

# THE BPD ADVOCATE



Issue 9

## Reflecting on 2019

I feel it's important as we approach the frenetic activity that is 'the festive season', that we also take some time to reflect on the past 12 months.

It has been a really busy year at the Foundation and I would like to express my gratitude to the board and volunteers for their dedication and commitment in working towards an environment where everyone impacted by BPD is able to access the support and treatment they need when needed.

Reflecting on 2019 I feel a tremendous amount has been achieved – three submissions to Commissions, a conference, numerous MHPN (Mental Health Professional Network) meetings, an expanded BPD Awareness Week Campaign, the roll out of stage 2 of the National Training Strategy and preparing the curriculum for Stage 3 which is due to commence early next year. For more information <https://bpdfoundation.org.au/national-training-strategy.php>

So, as 'the festive season' approaches, we often put huge expectations on ourselves and on Christmas itself. We 'dream' for everything on Christmas Day to be 'perfect', everyone 'has' to be together and everybody 'should' get along. However, we know this isn't always the case and encourage you to be realistic and plan your celebrations with these facts in mind. Be prepared: plan some time for yourself. Plan ahead rather than waiting for the 'argh! Get me out of here!' moment. Give yourself permission for this to be at least ok, if not a priority. Have a backup plan/s: Decide what would make you most happy in that time - a walk, a call to a friend, that next Netflix episode, a book... Have it ready plus there are a number of resources available on our website <https://bpdfoundation.org.au/people-experiencing-bpd.php> which you may find supportive.

Please take care of yourself and we look forward to reconnecting with you again in 2020.

Kind Regards

*Rita Brown*

President, Australian BPD Foundation Ltd

## SUMMER 2020



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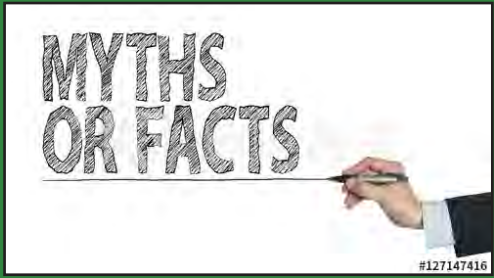
Australian BPD  
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Support Promote Advocate  
for Borderline Personality Disorder

**Petition !**  
**40 funded Better Access**  
**visits per year for BPD**  
[sign online Change.Org](#)



[Download](#)  
petition and  
share with your  
community



**MYTH:** People with a diagnosis of BPD really have post-traumatic stress disorder (PTSD)

**FACT:** BPD and PTSD are separate conditions. They are diagnosed in different ways and have different treatments. Some people with BPD might also have PTSD, but many do not.

Source: Your Health in Mind  
<https://www.yourhealthinmind.org/mental-illnesses-disorders/bpd>

## Australian Helplines

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

**What helped** in the Recovery Journey - Beth McMullen, producer of 'Girl, Schminterschmupted', 'Obstinate Little Tart' and 'Why am I Still Single?' shares what was helpful, and what was not, in her recovery. (Part 2)

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**Did you ever experience the stigma attached to BPD? And if so, how did this effect your journey or recovery of BPD?**

I have experienced stigma throughout my entire journey, it happens directly and indirectly.

In the workplace, stigma can feel the most direct. I wasn't put on 2 projects because management thought they may cause strain for me and exacerbate my mental health symptoms. That's not a decision you get to make, that's really stigmatising for you to assume that on my behalf.

I've experienced other cases of people doing well meaning things that do not include me - there's no dignity in that. People making decisions on your behalf about your health without consulting you, that's the direct stigma I've experienced.

**BPD is clearly not as easy as, getting a diagnosis, seeing a professional and then recovery. Was there anything that you felt specifically helped you that could help others, even any advice a healthcare professional or social support gave you?**

Embracing the diagnosis with love and self-compassion is the key in terms of accessing the help and support that you need to live a better life. I remember the moment of just radically accepting that this is what I have to deal with and it made everything so much easier.



Trust that there are people in the system that want to help you. Go into treatment by giving others the benefit of the doubt and trusting them. Educate yourself, read the resources that are out there, even the bad ones, even the stigmatising ones, "Know thy enemy", be careful and put self-care first, but be willing to engage with information even if its stigmatising because all information is helpful with support. But do so with support. Run it by your therapist.

