

THE BPD ADVOCATE



Issue 7

eLearning Program Launched!

Stage 2 of the National BPD Training Strategy is now available online. 'Effective psychological Treatment for BPD' consists of five FREE modules with the knowledge and skills to provide evidence-based treatment and support to a person with BPD and their family/carers.

These modules will facilitate a standardised national training program for Australia. They have been produced by Project Air with support from the National Mental Health Commission. The next activity is the identification of BPD Champions to undertake Stage 3 which will be comprised of face to face intensive workshops, and a Train the Trainer Program. See <https://bpdfoundation.org.au/learning-modules.php>

2019 is a busy year for advocacy in the Mental Health Sector. In January your Foundation contributed to the **Victorian Royal Commission on Mental Health** Terms of Reference and are busy preparing a formal submission. Share a brief comment via their website (by 20th May) or a formal submission (by 5 July). at <https://rcvmhs.vic.gov.au/submissions> In April we submitted our formal submission to the **Productivity Commission: Mental Health** and are also preparing a submission for the **Royal Commission into Aged Care & Safety** (due September 2019). Please [email](#) us if you wish to contribute.

We have met with a number of politicians and received 'in principle' support for our work. See the tear-off form on page 11 for our **Petition** advocating to increase the Better Access Scheme Medicare-funded visits for BPD and complex mental illnesses from 10 to 40 per year. We look forward to presenting this to the Minister for Mental Health following the election.

The **Conference** planning for this year is underway, and Tania Lacey (Australian comedian, stage/TV personality and International Children's Author) has agreed to present at the conference via video.

Preparations for this year's **BPD Awareness Week** campaign are also in full swing. Mahlie Jewell will once again be spear heading the campaign with her wonderful graphics. If you would like to be a part of the collaboration group please send Karen an email at bpdawarenessweek@gmail.com

Kind Regards

Rita Brown

President, Australian BPD Foundation Ltd

AUTUMN 2019

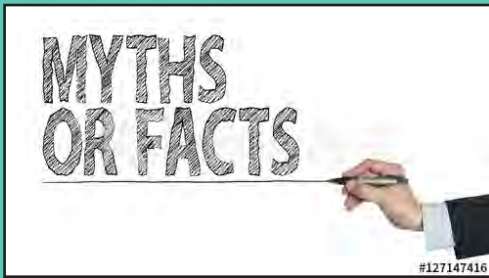


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Australian BPD
Foundation Limited

Support Promote Advocate
for Borderline Personality Disorder



MYTH: People living with BPD are making a choice to be unwell and have control over what they think and do. People living with BPD often use their symptoms to manipulate other people.

FACT: Those living with BPD do not choose to suffer in the way that they do. BPD is a medical condition related to someone's genetics and their life circumstances.

People living with BPD often experience stigma and discrimination in all areas of their lives: professionally, personally and socially. This stigma is often based in the misconception that people with BPD are making a conscious choice to behave in certain ways.

Many years of medical and psychological research have made it clear that BPD is a medical diagnosis of a brain disorder. Studies have indicated that BPD runs in families, suggesting that a person's brain can be vulnerable to BPD from birth (1). We also have brain studies which have indicated that a person living with BPD has certain areas of their brains that function differently from someone who is not living with BPD. In particular, a person living with BPD often has a heightened experience of fear compared to other people and greater difficulty regulating their emotions (2).

Much of the stigma regarding BPD is related to our poor understanding of exactly what is happening in the brain of a person living with BPD. There is active research to improve our knowledge, and we expect that more research into the cause of BPD will help to fight stigma. As an example, in the past, people with epilepsy were considered to be possessed by evil spirits and were often rejected by society (3). After we discovered the medical disorder that makes seizures occur, people with epilepsy are no longer stigmatized. We have hope that medical advances will have a similar effect on the perception of BPD.

(1) Conde LC, Amin N, Hottenga JJ, et al. 2017. The First Genome-Wide Association Meta-analysis of Borderline Personality Disorder Features. *European Neuropsychopharmacology* 27(3): S504-S505.

(2) Silvers JA, Hubbard AD, Biggs E, et al. 2016. Affective lability and difficulties with regulation are differentially associated with the amygdala and prefrontal response in women with Borderline Personality Disorder. *Psychiatry Research: Neuroimaging* 254: 74-82.

