THE BPD ADVOCATE

Issue 8

Raising Awareness of BPD

The BPD Foundation has been supporting, promoting and advocating to ensure the community understands what BPD is, to know that there is hope - and therapies available to assist in the recovery journey.

It's been a busy time since our last edition of The Advocate!

We have completed submissions to the **Victorian Royal Commission into Mental Health**, the **Productivity Commission in Mental Health** and the **Aged Care Royal Commission.**

We have also coordinated a group of 54 organisations and individuals to organise **BPD Awareness Week** (1-7 October). As well as a brand new, refreshed website at www.bpdawareness.com.au, numerous events were held across the country and a number of media interviews were conducted.

The theme for our 9th National **Conference** on 14/15 November is BPD: Best Practice Deserved which aims to highlight that BPD can no longer regarded as untreatable and that people with BPD (and their families) deserve equitable access to the treatment and support they need. The 2019 conference will also explore some of the controversies surrounding this diagnosis while showcasing leadership of those with lived experience.

We were fortunate to be successful in our grant application to the NMHC to develop Stages 3 and 4 of our **National Training Strategy**. The curriculum is currently being developed and workshops will be held across Australia in the next 18 months. Visit our website to register an expression of interest. These are intensive workshops and the number of participants per workshop will be kept small. The second phase of Stage 3 is to train a group of trainers which will make this training accessible to all.

And finally, our **Annual General Meeting** is scheduled to be held at the conclusion of our conference on 15/11/19. We hope to see you there!

Kind Regards

Rita Brown

President, Australian BPD Foundation Ltd

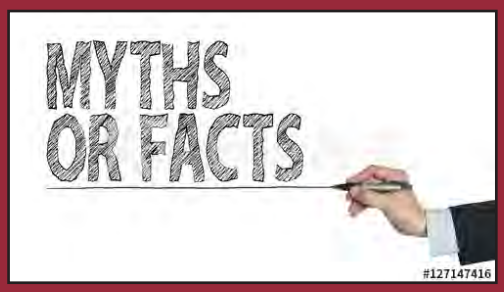
SPRING 2019

Australian BPD Foundation Limited
Support Promote Advocate for Borderline Personality Disorder

Petition !
40 funded Better Access visits per year for BPD
sign online Change.Org

VALIDATED

Download
petition and share with your community



Is BPD is caused by childhood trauma?

FACT: **Although childhood trauma has been suggested to be one of the possible causes of BPD, it is important to acknowledge that this is not always the case. Research has shown that aside from childhood trauma, there are various factors that may cause someone to develop or be at risk of developing BPD. Such factors include biological, environmental, and sociocultural factors. In some cases, someone with BPD may experience a combination of these factors.**

Source: LETSS - Lived Experience Telephone Support Service
http://bit.ly/letssBPD

Australian Helplines

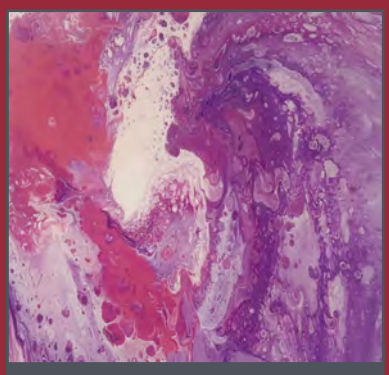
KIDS HELPLINE - 1800 551 800 (24hr) 5-25yrs
https://kidshelpline.com.au/
e:counsellor@kidshelpline.com.au

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
Alcohol Ink Artwork
by Kyo Pickard

Lived Experience

Beth McMullen acted and produced a stand-up comedy Fringe show in 2018 to educate people about BPD - 'Girl, Schminterschmupted'. This year's shows are 'Obstinate Little Tart' and 'Why am I Still Single?' PART 1

When were you first diagnosed with BPD?

December 2011.

Was coming to a diagnosis a quick process for you?

No. I was treated for depression and bipolar for about 6 years. I tried CBT, which didn't work for me. When the therapy you're receiving isn't appropriate it can further exacerbate the feeling of invalidation.