Listen to your gut. Counterintuitive advice, because it's so hard to trust yourself when you have this diagnosis. And learn how to become your own best friend.

Exercise, I'm a big yoga advocate because it combines the physical and spiritual element, and running is good to relieve acute stress and anger. 'Have your own back'. And just go easy, be gentle on yourself.

**Was or is there anything that you felt hasn't been helpful along the way?**

Sticking with things longer than what my gut tells me too. When your intuition is in conflict with the advice you're being given by health care professionals.

**Do you have any advice or words of wisdom for individuals who may have just been diagnosed with BPD?**

Welcome to a beautiful, intense, challenging but ultimately rewarding journey. I don't want to give advice because it's so unique to every individual but this is not a curse or something to be ashamed of. It is not a barrier, this diagnosis could be the greatest gift you've ever received and the sooner you become mates with it, the better your life will be.

**Beth McMullen (Vic)** 

*Editor: See part 1 in Advocate Spring 2019*

# Medications and BPD

Dr Maria Naso reflects on medication management in the treatment of people living with BPD.

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I have worked in mental health since 1993. I was a rather excitable and hopeful first year psychiatry registrar. It was a time of change in mental health in South Australia - deinstitutionalisation was becoming a reality and community mental health services expanded.

It was an incredible time with biological treatments taking centre stage. I was surrounded by new antidepressants and 'better' antipsychotics, so no wonder the big pharma brainwashed me into believing this was psychiatry's time to shine.

Forward to 2019 - the NHMRC guidelines for the treatment of consumers with Borderline Personality Disorder were finally starting to be taken seriously with the BPD Collaborative driving some systemic changes in SA.

I have learnt an enormous amount about people living with Borderline Personality Disorder and most significantly I am no longer brainwashed by big pharma (there has to be some good about the process of aging).

I learnt that medication is not the panacea of life. In fact the longer I practice the less confident I feel about medication, especially in the management of BPD.

What I have seen first hand is also corroborated in scientific studies:

**\* People living with BPD are on numerous medications. Much more than those who have been**

**diagnosed with depression and anxiety.**

**\* Despite huge amounts of medications, they are still presenting with symptoms of BPD**

**\* These same people were overdosing during times of crisis with readily available medications.**

**\* Despite numerous overdoses and at times ICU admissions people would continue to be supplied with the same medications.**

**\* People living with BPD were suffering with potentially toxic side effects and minimal benefits to their mental health.**

**\* The side effects I have seen include significant weight gain, metabolic syndromes (diabetes), drowsiness, blurred vision, nightmares, sexual dysfunction and even lactation in non pregnant, non breast feeding individuals.**

The side effects on their own are highly distressing and can interfere with the important work of psychotherapy. It is time for people with lived experience of BPD and carers to stand up and be fully informed about these medications.

I would like to make it very clear that medications can and do play a role in symptom reduction in people living with mental illness, HOWEVER this is only within a therapeutic relationship where the risk vs benefits can be monitored and

negotiated. If a medication is not of benefit then it should be weaned off slowly.

So why is it when the evidence states that medication is not first line treatment that so many people are on multiple toxic medications?

The answer lies with the psychiatrists, registrars and GP's. It is about us - the care providers - feeling a need to alleviate distress. As doctors we are trained to treat and manage distressing symptoms. I'm afraid that each time we get a prescription pad out we need to ask "Am I writing this script for my patient, or to make myself feel better?"

In the case of people presenting with BPD in crisis I am of the belief that short term distress minimisation can be of benefit. Once the crisis has settled the medication should be eased off gradually. What frequently occurs in practice is that the person is discharged on the medication and when the next crisis occurs the medication is increased and or another medication added.

Questions that should be discussed with the treating team are:

**\* Why are you putting me on this medication?**

**\* What is the evidence for its effectiveness?**

**\* What side effects can I expect?**

**\* How long will I be on this medication?**

Medication can be of value but it is not the mainstay of treatment.

**Dr Maria Naso (SA)** 

*Ed: Please discuss any medication concerns or changes with the prescribing doctor or your GP.*

# Carers Corner

Perry Hoffman and Alan Fruzzetti recognised that the family and friends of people living with BPD also need education and support on how to effectively react to the symptoms of BPD. 'Family Connections' was developed and grew to become freely available across the globe.