(3) Pierce JMS. 2002. A disease once sacred: A history of the medical understanding of epilepsy. *Brain* 125(2): 441-442.

Dr. L. Cheney (Spectrum Personality Disorder Service)

Patron - Dr Peggy Brown, AO

With a strong commitment to raising awareness of BPD, Dr Peggy Brown AO, former CEO of the National Mental Health Commission, was recently appointed as a Patron of the Australian BPD Foundation.

What made you interested in being the Patron of the Australian BPD Foundation?

I've never been a Patron before and never really expected to be one! But when I was asked to take on the role, I was pleased to do so, as I felt it was an opportunity to continue the work I was doing at the National Mental Health Commission in raising awareness about prevalence and impact of BPD, and the current lack of adequate services.

What do you hope to focus on during your patronage?

I'd like to continue to champion the need for improved services for people with BPD and to tackle the stigma that surrounds it. If we can do something about both of those, we will make a difference to people's lives and potentially reduce the rate of suicide by people with BPD.

Why did you decide to become a psychiatrist?

I was interested by mental illness from my early teens, in particular, what people experienced when they were unwell, but never thought that I would become a psychiatrist. As a medical student, I loved my psychiatry term but found it emotionally draining. However, when it came to choosing a

specialty, I was drawn to it, because it is so broad and so interesting but also because it is so wide reaching in its impact. I also think it is one area of medicine where there is still so much to learn, and as science progresses, we will undoubtedly understand mental health and mental illness much more than we do today.

As someone from the psychiatry profession, do you see anything as particularly problematic about the relationship with psychiatry and BPD?

I think for too long, people with BPD or other personality disorders have been stigmatised by psychiatrists and other mental health professionals, and that has undoubtedly made the experience of seeking help an adverse one for these individuals. It has also created obstacles in achieving the translation of the research evidence (about how to successfully treat BPD) into practice. We now need to address those obstacles and ensure that psychiatrists and other mental health professionals have the necessary skills to assist people with BPD to live a contributing life.

You've said previously that you had much more scope to help people as CEO of the National Mental Health Commission than individually, - what do you


feel are the most rewarding contributions you made whilst CEO?

I had a very busy time at the National Mental Health Commission and worked on a range of different issues, bringing them to the attention of government and the community. That included placing a focus on BPD and supporting community awareness and training for health professionals.

What do you think people with BPD need the most from mental health services in Australia?

They need access to evidence-based treatments, and they need hope and understanding, rather than the stigma and lack of hope that all too often is what they experience now.

Ed: See Part 2 of interview in a future issue of The BPD Advocate.

Peggy Brown 



Dr Peggy Brown, AO

Lived Experience

Natalie is now employed, getting healthy and attending regular therapy after a decade of living with untreated BPD. She is dedicated to working hard to keep her life on an even keel.

When I was young I felt anger, confusion, sadness, loneliness and recklessness.

I wasn't attending school; I was self-medicating, self-harming and associating with people of bad character.

I felt misunderstood and the more upset I got the worse people treated me and rejected me which made me feel even worse. My experience with services was awful and unhelpful.

This was over 15 years ago - nobody really knew anything about BPD.

Often, I would see the nurse at a community centre, not even a psychiatrist or psychologist and they had no idea how to help me. I felt frustrated and judged and my confidentiality was often

breached which made me distrust professionals even more.

I was diagnosed with BPD at 14. I felt I was different to everybody else, mentally incapable in comparison, that I had been labelled and would always be judged.

The most frustrating thing was that BPD was not explained to me properly for many years, I didn't know what it was.

My recovery has really only just begun after 25 years living an absolutely awful life. I had so many operations that I now have multiple scars and physical health conditions as a direct or indirect result of self-harm. Unfortunately, the operations and injuries left me with an addiction that I am now managing with medication.

My partner of 10 years with whom I had a daughter took his own life a few years ago, in a way which was really traumatic and this was more than I could cope with. I really did not want to live anymore.

Fortunately, I have now met a loving and supportive partner who showed me a different way to live. I began working full-time, getting healthy and attending DBT. I attend regular DBT, see a psychologist weekly and maintain a stable home life and routine.

I am aware I will always have to work harder than most people to keep my life on an even keel, but I am more aware of my triggers and know now that life can be fulfilling and rewarding.