Medication can be ineffective for BPD [though may treat related conditions], overall, it can be damaging when misused.

Did you tell anyone about your diagnosis at the time?

I was relatively transparent with friends and family. I was however, careful about disclosing in the workplace. The healthier I got the more confident I became to disclosing my diagnosis, which was around 28-29 (years old), about 2 years into my journey.

Before being diagnosed with BPD, did you have any knowledge about it?

I remember the exchange quite clearly when I was diagnosed. They said 'I don't think you're depressed.' They asked 'Have you ever heard of Borderline Personality Disorder?' I had heard of it through pop culture references - which is what I refer to in my show, but these references to BPD can be misleading.

Beth McMullen

What did an average day or week feel like for you?

I remember feeling a sense of discomfort in my experience of life. My emotions were super intense. It constantly felt like I was breaking the rules which further lead to this feeling of shame around who I am and the way that I am.

I had intense problems with relationships, struggling with intimate relationships in the way that they would dictate my self worth, I felt rejection quite bitterly and I attached quite intensely.

Impulsivity, emotional eating and spending were ways to feel better in the moment. I had a sense that there was something different about the way I engaged with the world.

Post diagnosis - When my psychiatrist read out the list of symptoms and isolated some behaviours, it felt like someone was just ticking a box of my experience, and in that moment I felt so seen and understood, which was validating and exciting. But then you realise this is where the hard work starts, so the second wave was dread, fear, overwhelm and frustration of the unfairness.

There was a sense of 'I know why I'm doing this', and a sense of empowerment, but that's a double edged sword. I found myself attributing most things to BPD which can lead to self stigmatisation and attaching too much of your identity to your diagnosis. It's a very fine dance with your diagnosis, it's only one part of you, not your whole self.

How has your Schminterschmupted tour helping educate people and break down the stigma?

Some people have come up to me and have said 'Oh thank you, that's helped me understand myself better.' Theres a lot to be said about people with a complex chronic mental illness standing up and taking space. My show is bold, honest, unapologetic and it encourages people to accept themselves. Its given a spotlight to BPD for people who have never heard of it.

Part 2: 'What Helped' in next issue of BPD Advocate. *Beth McMullen*

Patron - Assoc Prof Josephine Beatson

Jo Beatson has a genuine interest in uncovering what assists the recovery journey for people living with BPD. She joins Dr Peggy Brown AO as a Patron of the Foundation.

Dr. Jo Beatson

I am humbled to have been invited to become a patron of the Australian BPD Foundation. The Foundation, from its inception, has done such important work to improve treatment experiences for people with BPD, assist their families and carers, and inform the Mental Health community about BPD. This work has been pivotal to increasing awareness and reducing stigma around BPD. My interest in becoming a Patron lies in hoping to contribute to the Foundation's important work.

What led me to become a psychiatrist? There are several reasons. The most important is that I had witnessed the suffering of a much-loved family member who had been diagnosed with schizophrenia, but I now realise had many features of BPD. At some unconscious level, I suspect I wanted to know what could have been done to lessen their suffering.

When I embarked on psychiatric training, I had already been a GP for several years and found that the patients who most interested me were those with mental health problems – and, most importantly, that I didn't know how best to help them. When I did the psychiatric training in the 1980's people with BPD were regarded as untreatable. I saw how much they suffered emotionally, how often they used self-harming or suicidal behaviours to deal with emotional pain, and how little the mental health field understood about what caused BPD, let alone how to treat it.

Having trained as a psychiatrist, I then trained for 4 years in psychotherapy. I wanted to understand people's minds in depth and become more able to help those who came to see me. This was before the emergence of research on effective psychotherapies for BPD, so I had no validated path to follow, until I discovered the work of Peter Fonagy and Mary Target.

Their articulation of the lack of ability of people with BPD to reflect when stressed resonated with my clinical experience. Mentalization-Based Treatment developed from that theory and has since been validated as effective for BPD.

Of course, there are other validated treatment approaches for BPD, DBT, TFP, SFT, among them. But In the end, we are drawn to treatment approaches that 'fit' in some way with how we prefer to work. MBT was the modality that suited me.

