



**Australian BPD
Foundation Limited**

*Advocacy & Support for
Borderline Personality Disorder
& Complex Trauma*

Borderline Personality Disorder in Queensland

Accessing Services and Treatments



V. 0423

ABOUT THIS GUIDE

This guide provides a source of information about services and treatments for people with lived experience of BPD, their families, carers, supporters and clinicians. Individual practitioners are not included. It is important to note that the information in this guide does not replace individually-tailored assessment and treatment planning by a mental health professional.

Services are changing and evolving continually so please let us know of any additions or changes to services for BPD by contacting the Australian BPD Foundation at: admin@bpdfoundation.org.au

This guide was produced for the of the Australian BPD Foundation (Queensland branch) with support from Mind Australia and financial support by the Whitehouse Foundation. We wish to acknowledge the valuable contribution of many volunteers who researched and collated this information especially Leanne Lilley, Geri Taylor, Estelle Malseed, Faye Kyle, and Pat Rogerson.

Graphic Design by Mahlie Jewell, Living Arts Therapy.



CONTENTS

1. WHAT IS BORDERLINE PERSONALITY DISORDER (BPD)?	1
2. WHAT CAUSES BPD?	1
3. RECOVERY AND IMPROVEMENT IN QUALITY OF LIFE	1
4. ASSESSMENT AND DIAGNOSIS OF BPD	2
5. SUPPORTS AND SERVICES	3
<i>5.1 Urgent care</i>	3
<i>5.2 Queensland Mental Health Access Line</i>	3
<i>5.3 Contact your GP</i>	4
<i>5.4 Hospital Based Mental Health Services</i>	4
<i>5.5 Non-Government Community Mental Health Services</i>	4
<i>5.6 Primary Health Networks (PHN's)</i>	5
<i>5.7 Private inpatient and outpatient services</i>	6
<i>5.8 Private health professionals</i>	6
6. FINDING A SKILLED THERAPIST TO DELIVER CARE	7
7. MEETING THE COST OF ASSESSMENT AND CARE	8
<i>7.1 Medicare Benefit Scheme – Psychiatrist</i>	8
<i>7.2 Medicare Benefit Scheme – Allied Health</i>	8
<i>7.3 Primary Health Networks</i>	8
<i>7.4 Private Health Insurance</i>	8
<i>7.5 National Disability Insurance Scheme (NDIS)</i>	9

8. TREATMENT FOR BPD	9
<i>8.1 Psychological therapies</i>	10
<i>8.2 Factors for effective treatment</i>	11
<i>8.3 Effective treatment</i>	13
<i>8.4 Factors that may assist the treatment process</i>	13
<i>8.5 Peer support</i>	14
9. SUPPORT FOR FAMILIES, CARERS, FRIENDS AND OTHER SUPPORTERS	14
10. SPECIALIST PROGRAMS FOR PEOPLE WITH BPD AND COMPLEX NEEDS	15
11. COMPLAINT PROCESSES	16
12. PROVIDING COMPLIMENTS	16
13. ADVOCACY	16
<i>13.1 Lived experience advocacy</i>	16
<i>13.2 Disability advocacy</i>	17
14. FURTHER INFORMATION	17
15. HELPLINES	18
<i>24-hour support</i>	18
<i>Limited hours</i>	19

1. WHAT IS BORDERLINE PERSONALITY DISORDER (BPD)?

According to the National Health and Medical Research Council (NHMRC) Clinical Practice Guideline, Borderline Personality Disorder (2012, p.1), “BPD is a mental illness that can make it difficult for people to feel safe in their relationships with other people, to have healthy thoughts and beliefs about themselves, and to control their emotions and impulses.

People with BPD may experience distress in their work, family and social life, and may harm themselves”. The full guideline is available online: <https://www.nhmrc.gov.au/guidelines-publications/mh25>

2. WHAT CAUSES BPD?

The causes of BPD are not fully understood, and whilst some people with BPD have experienced trauma, it is usually a combination of environmental, social and biological (genetic) factors. Research shows that for some people trauma is not a factor.

Though more women tend to receive a diagnosis, studies show that the number of people meeting the diagnostic criteria for BPD is not linked to gender.