## VALE - PERRY HOFFMAN

Perry Hoffman, Co-Creator of Family Connections and Founder of NEABPD, died peacefully at home on Sunday, November 3, 2019.

Perry provided leadership and guidance to 22 countries around the world now offering Family Connections – she was a thoroughly lovely, compassionate person.

## CONFERENCE

For people with lived experience of BPD, young people, families, supporters and clinicians.

Professor Daniel Flynn and Dr Mary Kells from Ireland, and Professor Robert Kruger from the USA will present research & clinical expertise on bringing the family into the picture.

Melbourne - Jan 31

Register: [www.bpdaustralia.org/events/](http://www.bpdaustralia.org/events/)



## FAMILY CONNECTIONS

Family Connections is a free 12 week evidence-based program for families and friends of people with BPD that provides peer support, psycho-education and skills anchored in DBT.

Register: [www.bpdaustralia.org/family-connections-registration-form/](http://www.bpdaustralia.org/family-connections-registration-form/)

## FAMILY CONNECTIONS LEADER TRAINING

International presenters Prof. Daniel Flynn and Dr Mary Kells will present the 2-day workshop to train clinicians and carer-peers to facilitate groups for family/friends of people living with BPD.

Melbourne - Feb 1 & 2

Brisbane - Feb 4 & 5

Sydney - Feb 10 & 11

Register: [www.bpdaustralia.org/for-family-connections-leaders-training/](http://www.bpdaustralia.org/for-family-connections-leaders-training/)

## CLINICIANS CONNECTIONS

This program will enable mental health practitioners to develop a skillset for working effectively with dysregulated clients and through reflective practice and peer support, decrease their stress levels. Brisbane - Feb 7

Register: [www.eventbrite.com.au/e/clinicians-connections-tickets-75781318965](http://www.eventbrite.com.au/e/clinicians-connections-tickets-75781318965)



## Patron - Dr Peggy Brown, AO (Part 2)

Dr Peggy Brown shares her thoughts on barriers and stigmas for people with BPD and how the Royal Commission into Victoria's Mental Health System may open doors

### What do you see as the biggest barrier/s for people with BPD in accessing services?

The negative attitudes of emergency and mental health professionals are enormous barriers that people with BPD need to overcome just to get through the front door - but then the lack of availability of services offering evidence based treatments at an affordable price is another barrier.

There needs to be more psychosocial supports as well, and support for

families and carers who are also significantly impacted.

### What are you hoping will come from the Royal Commission?

I think the Royal Commission will provide the opportunity for a good hard look at how mental health services are operating today and what realistically they can deliver, as opposed to everything that they are expected to deliver.

Historically, we placed people in institutions - when they were out of sight, they were largely out of mind, and society did not have to be confronted with the many challenges that mental illness brings.

Now, we no longer have the institutions in the way they once existed, and the impact and the needs of those with mental illness are more apparent to the community at large, but governments and communities still don't deal with the challenges in any adequate way.

I am strongly of the view that society currently expects mental health services to 'make everything all right'.

If something bad happens, then the mental health service (or the professional) is often blamed for failing to prevent it.

Notwithstanding that there are

times when the service received may not have been adequate, mental health services are not resourced or equipped to 'make everything all right'. They are only resourced to provide clinical mental health treatments, which while important, cannot begin to address the many social determinants that are so influential on the outcomes of people with mental illness.

I hope the Royal Commission comes to terms with what is actually required to address the needs of people with mental illness, and makes meaningful recommendations about the breadth of services required, starting with preventative services, and that the Victorian Government leads the way in systematically changing its approach to addressing the needs of people with mental illness.

It will require investment but the return on that investment will be worth it if they get it right.

### What's the best way to address the stigma associated with BPD?

Tackling stigma is not easy, but it starts with tackling the knowledge (or lack of knowledge) and the attitudes that underpin it and encouraging self-reflection about different perspectives.

Highlighting the impact that stigma and discrimination has on those who are subject to it, and humanising it by bringing the focus on to the experiences that individuals actually go through, helps to bring about the change in perspective that is needed.

