

What is Borderline Personality Disorder?

BPD is a common 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.

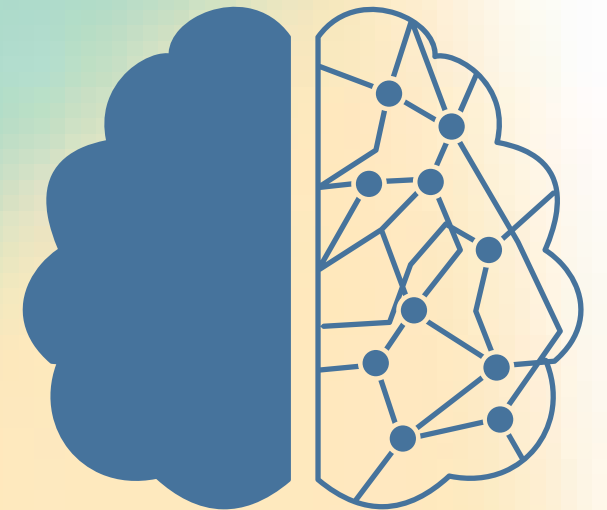
Signs and symptoms

Someone with BPD may experience:

- Being prone to fear that other people might leave them, and make frantic efforts to avoid abandonment.
- Relationships that are unusually intense and unstable (e.g. idealizing person, then intensely disliking them).
- Being very unsure about themselves, low self-esteem and self-worth.
- Self destructive and impulsive behaviours (e.g. spending money, risky sexual behaviour, risky drug or alcohol use etc.).
- Persistent self harm and/or suicidal thoughts.
- Changeable moods, feeling like being on an emotional roller coaster.
- Experiencing a persistent feeling of being 'empty' inside.
- Difficulty feeling and expressing anger.
- When stressed, becoming highly suspicious of others or experiencing unusual feelings of being detached from their own emotions, body or surroundings.

*Recovery is not just possible, but increasingly probable**

Neuroplasticity – or brain plasticity – is the ability of the brain to modify its connections or re-wire itself.



*with appropriate evidence-based therapy, referenced from Collaborative Longitudinal Study of Personality disorders Study (CLPS) by Gunderson et al (US study)

How is it treated?

There are a number of psychological treatments (i.e. talking therapies) that have been shown to be effective in treating BPD. They involve either talking with a trained mental health professional or attending a group. Medication is not recommended as a person's main treatment for BPD, however for someone who is already receiving psychological treatment, medication may be helpful to manage particular symptoms.

Psychological treatment can be provided by trained mental health clinicians including psychiatrists, psychologists, mental health nurses, social workers and occupational therapists.

Talk to your GP about obtaining a Mental Health Treatment Plan which, if eligible, may give you subsidised access through Medicare for up to 20* psychological appointments per calendar year. There are generally waitlists for mental health clinicians.

Evidence-based treatments that are available in some parts of Australia and New Zealand include:

- Dialectical Behaviour Therapy (DBT)
- Mentalization-based Treatment (MBT or 'mentalization')
- Schema Focused Therapy (SFT)
- Transference Focused Psychotherapy (TFP)
- Good Psychiatric Management (GPM)

The availability of evidence-based BPD treatments varies according to the number of mental health clinicians trained in one of the above treatments.

To find a clinician in South Australia, you can access the website bpdsa.com.au which links to directories of psychologists, psychiatrists, social workers, therapies and counselling services.

*This is an extension of the usual 10 visits covered by Medicare until the end of 2022.

The above is adapted from the DSM-V criteria for BPD. A person can be diagnosed with BPD if they meet at least 5 out of the 9 criteria.

This means that people with BPD can experience many variations of these symptoms and that it can look and feel very different from person to person.

For more info



Telephone: 08 7425 6500

Email: health.BPDservice@sa.gov.au

Website: www.sahealth.sa.gov.au/BPDCo

Things that can be helpful



Helpful tips

- **Ask questions** and work with your treatment provider (and partner or family, if appropriate) to make a plan to support your BPD.
- **Caring for yourself** can be a challenge and something that might feel uncomfortable at first. Starting small can be a first step.
- **Using mindfulness** to regulate, ground, centre and steady yourself is shown to be really beneficial.
- **Taking time** to try to understand your thoughts, feelings and behaviours during challenging times can help you gain a sense of who you are.
- **In some situations**, change is not immediately possible. Decrease suffering by acknowledging that the situation may be unchangeable right now.
- **Engaging with communities** of people with similar backgrounds, interests or experiences can support you to feel a sense of belonging.

You can read more helpful tips from Project Air:
<https://www.uow.edu.au/project-air/resources/fact-sheets/>

Learning more about BPD can help increase your understanding of symptoms, treatment options, recovery and services that can help.

Psychoeducation includes written information, videos, websites, meetings, or discussions with your doctor or another trained mental health worker. It can also be helpful for your family/partner and friends.

Accessing factually accurate information from a reputable source is important; some good sources include:

- Project Air - <https://www.uow.edu.au/project-air>
- Australian BPD Foundation - <https://bpdfoundation.org.au>
- BPD Australia - <https://www.bpdaustralia.org>

Things others can do:

- **Listen and show that you care:** validating their feelings means to listen without judgement and acknowledge the emotion the person is expressing or feeling.
- **Create boundaries:** healthy boundaries may be difficult for the person to understand, this role models positive boundary setting and protects you both.
- **Separate the symptom from the person:** separating the symptoms from the individual can be very helpful, for example "I wonder why Alex said those hateful things? Could it be that Alex is seeing whether or not this will push me away?".
- **Be involved in their care:** where appropriate, understand what treatment/service they are receiving and have a copy of their safety/care plan to help in times of crisis.
- **Look after yourself:** supporting others with their mental health can take a toll on your own wellbeing. Create your own self-care plan with strategies that assist you in maintaining your wellbeing.

Referenced from 'Tips for carers of people with BPD'
<https://www.mentalhealthcarersnsw.org/>

See the person

Self-care is not selfish

Language Matters!

Stigma and shame

The experience of stigma is common for individuals with BPD. Lack of understanding of BPD leads to the misconception that people who live with BPD are manipulative, difficult or treatment resistant. This stigma can be shaming and prevent people from accessing support and mental health care.

Language can be healing or harming. Words can make us feel included and respected. Use language that does not pathologise or objectify a person's experience or support needs. Understand that this is just one of many aspects to a person's life.

Use language that is:

- Respectful, encouraging and hopeful
- Free from bias, stigma and discrimination
- Person-first, not diagnosis first
- Trauma-sensitive
- Non-judgemental
- Culturally safe and embraces diversity
- Focused on people's strengths
- Accessible and meaningful to a wide audience
- Clear and consistent

In a crisis or need urgent help?

For urgent assistance police/fire/ambulance 000



Mental Health Triage 13 14 65

Lifeline 13 11 14

Kids Helpline 1800 551 800