And I was lucky. Spectrum, the Personality Disorder Service for Victoria was established in 1999. I joined the staff on a part-time basis soon after and have been privileged to work since with a group of clinicians dedicated to improving the lives of people with BPD.

So, what do I want to focus on during my patronage of the Australian BPD Foundation? Top of the list is improving access to effective treatment for people with BPD. Decreasing stigma in the community, among treating clinicians, and improving the availability of help with parenting for mothers with BPD are of major concern. Last but not least, is promoting respectful, empathic, collaborative approaches to people with BPD across mental health and primary care sectors.

There is a long way to go. I believe it is fair to say that advances in the understanding and treatment of BPD over the last 20-30 years have been spectacular.

It is now vitally important to see this translated into the ready accessibility of appropriate treatment for everyone with BPD who needs it when they need it.

A/Prof *Jo Beatson (Vic)*

Parenting and BPD

Parenting while living with BPD benefits from having additional supports. Programs such as MI-DBT can address this.

Meltdowns. We can all have them but there is nothing like having a baby to increase the likelihood that it will not just be the infant who is crying!

Having a baby is a joyful event for many families but even in the best of circumstances it puts pressure on people. In modern Australian families, many women are confronted by rapidly changing circumstances. Overnight they move from doing a job for which they might get reasonable money, workmates to chat to, predictable hours and time to spend doing their own thing or with their partner, to facing a job for which most have no training (we don't grow up any more in big families with someone else's babies around), less money, only a baby for company, little recognition for hard work and highly disrupted sleep.

When I stand back and think about it, it is a no-brainer that those who might be inclined towards emotional dysregulation rapidly move to states of high distress and family conflict, accompanied by a sense of total defeat.

So a mother-baby unit such as *Helen Mayo House* in South Australia is a collecting point for women who have either a full or partial diagnosis of borderline personality disorder.

About 8 years ago, we decided we need to be doing more for these mums. We started a new program which added mother-infant therapy work to dialectical behaviour therapy. We call it **MI-DBT**. It has been extremely helpful so far to at least 50 women and their babies who have undertaken the whole program. We know that most women learn a great deal about regulating their emotions, their mood improves and their interactions with their babies also improves. (South Australian phone enquiries 1300 898 213)

The program has become widely recognised, and we have been able to source funding to expand to two community settings in metropolitan Adelaide and to trial our program in a rural setting. It's very exciting to hear the stories from mums who have done the whole program. They have often had problems all of their lives but a BPD diagnosis has never been offered previously or in some cases, either a group program for BPD was unavailable or they found it hard to really stick to the program.

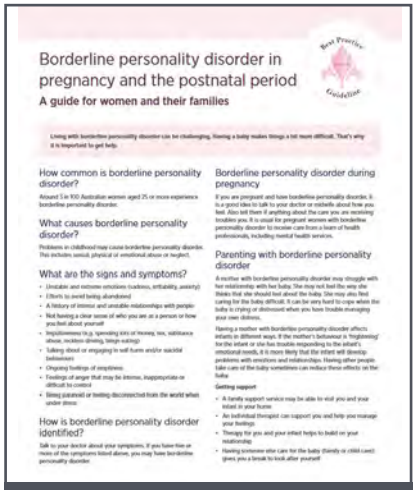
Keeping on top of your own emotions because you want to be a good mum is VERY motivating so our completion rates are very high.

The **Meltdown Moments** book developed out of this.

It is illustrated by Marie Jonsson-Harrison, a professional South Australian artist and sells through the Womens and Childrens Health Foundation at https://wchfoundation.org.au/meltdownmoments/ for $15 plus $8 postage, with all funds donated to the W&CH Foundation.

As well as the story, there are 6 pages of information about BPD and families, to help everyone better understand what is going on.

Anne Sved-Williams (SA)


Borderline personality disorder in pregnancy and the postnatal period

A guide for women and their families

How common is borderline personality disorder?

What causes borderline personality disorder?

What are the signs and symptoms?

How is borderline personality disorder identified?