**Dr Peggy Brown** 

*Editor: See part 1 in Advocate Autumn 2019*



Dr. Peggy Brown, AO

## Commissions Catchup

The last couple of months have been big for the prospects of mental health reform in Australia, with the **Productivity Commission Inquiry into Mental Health** issuing its **draft report** and the **Royal Commission into Victoria's Mental Health System** releasing its **interim report**.

Both recognise that the current mental health system is not delivering the right care that people need at the right time in their illness, and that the effects of a broken system are felt by people with mental illness, carers and society. Both reports also bring specific focus to the stigma experienced by those with BPD, and the real impacts this has on their access to equitable and effective care.

Their recommendations point to the importance of both adequately funding the system, and restructuring it to place the needs of people living with mental illness at the centre. Collectively, the reports make numerous recommendations on how the system could be designed to improve prevention, community care, acute care and assertive outreach for those who have attempted suicide.

The voice of lived experience rings loud in the reports. The Royal Commission threaded their contributions throughout the report. Its recommendations included the creation of the Victorian Collaborative Centre for Mental Health and Wellbeing to bring together expertise in lived experience, research, clinical and nonclinical care, disseminating the practice of evidence-informed treatment, care and support across the state; a new residential mental health service designed and delivered by people with a lived experience; and, the expansion of the lived experience and carer lived experience workforces. At the recent Mental Health Australia annual Grace Groom Oration, the Productivity Commissioner Stephen King outlined his clear vision for a "consumer-centred system", one where people have choice because they also have support options.

The Productivity Commission is open to further submissions until 23 January 2020.

**Jo Farmer (Vic)** 



Jo Farmer

**Productivity Commission Inquiry into Mental Health** <https://www.pc.gov.au/inquiries/current/mental-health#draft>

**Royal Commission into Victoria's Mental Health System** <https://rcvmhs.vic.gov.au/>



'Effective Psychological Treatment for BPD' 5 free online modules <https://www.bpdfoundation.org.au/learning-modules.php>

'Core Competency Intensive Workshops' currently in development, with Train The Trainers workshops to follow. <http://bit.ly/CoreConceptsRegisterYourInterest>



MODULE 1 - What is effective care for BPD?



MODULE 2 - How to effectively engage people with BPD in treatment



MODULE 3 - How to reduce crises and increase safety to promote recovery in people with BPD



MODULE 4 - Working actively with people with BPD and connecting with carers, partners and family



MODULE 5 - Successful BPD treatment: A survival guide for healthcare workers

# Conference Review



## 9TH ANNUAL NATIONAL BPD CONFERENCE

14 & 15 November 2019 (VIC)

'BPD - Best Practice Deserved' hosted by [The Australian BPD Foundation](#)

Our 2019 conference explored what is 'Best Practice' for supporting or treating people impacted by BPD.

Clare Jewell shares her views on the Conference.

"This year was my first time attending the annual BPD conference. I wasn't prepared for how inspired, heartened and connected I would feel in a room full of people dedicated to working towards making best practice for people with BPD a reality. Like so many other attendees, I have lived experience (LE) with BPD and have encountered so many dismissive, invalidating or derogatory attitudes along my path to recovery. The conference was a space where those stories were shared to shape discussions of what changes were needed in the way BPD is treated to ensure that pattern doesn't continue.

"The first speakers were clinicians at the forefront of improving BPD treatments. It was gratifying to hear the stigma amongst clinicians towards people with borderline

acknowledged. Every person with LE I've known has countless examples of being dismissed by professionals as attention seeking, overreacting or hurting those around them unnecessarily. I was excited to hear a potential name change discussed. I've never known what I'm supposed to be on the border of and honestly, there isn't anything wrong with my personality. Suggesting my mental health issues are actually a flawed personality feels unnecessarily blaming and stigmatising. The alternative diagnoses of Complex PTSD or Complex Trauma Disorder which BPD can be treated under don't really resonate with me, I don't have a background of what people typically recognise as trauma. For me, Emotional Dysregulation Disorder fits best as it's descriptive but allows for the space to learn how to regulate my emotions.