Natalie 

Australian Helplines

KIDS HELPLINE - 1800 551 800 (24hr) 5-25yrs
<https://kidshelpline.com.au/>
e: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



Lived Experience
Artwork by Gemma (SA)

Carer's Corner

Nikki, knew her daughter Natalie was sensitive and needed support. She also needed support and found it with a counsellor and online information.



Nikki and Natalie

By 18 I was a single parent with two daughters, working two jobs trying to survive. My daughters were in day care from early morning until late at night and on weekends back and forth to their father's home.

Natalie was always sensitive. She found it hard to interact with other kids and felt rejected and lonely. I could see she was becoming more introverted, unhappy and angry but I really thought this was just part of growing up.

In Year 5 or 6 and started self-harming. The self-harm was subtle but the truancy and extreme mood swings were obvious. I knew something was really wrong and I feared for her life. I felt the school did little to support her and that she was just being labelled as difficult. I felt judged and blamed.

I knew she needed more love, attention and stability, but I was in survival mode, paying rent and trying to get by the best I could. I was tired and I really did not foresee the seriousness that the future would hold. I felt devastated and out of control in every area of my life.

It put great strain on my relationship with my partner and we broke up. I do wonder if there was some inappropriate behaviour

between him and my daughter; just a gut feeling. The break-up added to my loneliness and lack of support.

I had NO SUPPORT – NONE.

I cannot express how much people didn't understand and found her behaviour naughty and inappropriate, but it was way deeper than that.

At 15, her father and I signed her custody over to the Department of Children's Services (DOCS, now Family and Children's Services [FACS]). We had to admit we couldn't keep her safe or help her anymore.

She was self-destructive, aggressive, abusive, emotional and extremely self-harming - she has had over 100 operations. I think she was so unhappy and lacking in her own identity and confidence that she wasn't sure how to express herself

in a healthy way. She was genuinely lost.

I did not find support for many years, but finally saw a counsellor.

In recent years the Australian BPD Foundation and Project Air have been excellent sources of support.

There is so much more research and support now, life is more manageable and treatment more readily available. The support available depends on where you are located. In Queensland there's not much support for people with BPD, especially without private health insurance.

I think life is constantly improving for people with BPD as far as education, knowledge, support, research and awareness are concerned. The main thing that needs to continue to happen is awareness-raising and reducing the stigma.

Nikki 

Conferences - Save The Date

9TH ANNUAL NATIONAL BPD CONFERENCE

14 & 15 November 2019 (VIC)

'BPD - Best Practice Deserved'



The Australian BPD Foundation's 2019 Conference will explore the various facets of what is 'Best Practice' for supporting or treating people impacted by BPD - looking at what works, and current research.

Thu 14 Nov - Pre-Conference workshop for mental health professionals at Spectrum, 110 Church St, Richmond, Vic.

Fri 15 Nov - Conference for people with lived experience, their families, friends and clinicians
Bayview Eden, Queens Rd, Melbourne, Vic

Call for abstracts and poster presentations - email admin@bpdfoundation.org.au

More details available soon: <https://bpdfoundation.org.au>

13TH INTERNATIONAL TREATMENT OF PERSONALITY DISORDERS CONFERENCE

7, 8 & 9 November 2019 (NSW)

'Personalising Effective Treatment'



Project Air Strategy are hosting their conference in Wollongong, NSW. This is a collaboration between Project Air Strategy for Personality Disorders, New South Wales branch of the Australian BPD Foundation, Mental Health Carers NSW and Being. Professor Ueli Kramer from Lausanne University Hospital, Switzerland, is Keynote Speaker.

Thu 7 Nov - Consumer, Family and Carer Day

Fri 8 Nov - *'Effective processes in treatment for personality disorder: What science teaches us'*

Sat 9 Nov - All day workshop *'Case formulation for personality disorder'*.

Details: <http://bit.ly/ProjectAirPDConference2019>

SPECTRUM CONFERENCE

13 September 2019 (VIC)

'BPD: Manifestations, Impact and Treatment across the Life Cycle'

Spectrum's conference at the Melbourne Exhibition Convention Centre will consider how human personality is subjected to continuous modification and development by the changing environmental factors and maturation. Contemporary research is pointing towards the recognition of BPD across the lifecycle. Contact spectrumtraining@easternhealth.org.au



'Effective Psychological Treatment for BPD' free online modules now available <https://bpdfoundation.org.au/learning-modules.php>

Each module takes approx 60 minutes. Contains text, videos, linked resources and a multiple choice test. Certificate of completion issued.