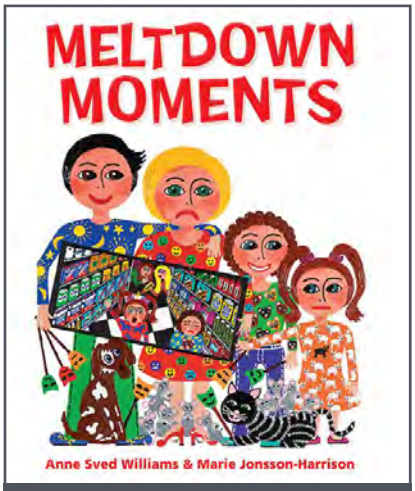
Borderline personality disorder during pregnancy

Parenting with borderline personality disorder

Getting support

COPE BPD Guidelines

bit.ly/BPDPerinatalWomen
bit.ly/BPDPerinatalProf



Meltdown Moments

https://wchfoundation.org.au/meltdownmoments/

Conferences

9TH ANNUAL NATIONAL BPD CONFERENCE

14 & 15 November 2019 (VIC)

'BPD - Best Practice Deserved'

The Australian BPD Foundation's 2019 Conference will explore what is 'Best Practice' for supporting or treating people impacted by BPD - looking at what works, and also some current research. Details: www.bpd2019.com

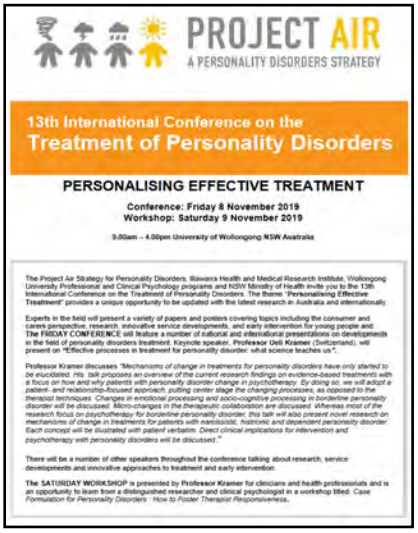
Thu 14 Nov - Pre-Conference workshop for mental health professionals *'Working with Complexity'* by Prof. Sathya Rao will be held at Spectrum Personality Disorder Service, 110 Church St, Richmond, Vic. Download

Fri 15 Nov - Conference for people with lived experience, their families, friends and clinicians will feature Prof Jayashri Kulkarni speaking on *'Borderline Personality Disorder - Controversies, Challenges and Collaborations'*. There will be 4 lived experience presenters, and 3 panel discussions by people with lived-experience, carers and researchers. To be held at Bayview Eden, 6 Queens Rd, Melbourne, Vic. Download Program

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 personalty disorder: What science teaches us'*
Sat 9 Nov - All day workshop *'Case formulation for personality disorder'*.

Details: http://bit.ly/ProjectAirPDConference2019

NATIONAL BPD TRAINING STRATEGY
Australian BPD Foundation

'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. Register your interest

Research

WHAT WORKS IN THE PSYCHOLOGICAL TREATMENT OF BPD

Dr Sarah Swannell, Senior Psychologist and DBT Coordinator, Nundah Community Mental Health Team, Metro North Mental Health Service, Brisbane

Melissa Kent, PhD Candidate, Faculty of Medicine, University of Queensland & Director and Principal Clinical Psychologist, The Glow Centre, Brisbane

Borderline Personality Disorder (BPD) is defined as a pattern of marked impulsivity and instability of affects, interpersonal relationships, and self-image. Clinical hallmarks include emotional dysregulation, impulsive aggression, repeated self-injury, and chronic suicidal tendencies (Lieb, 2004). BPD is associated with high levels of psychiatric care and high levels of psychosocial impairment (Zanarini, 2009).

Until recently, BPD was considered to be a chronic condition with a poor prognosis and no effective treatment (Grenyer, 2013). However, the "tide of research and clinical opinion has turned" (Grenyer, 2013, p. 464) and the prognosis for BPD is considered improved for most patients if an effective evidence-based treatment is implemented.