3. RECOVERY AND IMPROVEMENT IN QUALITY OF LIFE

With the right treatment and supports, ‘recovery’ and improved quality of life can be expected for people living with BPD. This starts with understanding how having BPD affects the person, and the types of services that will best meet their unique needs.

It is sometimes challenging to find the right service/s. We hope that this guide will make the experience a little easier and remind all people that recovery and improved quality of life is possible.

4. ASSESSMENT AND DIAGNOSIS OF BPD

Diagnosis should be made by trained and qualified mental health professionals and preferably a mental health professional with specific training in BPD.

This involves a comprehensive assessment of the person's history, experiences, and symptoms. It is also important to have a full medical check-up to eliminate the possibility of a physical illness impacting upon their mental health.

The initial assessment should include consideration of safety with regard to self and others and should also assess for any co-occurring symptoms and diagnoses (either physical or other mental illnesses). Information about any past trauma should be obtained sensitively to avoid re-traumatising the person. As the symptoms of BPD can overlap with other conditions it can be challenging for less experienced health professionals to make an accurate diagnosis.

If the person is already accessing several services, the assessment should also include an evaluation of how well these are supporting the person and how they could be strengthened.

The right diagnosis is important as it will help guide appropriate treatment options.

5. SUPPORTS AND SERVICES

WHERE TO BEGIN WHEN SEEKING HELP

There are 8 main ways to begin your search for information and services in Queensland. Some resources are only available online. Wherever possible we have listed a phone number.

5.1 Urgent care

If you or a person you support and care for require an emergency response:

- » Call 000 or 106 for national relay service
- » Go to your local hospital emergency department
- » Other Helpline or Information Lines are listed at the end of this directory.

5.2 Phone 1300 MH CALL (1300 64 2255)

Queensland Mental Health Access Line - available 24/7

This free service is provided by Queensland Mental Health Service and can be your first point of contact for providing support, information, advice and referral if you need immediate care for mental distress.

1300 MH CALL will link you to your nearest Queensland Public Mental Health Service.

5.3 Contact your General Practitioner (GP)

GPs are a good starting point for someone seeking diagnosis, treatment or other supports for their lived experience of borderline personality disorder (BPD). A GP can assist you with facilitating a referral to a public mental health service or a private psychiatrist, psychologist or private hospital clinic. Information about finding a GP if you do not have one you know can be found at: <https://healthengine.com.au/find/gp/QLD/>

5.4 Hospital Based Mental Health Services

Queensland Health is based on geographical areas, often referred to as the Hospital and Health Service (HHS) preceded by the relevant area.

The nature and availability of services in each HHS varies. The best way to establish a referral and availability of specific service is through contact with your GP or 1300 MHCALL (1300 64 2255) Access Line or the following site: <https://www.qld.gov.au/health/services>

To find out which area you are in go to the map of Hospital and Health Services in Qld: <https://www.health.qld.gov.au/maps>

A more comprehensive listing can be found in our online directory: <https://bit.ly/QldServices>

5.5 Non-Government Community Mental Health Services

There are many services funded by the State and Federal governments to provide community mental health and wellbeing supports to help people live their best life. The following is not an exhaustive list and many more may be found via **Head to Health** <https://www.headtohealth.gov.au>

- » **Neami National** is a community mental health service supporting people living with mental illness to improve their health, live independently and pursue a life based on their own strengths, values and goals. www.neaminational.org.au

- » **Footprints Inc** provide tailored support to an individual's mental health and their recovery journey. Footprints holds the value of empowering individuals with hope and optimism through a person centred and recovery based approach. They have a wide range of professionals dedicated to supporting adults with a mental health illness.
(07) 3252 3488 <https://footprintscommunity.org.au>
- » **Stride** specialised mental health non-government organization providing community support to people with complex mental health needs to live their best life. 1300 00 1907 <https://stride.com.au>
- » **Communify** is an established community organisation providing a diverse range of services. (07) 3510 2700 <https://communify.org.au>
- » **Open Minds** works to enhance mental health and wellbeing by delivering a range of tailored options and core supports focused on the individual needs of each person.
1300 673 664 <https://openminds.org.au>
- » **QUIHN** provides health, including mental health, services for people who use drugs and alcohol throughout Queensland.
1800 172 076 <https://www.quihn.org/>

5.6 Primary Health Networks (PHN's)

Primary Health Networks (PHNs) are federally funded to support GPs to serve as first point of contact for people and to subsidise private allied health professionals offering counselling under GP mental health treatment plans. They also fund specialised mental health community support to people with a broad array of mental health needs to live their best life.