We Need to Talk about BPD

MARNIE SHARES HER STORY ABOUT BPD AND TALKS ABOUT WHAT YOU CAN DO IF YOU OR SOMEONE YOU LOVE IS STRUGGLING

During BPD Awareness Week in 2017 you created a YouTube video about your lived experience of BPD. What changed for you as a result of making the video?

Making my YouTube video about mental health and my BPD back in 2017 was a big step for me. While many people close to me knew of my condition and my history regarding mental health, the majority of people in my life didn't.

Posting that video online opened myself up to EVERYONE – from the people I do know, to complete strangers. Oddly, it felt kind of freeing. It's like I opened the door all at once and now I don't have to hide who I am. I feel like, in some ways, it's also made me feel more accountable to myself. Because I've put myself and my mental health struggles out there, it's now like a driving force to me to stay "healthy" and on an upward slope.

How have people reacted – positively or negatively?

The reaction was wholly (and unexpectedly) positive. The day I posted it and shared it onto my personal social media too, my inbox was absolutely full from people I knew in my life, and strangers, thanking me for my openness, and sharing their own struggles. It was so beautiful to have so many people connecting with my story and knowing they weren't feeling so alone anymore either. I was expecting some negative comments, for sure, but they never came.

Do you think people are more understanding of BPD if they know you?

I definitely believe people are more understanding of BPD if they can put a face to the diagnosis, a real-life person with emotions, hopes and dreams, rather than a list of symptoms.

How do people best support you?

My number one supporter is my fiancé, Dan. From day one of knowing about my mental health history, he was researching all about BPD on his own accord, just so he'd know what to look for if I had a 'flare up' (as I call them). He always asks me what he can do to help, and checks in as to how I'm doing. If I have an anxiety attack, he's right there with me, helping me breathe through it, or if I'm indulging in behaviours that aren't helpful, he'll pull me up on it and help steer me back towards healthier actions. He's amazing. I know I'm very lucky to have found a partner like him.

In my mind, a great way to support someone with BPD is to first know what it is, to know what to look out for, and how to help on an individual level – sometimes what helps with one person might not work with another, that's important to remember.

I'm lucky I've got a lot of people around me who always make sure to ask how I'm doing and make it clear that they're there if I need them. I'm very grateful for that.



Marnie

Some Tips: Get out of bed, have a shower, get dressed and eat some breakfast – and know that you have achieved a good day by just doing that. If that's all you do in your day – feel proud of yourself. It may snowball some motivation, and you may end up doing more than you planned. Routines can enhance feelings of security. Volunteer, doing something for others can really help. Keep a crisis number in your phone contacts, and use it!

For someone you love, just listen, don't judge, be calm and patient with them.

Hear more tips in her YouTube video (at 13:50mins)
<http://bit.ly/MarnieBPD>

Marnie 

Support our cause simply by saving.

Beyond Bank
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There is one simple thing you can do to help raise money for our Foundation. You can make a real difference with your savings and open a [Community Reward Account](#) with Beyond Bank Australia and nominate **The Australian BPD Foundation** as your Community Reward Recipient.

The more you save, the more interest you will earn and the more Beyond Bank will donate to us at no cost to you. It's that simple.

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Exclusive offer

Beyond Bank, is committed to returning value back to customers. As an exclusive offer for Foundation members, they are offering members a free financial review, which is like a banking health check.

The review will identify opportunities to help you save money. Plus, they are offering competitive rates on home loans with rewards for you (and the Foundation).

Research

IS STIGMA PERCEIVED DIFFERENTLY BETWEEN PEOPLE LIVING WITH BPD AND CLINICIANS?

New Australian research is tackling the old issue of stigma at the point of care delivery for people with BPD. This paper compares the lived experience person's perspective with the clinician's. ***Stigma perpetuation at the interface of mental health care: a review to compare patient and clinician perspectives of stigma and borderline personality disorder*** (2019) by Daniel Ring and Sharon Lawn of Flinders University (SA) reviewed the literature and found 6 themes which were explored further:

- > Stigma related to diagnosis and disclosure
- > Perceived untreatability
- > Stigma as a response to feeling powerless
- > Stigma due to preconceptions of patients
- > Low BPD health literacy
- > Overcoming stigma through enhanced empathy.