"The LE speakers were next and changed the feeling of the room entirely. They shared their vulnerability, strength and perseverance that enabled them to overcome their difficulties and

manage their mental health to be in a positive space. To see their dedication to recovery within their own journey and advocating for the recovery of everyone with BPD was so inspiring. For the same reason, my favourite workshop was the LE panel. Three speakers and I shared our experiences of BPD, what has hindered our progress and what has helped us achieve the best mental health so far. I only wish we had more time for questions and answers as it was so easy to connect with the experiences of others, despite the different lives we've lived.

"All in all, it was an incredible day and I left feeling hopeful that through the work of everyone that helped create, contribute and attend the conference, the opportunities and outcomes for people living with BPD are going to improve."

**Clare Jewell (Vic)** 

**View 2019 presentations online:**

<https://bpdfoundation.org.au/conference2019.php>

## 2020 Conferences

### NEABPD Australia

*Bringing Families into the Picture*

31 Jan 2020 - Melbourne, VIC - <http://bit.ly/FamConnConf2020>

### 14th Int Conference on the Treatment of Personality Disorders

*Early Intervention*

4-7 Nov 2020 - Wollongong, NSW - <http://bit.ly/ProjectAirConf2020>

### 6th Int Congress on BPD and Allied Disorders

*Change for a better future: Perspectives beyond symptoms*

24-26 Sep 2020 - Antwerp, Belgium - [www.borderline-congress.org/](http://www.borderline-congress.org/)



L-R: Australian BPD Foundation board member Geri Taylor, Spectrum Executive Clinical Director Sathya Rao, and The Hon Martin Foley, Vic Minister for Mental Health who opened the National BPD Conference.



# Conference Review



## 13TH INTERNATIONAL TREATMENT OF PERSONALITY DISORDERS CONFERENCE

7, 8 & 9 November 2019 (NSW)

'Personalising Effective Treatment' hosted by [Project Air Strategy](#), Wollongong, NSW

### CONSUMER, FAMILY AND CARER DAY - Thu 7 Nov 'Peer-led DBT Skills Groups: Can they work?'

This workshop was facilitated by Natalie Malcolmson from BPD Awareness ACT. Marnie shared her experience of participating in a Peer/Mentor Model of Dialectical Behaviour Skills Group Program.

"I believe the peer model has been a really vital part of my recovery. For me, it has been amazing to be connected to people who have lived experience and understanding of what I've been through.

"Over the years I've encountered stigma and misinformation surrounding BPD from doctors and psychologists. The help available has been limited and at times felt inaccessible to me due to the complex nature of my issues. I already had difficulty trusting medical professionals, going to new places, speaking on the phone, sometimes showering and getting dressed. These barriers on top of ill mental health have made the help I need feel like it's so close, but still so far away.

"In the peer model, I have felt a level of understanding and empathy that has allowed me to manage these barriers so that all I have to do is try my hardest to show up. It's a lot easier to go somewhere when I have confidence that I won't be judged or misunderstood once I get there. Knowing that simply getting there will be the hardest part of the day and that once I'm there I'll be met with true understanding and empathy has given me the security to keep regularly attending and working on my skills.

"Being in a peer-led model has also shown me that not only is there help available for people like me to build a life worth living but that it's a realistic and achievable goal.

"When I started DBT my life was in crisis, I was struggling with addiction, had a string of toxic relationships behind me, I felt at the total mercy of my emotions, I had no income and was facing homelessness. Now my housing situation is stable, I have some control over my emotions, I'm studying mental health and volunteering with the BPD Foundation.

"I see a future for myself and am actively working towards it. Being connected to people that I can relate to and seeing them managing their lives and on top of that achieving their goals has been an incredible inspiration to me, and shown me that there is a way forward out of the hell I lived in for so long.

"It's really helpful to be able to ask them questions and run things by them, knowing they have been in such similar places as I have been and know what I'm talking about. It makes me think, and honestly believe if they can do it, why can't I?"

**Marnie (ACT)**

### SCIENTIFIC DAY - Fri 8 Nov Personalising Treatment

The Conference was opened by Mrs Lucy Brodgen AM, Chair, National Mental Health Commission.