As clinicians, when we want to know what works in treating any psychological difficulties or disorders, we look to the published research. The most comprehensive analysis of what works in the psychological treatment of BPD was published as a Cochrane Review in 2012 by Stoffers et al. The results indicated that of over 10 specialised therapies for BPD, only Dialectical Behaviour Therapy (DBT) had enough evidence to recommend it as a robust treatment for BPD. Other comprehensive therapies which showed promise but had not yet accumulated sufficient evidence to support their use included mentalisation-based therapy (MBT), Transference Focussed Therapy (TFP), Interpersonal Psychotherapy (IPT) and Schema Focused Therapy (SFT).

Since that time, more research has been conducted into what works for BPD, but results remain largely the same (see Cristea, Gentili, Cotet, Palomba, Barbui and Cuijpers, 2017; Oud, Arntz, Hermens, Verhoef & Kendall, 2018). At this point, DBT remains the most researched and widely implemented intervention. It has demonstrated effectiveness in reducing BPD symptoms, related conditions including suicidal behaviour, and health service use.

We know that psychotherapies work in treating BPD, however we also know that DBT is resource intensive, requiring 12 months of 2.5-hour skills training group sessions, plus one 60-minute individual sessions, plus the provision of 24-hour between-session coaching, plus weekly 90-minute consultation team meetings for each participant in a DBT program. This level of resource intensity makes DBT difficult to provide and therefore difficult to access for many people who would benefit from it. As a result, there has been recent focus in the research on how to make it less resource intensive, more cost-effective, therefore increasing accessibility.

One focus in the research in recent years has been on investigating not just if DBT works, but how. We call this the *psychological mechanisms of action*. This may help to develop shorter, less intensive versions of DBT, and more targeted. From the few studies that have investigated how DBT works, the general conclusion is that skills training is the key process of change in DBT (see Barnicot, Gonzalez, McCabe & Priebe, 2016; Linehan et al., 2015; Lynch, Chapman, Rosenthal, Kuo & Linehan, 2006; Neacsiu, Rizvi & Linehan, 2010; Probst et al., 2018). However which skills are associated with the outcomes we see in DBT has not been well investigated, and this has been highlighted as an area for future exploration by a number of researchers.

In south-east Queensland a team of clinician-researchers is currently investigating just this: which skills lead to which outcomes in DBT**.** The study aims to follow 112 participants in standard DBT programs in public mental health settings, for six months. The results of this study will hopefully shed some light on which DBT skills are the most important, which may then lead to more exploration and consideration of the way we deliver DBT and how to make it more cost-effective and accessible to everyone who needs it. As DBT clinicians, and clinicians who work more widely with people with BPD, this is a very important issue to us.

Dr S Swannell & M Kent (QLD)

Cognitive Distortions and the Brain in BPD

The latest neuroimaging research has made it clear that the brain of someone living with BPD is different from other people

There are two areas which show different levels of functioning.

The frontal lobe sits in your head just behind your eyes and forehead. One of its primary functions is decision-making.

The other area of the brain is the amygdala, which sits just above your ears on both sides. The amygdala is associated with fear and anxiety.

In most people, there is a delicate balance between the frontal lobe and the amygdala. The amygdala sends our brain important information about potential threats and the frontal lobe decides what to do about the threats while also controlling the level of fear.

In people living with BPD, the balance shows changes. Studies have found that brain of someone with BPD has a much more active amygdala that, in a sense, overwhelms the frontal lobe.

We are not sure exactly why this imbalance occurs – possibly due to the brains natural way of adapting to stress. It is thought to be one of the main reasons that people with BPD experience unstable emotions and impulsive decision-making.

The amygdala is sending powerful signals that there is potential danger and so our instincts may take over our logic.

The results of this imbalance can be seen in a number of different ways of thinking (or cognitive distortions).

Cognitive distortions are patterns in thinking which can happen to anyone when they are stressed or anxious – they are not unique to people with BPD.

If you look at a list of common cognitive distortions, what you may notice is that they are mostly a sign that your emotional mind has taken over from your logical mind.

This is exactly what happens when the amygdala takes over from the frontal lobe. It then makes sense that someone with BPD may be more vulnerable to cognitive distortions.