Here are their service directories across Queensland:

- » **Brisbane North** (07) 3630 7300 <http://www.brisbanenorthphn.org.au>
- » **Brisbane South** 1300 467 265 <https://bsphn.org.au/>
- » **Gold Coast** (07) 5635 2455 <https://gcphn.org.au/>

- » **Central Queensland, Wide Bay, Sunshine Coast** (07) 5456 8100 <http://www.ourphn.org.au/>
- » **Darling Downs and West Moreton** (07) 4615 0900 <http://www.ddwmpnh.com.au>
- » **Northern Queensland** (07) 4034 0300 <https://www.nqphn.com.au>
- » **Western Queensland** (07) 4573 1900 <http://www.wqphn.com.au>

For local information you can consult a local GP or call directly to the Primary Health Network (PHN) or 1300 MH CALL (1300 64 22 55).

5.7 Private inpatient and outpatient services

Some private hospitals throughout Queensland have inpatient and outpatient clinics which offer specific services for people living with BPD, their families, carers and supporters. The types of assessments, services and costs vary, so it is recommended that contact is made directly with the hospital. Private health facilities can be found here:

https://bpdfoundation.org.au/services_qld.php

5.8 Private health professionals

» **Psychiatrists (private)**

A range of private psychiatrists practice throughout Queensland and can be found on the Royal Australian & New Zealand College of Psychiatrists (RANZCP) website. A GP referral is required to access a psychiatrist. Medicare will cover part of the costs of consulting a psychiatrist: <https://bit.ly/FindAPsych>

» **Allied Health (private)**

There are many allied health professionals who can provide a range of treatments and supports including psychologists, social workers, occupational therapists, and counsellors. Check with the individual therapist to determine their ability to support people living with BPD. A mental health care plan from the GP may assist with access to funding through Medicare for some services – check with the therapist.

- » **Social Workers** (Australian Association of Social Workers)
ASSW <https://bit.ly/SocialWorkers01>
- » **Psychologists** (See psychology associations below)
APS <https://www.psychology.org.au/Find-a-Psychologist>
ACPA www.acpa.org.au/find-a-clinical-psychologist
AAPI <https://bit.ly/AAPI02>
- » **Psychotherapists** (Psychotherapy & Counselling Federation Australia)
PACFA <https://bit.ly/Psychotherapy01>
- » **Mental Health Nurses** (Australian College of Mental Health Nurses)
ACMHN <https://acmhn.org/find-a-credentialed-mental-health-nurse/>
- » **Counsellors** (Australian Counselling Association)
ACA <https://bit.ly/Counsellor01>
- » **Occupational Therapists** (Occupational Therapy Australia)
OTA <https://otaus.com.au/find-an-ot>
- » **Creative Therapists** e.g. Art Therapists
This is an area gaining much interest in Australia and overseas. Art Psychotherapists are professionally registered with ANZACATA Australian, NZ & Asian Creative Arts Therapies Association and the ACA (Australian Counselling Association)
ANZACATA <https://www.anzacata.org/>

6. FINDING A SKILLED THERAPIST TO DELIVER CARE

Finding the right health professional for you can be take some time and patience. This can sometimes be made easier by calling the practice to find out a bit more about the interests and skills of the health practitioner before obtaining a referral. The Australian BPD Foundation has provided sector training in Brisbane, Gold Coast and Townsville and you can ask the health practitioner if they have attended BPD training. The Foundation also has a range of resources including online training to help the sector deliver quality care which includes online options.

- » <https://www.bpdfoundation.org.au/national-training-strategy.php>

7. MEETING THE COST OF ASSESSMENT AND CARE

7.1 Medicare Benefit Scheme – Psychiatrist

A Medicare rebate is available to help cover the cost of seeing a psychiatrist. Fees vary, there are some bulk billing psychiatrists who tend to be linked to a GP super-clinic which offer a range of health professionals in the one centre. The difference between what Medicare provide and the cost of service charged is called ‘the gap’. You can contact the practice to ask how much their gap fee will be.

