.com.au/> or through a google search in your area. Some OT's are also NDIS providers.

Occupational therapy has made my life so much easier to live, I hope it can do the same for you and your journey. <https://www.facebook.com/OTforBPD/>

Laura (Vic) ❤️

Editor: Please confirm any OT that you wish to see has experience in psychological treatments especially an understanding of the needs of people with BPD

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.

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

VIC June meeting - https://bit.ly/BPD_and_Sexual_Diversity

Videos of past Victorian and Sydney meetings can be viewed here: <http://www.bpdfoundation.org.au/conference-archives.php>

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

NSW > [Sydney](#)

SA > [Adelaide](#)

NT > [Northern Territory](#)

TAS > [Hobart](#)

QLD > [Brisbane North](#)

VIC > [Victoria](#)

QLD > [Ipswich/West Moreton](#) -

WA > [Perth](#)

Bandanas for your Fur Babies



Help our models **Butter** and **Bing** to raise awareness of BPD with these gorgeous Bandanas !

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

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

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

State News

WA BRANCH

The WA branch held a very successful collaboration with the WA BPD Mental Health Professionals Network (MHPN) via Zoom. We discussed issues relating to the current COVID-19 health crisis, how we adapt to change, and the possibility that people who experience emotional distress might be saying “welcome to my world.”

We found not everyone experienced the sense of isolation the same, and people reported situations that were normally difficult remained. We observed that avoiding comparison during isolation was helpful and comments like “I have achieved so much” added a pressure for people that suggested we should be ‘performing’ better. However, when we as ‘professionals’, disclosed honestly that the challenges were real in our own lives this reduced a sense of isolation.

But we reflected that many we work with were coping incredibly well and noticed people who had to work so diligently on wellness were maybe responding better than some people who hadn’t yet needed to develop that level of resilience.

We can only speculate that the daily practice of seeking to be well bought with it inbuilt responses of being able to notice personal distress and what works, knowing what routines and activities maintain wellness for them and provide connection to self and others.

Having practiced conversations with employers, family, friends, and professionals about vulnerabilities, meant people already knew who their supporters and were - it was not a new process of finding help and building rapport. If you must fight every day to be well then COVID-19 is just another day.

Samantha Scott (WA) ❤️

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



In 2020 **MyGivingCircle** are giving \$200,000k to Charities and Not-for-Profits.

On September 30th the #40 Charities with the most votes share in \$45,000 worth of grants and we'd love the Australian BPD Foundation to be one of the winning charities!

It's free to vote, and only takes a moment. Please help our Foundation by voting at mygivingcircle.org/biggestgive

Or chip in a few dollars to make us a featured charity and we'll get more votes and supporters - guaranteed! (Note, this small fee goes to My Giving Circle not the Foundation).

You can **vote** for free once a week and **donate** whenever you want. When you donate to the Australian BPD Foundation they will add an extra vote for every \$ you give, even more for regular giving. \$50 one-off donation = 50 Votes.

The Australian BPD Foundation has DGR Status - so donations over \$2 are tax deductible!

Voting Closes 30 September 2020



We're giving \$200,000 to Charities!

[Vote Now](#)
For the Charities you love

Support Promote Advocate for BPD

DONATE

The Foundation is registered as a charity by the ACNC with Deductible Gift Status (DGR).

All donations over \$2 are tax deductible. Donate with:

[Paypal or Credit Card](#)

[Beyond Bank](#) [Good2Give](#)

[MyCause](#) [My Giving Circle](#)

[PayPal Giving Fund](#)

For EFT/Direct Debit please email admin@bpdfoundation.org.au

SUBSCRIBE

Sign up for our monthly eBulletin and quarterly newsletter

<http://bpdfoundation.org.au/newsletter.php>



MEMBERSHIP

Foundation membership is open to everyone with an interest in BPD.

Individual membership is FREE!

Sign up here:

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