It is often difficult for supporting people to understand what a person in an emotional state of mind is going through. In many cases, support people will try to undo the cognitive distortion by appealing to the logical mind. Despite good intentions, this approach to helping can unfortunately backfire, as the person in the emotional state of mind can often feel misunderstood and also because the logical mind is not available at that point.

The best approach can often be to listen to the person and to validate the emotions happening in the moment regardless of whether or not cognitive distortions are present.

The good news is that anyone, including people with BPD, can alter the function of their brain with consistent effort and psychotherapy. Working with a therapist can help someone to recognise cognitive distortions and consider them from a different perspective.

Understanding cognitive distortions can help a person manage better when an emotional state of mind is present.

The overall goal of therapy is to help the person understand themselves on a deeper level so that they can better manage their emotional experiences and their relationships.

With improved understanding of self, people often find that it is easier to manage difficulties and to pursue their goals.

Reference:
Manck F, Schmitt R, Winter D, et al. Assessing the marks of change: how psychotherapy alters the brain structure of women with borderline personality disorder. Journal of Psychiatry Neuroscience, 2018:43(3):171-181.

Dr Lukas Cheney,
Spectrum Personality Disorder Service

In 2019 MyGivingCircle are giving $50k to Charities and Not-for-Profits.

On December 20th the #40 Charities with the most votes share in $24,000 worth of grants and we'd love the
Australian BPD Foundation to be one of the winning charities!

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

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

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

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

Voting Closes 20 Dec 2019

BPD Awareness Week

BPD: Best Practice Deserved' was the focus of the 2019 Campaign 1-7 October

The 2019 awareness week campaign 'BPD: Best Practice Deserved' highlighted facts taken directly from the 'Clinical Practice Guideline for the management of Borderline Personality Disorder' in an accessible way.

Ambassador Prof. Mike Hazelton explained "Effective treatment for BPD has emerged, but must be combined with compassion and determination to address stigma."

Supported by the National Mental Health Commision, the campaign was developed using co-design and co-productions principles. It used the strong voice of lived experience - promoting recovery, positivity and hope.

Postcards and badges were distributed to events held across Australia, and online media spread the word with lived experience and carer stories sharing messages of support. Posters and shareable social media graphics remain freely available for download from
https://www.bpdawareness.com.au/resources/

Mahlie Jewell (NSW), Karen Bailey (SA) and Rita Brown (VIC)

RANZCP AWARD TO DR PEGGY BROWN AO

Dr Peggy Brown, AO was awarded a **College Citation** by the Royal Australia & New Zealand College of Psychiatrists (RANZCP) at the 2019 Congress in Cairns, as reported in the Australian Psychiatry Journal.

The College Citation was established in 1986, to honour special service to the RANZCP or psychiatry.

The annual Award is made to a Fellow or medical or non-medical person outside the RANZCP.

Dr Brown is a former CEO of the National Mental Health Commission, and a Patron of the Australian BPD Foundation. Last year she was also the 2018 Ambassador for BPD Awareness Week.

bit.ly/AustralasianPsychiatry

MHPN BPD News

COLLABORATIVE CARE AND BORDERLINE PERSONALITY DISORDER

Christine Young from the Mental Health Professionals' Network spoke with Mahlie Jewell (lived experience advocate), Rita Brown (Victorian co-ordinator & carer) and Kate Lewis (Sydney MHPN network co-ordinator & researcher).

'Borderline personality disorder is a complex mental health issue, that is treatable and individuals can (and do) recover', says Ms Kate Lewis from Project Air Strategy. 'In the past borderline personality disorder has been misunderstood and subject to considerable negative stigma. Treatment of personality disorder works best when a collaborative and multidisciplinary approach is taken, and when individuals with personality disorder are actively involved in their treatment'.

Ms Jewell says having a multidisciplinary team was essential to her recovery. Her support team consisted of a GP, psychologist, social worker, support person, neurologist, neuro-psychologist and key academic advisor (during study). Allowing communication between these individuals enables them to work together with me to address their role in supporting my goals. This means that every team member understands and accepts their responsibilities, and are able to trust each other to do the same. It leads to a lighter load for everyone and several open streams of support for me to choose from when I am in need.'