7.2 Medicare Benefit Scheme – Allied Health

Medicare rebates under the *Better Access Scheme* for allied health professionals (psychologists - clinical or registered, and eligible social workers and occupational therapists) are available for people who require supports for their mental health. These can provide up to 10 sessions per calendar year but do not necessarily cover the full cost of a session. You can contact the practice to ask how much their gap fee will be. Access to the scheme requires a referral and a Mental Health Care Plan (MHCP) from a GP.

7.3 Primary Health Networks

Some PHN’s also provide funding to non-government providers to deliver targeted psychological therapies in urgent situations and special conditions. Contact your local PHN to find a provider (details above).

7.4 Private Health Insurance

If you have private health insurance and extras cover, you may be able to claim part of a registered professional clinician’s fee. We recommend you contact your health fund to check your level of cover, amount reimbursed and if there is a waiting period for a new membership.

7.5 National Disability Insurance Scheme (NDIS)

The NDIS can now be accessed by people with significant functional impairment due to a psychosocial disability. Accessing the scheme requires a formal application and evidence of this impairment. You will be required to provide reports prepared by treating health professionals including the GP, psychiatrist, and allied health professionals. A specific evidence of psychosocial disability form is required. The access process can be obtained from the National Disability Insurance Agency (NDIA) who implement the scheme by contacting them on 1800 800 110. Further information can be found on the website and guidance can be found on:

- » <https://www.ndis.gov.au>
- » <https://reimagine.today>
- » <https://www.ndis.gov.au/media/1825/download>

8. TREATMENT FOR BPD

In the last two decades research has made significant progress towards a better understanding of the symptoms and experiences of people living with BPD, as well as the effective therapies, treatments and treatment settings.

Clinicians trained in treating people living with BPD may utilise a range of different types of approaches to treatment. These treatments share common features that have been found to be effective in assisting people with BPD.

There are no medications that have been approved to specifically treat BPD. A form of psychotherapy (talk therapy) is the mainstay of treatment. Medication is sometimes used to reduce the severity or treat symptoms and treat other co-occurring mental health issues.

Where medication forms part of any treatment plan prescriptions are ideally written by only one prescribing health professional and reviewed regularly. It is important to discuss any medication concerns with the prescriber or your pharmacist.

Psychiatric inpatient hospital stays should generally be brief and be directed towards specific goals that are agreed upon by the person and treating clinician at the time of admission. Inpatient care is generally reserved for short-term intervention where there is serious risk of harm to self and or others.

8.1 Psychological therapies

Developments have occurred in relation to the psychological treatment for BPD over the last 25 years with several models developed specifically for the treatment of BPD. While noted as therapeutically beneficial models; it must be considered that each person will find certain therapy models better fit their needs. The National Health and Medical Research Council Guideline states that 'people living with BPD should be provided with structured psychological therapies that are specifically designed for them and conducted by one or more adequately trained and supervised health professional(s). The majority of treatments for BPD should be provided within a community-based service.'

Therapies include:

- » **Dialectical Behaviour Therapy (DBT)** often includes a combination of individual sessions and skills-training sessions which support the development of emotional regulation, distress tolerance, mindfulness and interpersonal skills. It is the most widely known therapy available for BPD.
- » **Acceptance and Commitment Therapy (ACT)** is a therapy which supports the ability to accept that which is outside our control and action that which improves and enriches life. It is underpinned by mindfulness techniques to manage thoughts and feelings.
- » **Mentalization-Based Treatment (MBT)** is a therapy which aims to increase the ability to reflect on internal experiences as well as understand other people's internal experiences. This increases self-understanding and improves relationships and internal distress.
- » **Schema-Focused Therapy (SFT)** Schemas are patterns of beliefs. SFT seeks to understand schemas, in particular maladaptive schemas, and the associated emotional, cognitive and behavioural difficulties.

- » **General/Good Psychiatric Management (GPM)** is an evidence-based treatment designed to be an outpatient intervention that can be easily delivered by community mental health professionals. GPM includes education for patients and their families, a persistent focus on the patient's life outside of therapy, plus a focus on big goals (e.g., stable partnerships and vocations). Treatment is usually delivered as once-weekly individual therapy and combined with other treatments such as medication management, family interventions, and group therapy. It does not require extensive clinical training and can be readily applied in a variety of mental health settings.