International speakers included:

- ✱ Prof Ueli Kramer (Lausanne, Switzerland)
- ✱ Prof Per Hoglend (Oslo, Norway)
- ✱ Lise Laporte (Montreal, Canada)
- ✱ Chui-De Chiu (Chinese Uni of HK)
- ✱ Charlotte van Schie (Uni of Leiden, Netherlands and Uni of Wollongong)

Australian speakers included:

- ✱ Prof Brin Grenyer (Wollongong)
- ✱ Aaron Fornarino (Adelaide)
- ✱ Mahlie Jewell (Sydney)
- ✱ Lightning Talks (posters)



L-R: P Hoglend, C Chiu, U Kramer, A Fornarino, M Jewell, Lisa (Project Air) and C Van Schie



Lise Laporte (Montreal, Canada)



L-R: K Acres, C Van Schie, M Jewell, B Grenyer, R Brown

## State News

### TASMANIA

The University of Tasmania in Sandy Bay will be the venue for the inaugural *Working with people with BPD (Borderline Personality Disorder)*.

A/Prof Sathya Rao will present this workshop for psychiatrists, psychologists and other mental health clinicians.

Date: Thurs 19 March 2020

Topics will cover:

- \* Complex diagnoses
- \* Multidisciplinary teams
- \* NSSI and suicidal ideation

Details: [https://bpdfoundation.org.au/services\\_tas.php](https://bpdfoundation.org.au/services_tas.php)

Register: <https://www.trybooking.com/BHAJV>

### STOCKING FILLERS FOR FUR BABIES !!

Help raise awareness of BPD with these gorgeous Bandannas !

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

Bandannas cost \$15, \$20 (for 2) or add \$10 for each additional bandanna - postage included! Proceeds to the Foundation. (55x55cm)



## MHPN BPD News



Thank you for your contributions and time to help bring interdisciplinary practitioners together to learn and share knowledge about BPD and mental health.

This financial year 2018-19, Mental Health Professionals' Network (MHPN) counted over 15,500 attendances at MHPN network meetings; and supported 365 networks of which 40 per cent are in rural or remote regions.

Enhance your understanding of BPD by joining a BPD focussed network in your area.

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 meetings can be viewed here:

<http://www.bpdfoundation.org.au/conference-archives.php>

Contact Ingrid by email on [i.benge@mhpn.org.au](mailto:i.benge@mhpn.org.au) to start or join a network.

**NSW** > [Sydney](#)

**SA** > [Adelaide](#)

**NT** > [Northern Territory](#)

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

**QLD** > [Brisbane North](#)

**VIC** > [Victoria](#)

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

**WA** > [Perth](#)



# Festive Season



## SELF CARE

Self Care is invaluable as we head into the festive season.

[The Blue Knot Foundation](#) offers these insights in their November/December combined edition of [Breaking Free](#). "For survivors of complex trauma, this time of year can be especially difficult. For some, when others go away, feelings of isolation and loss can be difficult. For others, when their families get together, emotions can run high and interpersonal pressures can mount.

"It is important to remember that we all have a right to what we do and don't want to do over the holiday period. There are some useful [self-care strategies](#) on our website, covering areas such as self-soothing, grounding, and self-nurture techniques."

If you feel you need support, contact the Blue Knot Helpline on 1300 657 380, National Counselling and Referral Service on 1800 421 468 (open through holiday period), refer to our website at [www.bpdfoundation.org.au/emergency-help.php](http://www.bpdfoundation.org.au/emergency-help.php) or see Aussie BPD Girl's listings below.



Want a Christmas gift that helps our charity and helps you at tax time?

Donate to the Australian BPD Foundation with a DONATION GIFT CARD. Your funds will be sent to our charity, and a receipt sent to you. Cards can be customised then emailed or printed at home.  
<https://www.mycause.com.au/donation-gift-cards>

**Australia Wide  
Help Lines & Chats**

*Remember seeking help is an act of strength not weakness!*

Aussie BPD Girl has compiled a list of national and state support services for people living with BPD to download and print:

[bit.ly/AussieBPDgirl\\_crisis\\_info](http://bit.ly/AussieBPDgirl_crisis_info)  
[bit.ly/AussieBPDgirl\\_helplines](http://bit.ly/AussieBPDgirl_helplines)



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<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:

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



Scan this QR code with your phone to be directed to the webpage and join up!

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