Ms Brown says a multidisciplinary approach is 'essential in providing person-centred care. People living with BPD frequently experience other comorbidities, for e.g. GAD (Generalised Anxiety Disorder), MDD (Major Depressive Disorder), ED (eating disorders), substance use, and physical illness such as chronic pain, PCOS (polycystic ovary syndrome), diabetes or an intellectual disability. Having an interdisciplinary team supporting the person (and family) would, in my opinion go a long way in correctly identifying the person's unique needs and for these needs to be met in a holistic way'.

Read more at http://bit.ly/MHPNbpdCollaborativeCare

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 practioner relationships.

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

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

NSW > Sydney

NT > Northern Territory

QLD > Brisbane North

QLD > Ipswich/West Moreton

SA > Adelaide

TAS > Hobart

VIC > Victoria

WA > Perth

BANDANNAS FOR BPD - FUNDRAISER

Bundles of beach and bandanna fun to raise awareness for BPD was enjoyed on October 27th during Mental Health Month. Thanks to the Border Collie Owners of SA for supporting the Australian BPD Foundation. Download flyer to share with other fur families!

Bandannas cost $15 (for 1), $20 (for 2) and add $10 for each extra bandanna - postage included! All proceeds go towards the Foundation. Order your bandannas on Eventbrite here: bit.ly/getBPDbandannas

State News

ACT - MENTAL HEALTH EXPO

Canberra's BIGGEST mental health event, the Mental Health & Wellbeing Expo 2019 was held 10th October, World Mental Health Day. Well over 3000 people attend the event!

This event brings the ACT communities together to celebrate positive wellbeing and learn more about services in the region. Importantly, the Expo encourages people to seek help early to help reduce the impact of mental illness of an individual's life.

BPD Awareness ACT provided information on BPD for consumers, their loved ones, mental health professionals and the ACT community. There was a lot of interest, and Natalie and Tianne spent the day talking with those attending providing information on BPD to raise awareness and reduce stigma.

Natalie Malcolmson (ACT)

SA BPD COLLABORATIVE LAUNCH

On June 7th, the Honourable Stephen Wade, MLC, Minister for Health and Wellbeing opened the Borderline Personality Disorder Collaborative (BPD Co), which will be a state-wide specialist service for people living with BPD in South Australia. The launch included the official opening of the Janne McMahon Room, in honour of the advocacy work undertaken by Ms Janne McMahon, OAM.

BPD Co will deliver supports and services to people living with severe and complex BPD, with a focus on services for new parents, young people with emerging BPD, Aboriginal people, people from LGBTQIA communities and people in the criminal justice system.

It will have a research function and collaborate with tertiary education partners to inform evidence-based practice and continuous service improvement. BPD Co will support people living with Borderline Personality Disorder in South Australia with increased access to the most appropriate treatment and supports to assist them in building a contributing life. It will also ensure people living with BPD are not excluded from mental health services and other supports.

A Model of Care involving a Stepped Care approach that prioritises building capacity for quality services in all mental health services has been adopted. The Model of Care can be downloaded from the BPD Co web page. BPD Co will roll out services in a staged implementation across South Australia to June 2022. As part of this implementation, brief individual and short term group interventions will be trialled in some locations before being scaled up across the state.

Further information about BPD Co can be found at www.sahealth.sa.gov.au/bpdco

Support Promote Advocate for BPD

DONATE

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

All donations over $2 are tax deductible.
Donate with:
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Beyond Bank Good2Give
MyCause My Giving Circle
For EFT/Direct Debit
please email
admin@bpdfoundation.org.au

SUBSCRIBE

Sign up for our monthly eBulletin and quarterly newsletter

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

MEMBERSHIP

Foundation membership is open to everyone with an interest in BPD. Individual membership is FREE! Sign up here:
http://bpdfoundation.org.au/membership.php

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

Donate, Submit, Subscribe, Advertise

SUBMISSIONS AND ADVERTISEMENTS

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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