8.2 Factors for effective treatment:

The following are factors that are known to support effective treatment:

- » Clear plan for therapy guided by an understanding of what works for BPD
- » Clear limits of what the therapist can and can't provide and when to refer to other supports as needed
- » Therapy focuses on the relationship between the person and therapist, and their support network
- » Providing the person and their support network eg family/friends/ carers with information about the diagnosis, treatment and prognosis in a hopeful and realistic way
- » Empathy and validation of the person's distress
- » Inclusion (unless inappropriate) of the person's support network, including providing information about therapies, how to effectively support the person with BPD, and encouraging carers to access their own supports
- » Focus on the relationship. The therapist is genuinely interested and seeks to understand what is going on for the person
- » The therapist treats the person as an individual, collaborating with them and cooperating with them ie 'doing with' rather than 'doing to'

- » Therapy focuses more on the reasons for the person's behaviour/s and actions than on the actions themselves and helps them to develop an understanding of their mind (thinking/feeling) and the link between thoughts and actions
- » Exploration together, when not in active crisis, on which situations lead to distress
- » Assist learning of less harmful skills for managing distress
- » Repair of misunderstandings between the therapist and the patient when they occur
- » Develop together a collaborative support plan... what works and when/what doesn't work and why
- » Focus on empathy and validation of emotional pain when the person becomes distressed
- » Promote autonomy, independence and agency
- » Consistent therapeutic response to distress that encourages trust
- » Encouraging trust and validation
- » Recognise that the person's experience is 'real' to them. They are 'doing the best they can' given their circumstances at that time
- » Build and maintain motivation. Everyone wants a better life but some people with BPD feel uncertain about change. Many find it hard to imagine how things can improve so the therapist must maintain hope for change even when the person with BPD is feeling none
- » The therapy also focuses on helping the person regain or maintain their interests and vocation/study and relationships
- » Acceptance that embarking on the path to wellbeing/recovery is an individual journey requiring resilience, determination and patience from everyone – the person living with BPD, their support network and the therapist.

8.3 Effective treatment can:

- » Increase the ability to manage emotions and impulses and change the way people relate to themselves and others (especially in close relationships)
- » Help the person to gradually develop a stable sense of self
- » Support connectedness, hope, identity, meaning, autonomy and empowerment
- » Build a life that the person feels is worth living

8.4 Factors that may assist the treatment process

- » Minimising (or preferably eliminating) the use of substances e.g. alcohol, marijuana
- » Treating other mental illnesses experienced at the same time eg anxiety, clinical depression, psychosis, eating disorders, bipolar disorder
- » Use of short term medication to only help manage a crisis and/or treatment of other mental illnesses
- » The support of family (or significant others) who, in their turn, need to be supported in their role
- » A treatment and support plan developed and negotiated by the person and therapist which includes input from other practitioners and family/ support network (where appropriate/approved)
- » A wellness plan developed and negotiated by the person and therapist to guide support during times of crisis
- » A compassionate, empathic and flexible therapist
- » Allowing the person to feel they have ownership of their treatment

8.6 Peer Support

The recognition of the importance and value of peer support is rapidly expanding:

- » **BROOKred** is an inclusive peer run community in Brisbane. Includes programs supporting people in suicidal distress. (07) 3343 9282. <https://www.brookred.org.au>
- » **Alt2Su (Alternatives to Suicide)** are peer-to-peer mutual support groups providing a space for voicing, sitting with, understanding and moving through suicidal thoughts. Some groups available via zoom <https://www.bpdfoundation.org.au/people-experiencing-bpd.php>
- » **SANE Australia** offers 2 online moderated forums 1) for people with lived experience and another for friends, family & carers and 2) the opportunity to connect with join peer group chat or connect with a peer worker (not BPD specific): www.sane.org.au
- » **Roses in the Ocean** offer a Suicide Prevention Peer Care Connect warmline. 1800 77 7337 - a 'warmline' call-back service to provide a safe place for people with a lived experience of suicidality to connect with others with a similar lived experience of suicide. This is *not* a crisis line: <https://rosesintheocean.com.au/sp-peer-care-connect/>

9. SUPPORT FOR FAMILIES, CARERS, FRIENDS & OTHER SUPPORTERS

Family, carers, friends and others supporting someone with BPD may hold an important role in the recovery of a person living with BPD (unless inappropriate). It is important they have access to information about the diagnosis, prognosis, treatment and how to best support the person with BPD. It is essential they are encouraged to care for themselves as well.