Part of the problem stems from the contradictory concept that people with BPD are viewed as both 'out of control' and that they can be manipulative and therefore can control their behaviour. When both parties are impacted by this stigma, engagement is challenged, and therefore the effectiveness of any therapy. A framework for explaining the perpetuation of stigma and BPD was proposed. Ring and Lawn summarise with "Understanding the magnitude of these findings not only highlights the need for this illness to be destigmatised but also the need to approach this on multiple levels that include more targeted education, advocacy and leadership, along with greater inclusion of the voice of patients with BPD in these processes."

Read the full article (requires log in access): <http://bit.ly/BPDStigma> 

CARERS AND EMERGENCY CARE RESPONSES

A worldwide search of studies into the carer experience of engaging with emergency care services was conducted for ***Carer perspectives of people diagnosed with borderline personality disorder: A scoping review of emergency care responses*** (2019), by Kristy Acres, Mark Loughhead & Nicholas Procter of UniSA (SA).

This report identified that carers of people living with BPD are often not consulted or engaged with by health professionals. Carers often perceive that nurses and health professionals have a lack understanding about the consumer's conceptualisation of distress and the nature of BPD, which becomes a barrier to effective crisis support and management. The literature often reported that a trusting and collaborative relationship between carers, nurses and health professionals demonstrated improved outcomes for the carer and consumer.

Read the full article (free access): <http://bit.ly/BPDCarersED> 

MHPN BPD News



MENTAL HEALTH PROFESSIONALS BPD NETWORK

Enhance your understanding of BPD by joining a BPD focussed network in your area. Networks meet face-to-face or by teleconference and offer you the opportunity to build practitioner relationships.

BPD Networks are open to all GPs, mental health professionals and agencies. Meetings are free, held quarterly and earn CDP points.

NSW > [Sydney](#)

NT > [Northern Territory](#) - Meeting in May date TBC

QLD > [Brisbane North](#)

QLD > [Ipswich/West Moreton, Qld](#) - Meeting May 1st

SA > [Adelaide SA](#) - Meeting May 1st

TAS > [Hobart](#)

VIC > [Victoria](#)

WA > [Perth](#) - Meeting May 9th [Invite](#)

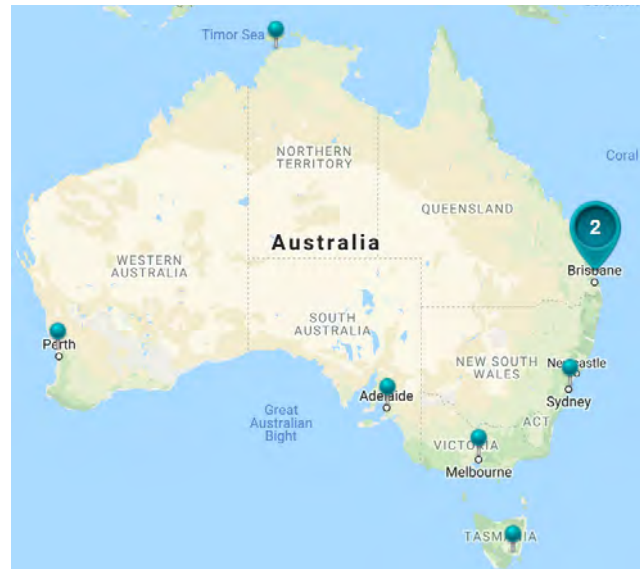
Contact Ingrid by email on i.benge@mhpn.org.au to start or join a network.

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

New NT BPD & Trauma Informed Practice Network

The Northern Territory chapter is off with a flying start. Work has already started on sharing resources, training opportunities and discussing therapeutic approaches.

Teleconferencing is an option for remote practitioners. This network is coordinated by Linda, who is currently working as a Dual Diagnosis Practitioner at Catholic Care NT in Palmerston. Come along and join a meeting!



Recovery Journeys

Recovery means different things to each person. Aaron's story offers hope for people with BPD that they too can lead a meaningful life.

Aaron left home early, was a ward of the State, in and out of the criminal justice and mental health systems for a number of years. After DBT and through his own hard work and determination Aaron is now working full-time and studying a legal degree part-time. He has rebuilt his relationship with his family and is a dedicated father.