Information and training is available for families, carers, friends and supporters through the Australian BPD Foundation, BPD Australia and NEABPD (National Education Alliance for BPD, USA). Refer to the Full Directory of Services on the foundation's website: <https://www.bpdfoundation.org.au> or ph 1300 MH CALL (1300 64 2255).

The following websites also offer additional resources:

- » **Carer Gateway** 1800 422 737 (Monday to Friday 8am to 6pm) <https://www.carergateway.gov.au>
- » **NEABPD-Australia** <https://bpdaustralia.org/>
- » **NEABPD (US)** <https://www.borderlinepersonalitydisorder.org/>
- » **ARAFMI** carer line: 1300 554 660 (24 hours) <https://arafmi.com.au/>
- » **Wellways** 1300 111 400 <https://www.wellways.org/carers-support>
- » **Mind Australia** 1300 554 660 <https://www.mindaustralia.org.au/services/queensland>
- » **Carers Queensland** 1800 242 636 <https://carersqld.com.au/>

This guide also provides a list of helplines (refer to Section 15) that can also be used by families, carers and supporters in times when they are finding it hard to cope. Remember that it is okay to ask for help and it is vital that carers also care for themselves.

10. SPECIALIST PROGRAMS FOR PEOPLE WITH LIVED EXPERIENCE OF BPD AND COMPLEX NEEDS

Programs are available for Youth, Dual Diagnosis (BPD and dependence on drugs and/or alcohol), Dual Disability (BPD and intellectual challenges), Aboriginal and Torres Strait Islander peoples, LGBTIQ+, and CALD (culturally and linguistically diverse) communities.

Each Queensland Hospital and Health Service has designated specialist services for people who identify as complex needs. The type and quality vary from area to area and time to time. Best to contact the Qld Mental Health Helpline for up-to-date information 1300 MH CALL (1300 64 2255)

Non-Government Organisations (NGOs) also provide additional extensive treatment and supports.

A more complete listing is to be found on the foundation's website: www.bpdfoundation.org.au

11. COMPLAINT PROCESSES

Feedback and complaints can lead to improved services and experiences for everyone. If you have concerns, complaints or grievances about access to services you may wish to speak with the managers/complaints officers of the service involved.

If you have a complaint that you don't feel has been addressed by the service, you can raise your complaint through the:

- » **Queensland Office of the Health Ombudsman:**
Ph: 133 646 <https://www.oho.qld.gov.au/make-a-complaint>
- » **Office of the Chief Psychiatrist:**
Mental Health Alcohol and Other Drugs Branch, Dept of Health, PO Box 2368, Fortitude Valley BC, QLD 4006
Ph 1800 989 451 or (07) 3328 9899 or
Email: mha2016@health.qld.gov.au

12. PROVIDING COMPLIMENTS

It is also important to acknowledge good support and services as this can help to inform what works best for people living with BPD, family, friends, and important others including treating health professionals. You can provide compliments directly to the people who deliver your care and support.

13. ADVOCACY

Australian BPD Foundation (Qld Branch): admin@bpdfoundation.org.au

13.1 Lived Experience Advocacy

- » **Mental Health Lived Experience Peak Queensland (MHLEPQ):**
Mental health consumer representative peak organisation for Queensland: <https://www.qmhc.qld.gov.au/engage-enable/lived-experience-led-reform/queensland-consumer-peak>
- » **BrookRed:** <https://www.brookred.org.au/>

13.2 Disability Advocacy

Disability advocacy is acting, speaking or writing to promote, protect and defend the human rights of people with disability. An advocate acts as an independent person in relation to a person with disability. They are independent of service providers; assist the person to exercise choice and control and to have their voice heard in matters that affect them and importantly are free of relevant conflicts of interest.

If you need support to manage a complaint or access to services, you may seek support from an advocacy agency.

- » **Australian Federation of Disability Organisations:**
Phone: (02) 6198 3361 or Toll-free: 1800 219 969
<https://bit.ly/AFDO01>
- » **Disability Advocacy Finder (Australian Govt):**
disabilityadvocacy@dss.gov.au or
<https://askizzy.org.au/disability-advocacy-finder>
- » **Disability Gateway:** 1800 643 787
<https://www.disabilitygateway.gov.au/>

14. FURTHER INFORMATION

The following websites have an extensive range of resources:

- » **Australian BPD Foundation:** <https://bpdfoundation.org.au>
- » **Spectrum Personality Disorder Service (Vic):**
<https://www.spectrumbpd.com.au/>
- » **Project Air Strategy (NSW):** <https://www.uow.edu.au/project-air/>
- » **BPD Collaborative (SA):** www.sahealth.sa.gov.au/BPDCo
- » **NEABPD-Australia:** <https://www.bpdaustralia.org/>
- » **NEABPD (US):** <https://www.borderlinepersonalitydisorder.org/>
- » **BPD Awareness Week:** <https://www.bpdawareness.com.au/>

15. HELPLINES

The database of Helplines provides a current list of services:
<https://findahelpline.com/>

24-Hour support

- » **Emergency Services:** 000
- » **Qld Mental Health Access Line:** 1300 MH CALL (1300 64 2255)
- » **Suicide Call Back Service:** 1300 659 467
www.suicidecallbackservice.org.au
- » **Lifeline:** 3 11 14 or chat <https://www.lifeline.org.au>
- » **National Sexual Assault, Domestic Family Violence Counselling Service:** 1800RESPECT or 1800 737 732:
<https://www.1800respect.org.au/>
- » **Kid's Helpline (5-25yrs):** 1800 55 1800 <https://kidshelpline.com.au>
- » **Beyond Blue:** 1300 22 4636 or chat
<https://online.beyondblue.org.au/#/chat/start>
- » **MensLine Australia:** 1300 789 978 <https://mensline.org.au/>
- » **Direct Line – alcohol & drug counselling & support:** 1800 888 236
<https://www.directline.org.au/>
- » **Poison Information Centre:** 13 11 26
- » **National Alcohol and Other Drug Hotline:** 1800 250 015
- » **Counselling Online (AOD):** <https://www.counsellingonline.org.au/>
- » **Ice Help Line:** 1800 423 238
- » **Family Drug Support Helpline:** 1300 368 186 <https://www.fds.org.au/>

Helplines - Limited Hours

- » **SANE Helpline:** Mon-Fri 10am-10pm AES/DT
1800 187 263 <https://www.sane.org/>
- » **Blue Knot Helpline:** (for adult survivors of childhood trauma)
Mon-Sun 9am-5pm AEST/ADST.
1300 657 380 <https://www.blueknot.org.au/Helpline>
- » **QLife** (LGBTIA+ peer support): Mon-Sun 3pm-12am AES/DT
1800 184 527 and webchat: <https://qlife.org.au/>
- » **Eating Disorders Helpline:**
Mon-Fri 8am-9pm AEST (except public holidays).
1800 33 4673, email support@thebutterflyfoundation.org.au
webchat <https://butterfly.org.au/get-support/chat-online/>
- » **Suicide Prevention Peer Care Connect warmline (age 18+):**
1800 77 7337 - NB This is not a crisis line
<https://rosesintheocean.com.au/sp-peer-care-connect/>
- » **Alt2Su groups** (QLD based but open to all nationally online):
<https://www.brookred.org.au/supporting-suicidality>

The vision of the Foundation

is that people with BPD are acknowledged as having a mental illness that requires access to appropriate treatment and support for themselves and their families/carers.

The mission of the Foundation

is to promote a positive culture to support the recovery journey of people with BPD and their families/carers. The Foundation also supports clinicians, health care personnel and researchers working in this field and acknowledges everyone who works towards a better recognition of BPD.

Contact information

Australian BPD Foundation Ltd.
PO Box 942,
Bayswater VIC 3153

ABN 83 163 173 439



Telephone: 0458 469 274



admin@bpdfoundation.org.au



www.bpdfoundation.org.au



#OzBPD



[/AustralianBPDFoundation](https://www.facebook.com/AustralianBPDFoundation)



[@ozbpd](https://www.instagram.com/ozbpd)

*With thanks to:
The Whitehouse Foundation*