Now serving as a peer ambassador for SANE Australia he is passionate about advocating for people with BPD. SANE Forums offer acceptance, connection, and support for people with lived experience and their carers/family (Not BPD specific) <https://saneforums.org/>
Aaron's story as told to Fairfax <http://bit.ly/BPDAaron> ❤️



Aaron Fornarino

Photo: [Henry Trumble](#) for SANE Australia

Supports for Families and Carers

FAMILY CONNECTIONS PROGRAM

Family Connections® is an Australia-wide FREE 12 week course that offers education, skills training, and support for people who are in a relationship with someone who has BPD. The program provides current information on BPD and family functioning, coping skills based on Dialectical Behaviour Therapy (DBT) and group support creating an ongoing network for family members. Group leaders are family members or clinicians with extensive personal experience who have completed intensive training to deliver this evidence based program.

To register: <https://www.bpdaustralia.org/family-connections-programs/#>
Download [Flyer](#) or email neabpd@neabpdaustralia.onmicrosoft.com ♥



STAYING CONNECTED WHEN EMOTIONS RUN HIGH

This set of Five Key Strategies empowers others to be a resource to a person in distress. The **Family and Carer Intervention** FREE full-day workshop for families, carers and friends will provide additional relationship skills to support someone (12-100yrs) who experiences relationship difficulties, overwhelming feelings and can behave in a way that can endanger themselves or others. Carers from any area are welcome at the metro & rural workshops presented by NSW Illawarra Shoalhaven LHN.

The **Introductory Professional Workshop** is a FREE full-day interactive workshop introducing professionals to the Staying Connected frameworks and strategies. (CPD pts.)

Register: http://www.islhd.health.nsw.gov.au/Staying_Connected/ or email toni.garretty@health.nsw.gov.au ♥



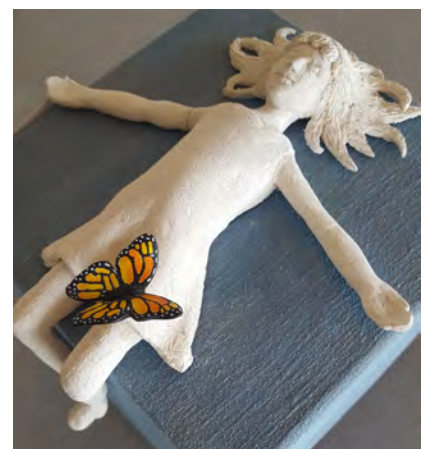
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Donate to the Australian BPD Foundation by sending a DONATION GIFT CARD. Your funds will be sent to our charity (with DGR status), and a receipt will be sent to you. Cards can be customised for any occasion with text and even your business logos inserted, then emailed or printed at home.

<https://www.mycause.com.au/donation-gift-cards>



'Wonderment of Life'
Lived Experience
Artwork by Gemma (SA)

PETITION

Increase Medicare funded Better Access initiative to 40 visits for Borderline Personality Disorder and other complex mental illnesses



For every 100 people in Australia, the chances are that at least one has experienced BPD. You may know a person who finds it hard to regulate their emotions, or struggles with their sense of identity, who is defensive, who needs to be loved but can also be emotionally distant, or who can't tolerate being left alone or excluded. These are common symptoms of BPD and they can be devastating for the individual and for the people who love and care for them.

The most effective and lasting treatment for BPD is at least one year of regular visits with a mental health professional. One year gives the time needed to learn how to self-regulate, learn how to self-validate, to gain insight, and to heal.

But here's the catch. The Medicare funded Better Access to Mental Health Professionals initiative can only fund up to 10 visits in a year. This clearly falls short of the long-term treatment needed for a complex disorder like BPD.

We need your help to increase the number of visits covered by the Medicare Benefits Scheme Better Access initiative.

Please sign this petition to **Greg Hunt MP, Federal Minister for Health**, requesting an increase in the number of funded visits for treating BPD by the MBS Better Access to Mental Health Initiative from **10 to 40 per year**.

Name	Address	Signature



Mail completed petitions to: AUSTRALIAN BPD FOUNDATION, P.O. Box 942, Bayswater Vic 3153
Or sign online at [change.org](http://bit.ly/BPDvalidated) – <http://bit.ly/BPDvalidated>

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The Foundation welcomes your contributions of relevant BPD information:

newsletter@bpdfoundation.org.au

The editorial committee reserves the right to abridge or not publish submitted articles.

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