



BPD COMMUNITY

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The quarterly newsletter of
BPD Community Victoria Ltd.

STOP PRESS

The State Govt is preparing a 10 Year Mental Health Plan. If you wish to participate you can go online and say your piece.

Go to: <http://www.health.vic.gov.au/mentalhealthplan/>

Your contribution may be as succinct as two sentences or two pages. Add your voice to the clamour calling for fairness for people with BPD and their families.

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If you wish to join our email list, just drop us a line to: bpdccommunityvic@gmail.com

Changes are taking place

Living in the present means living with change and our BPD community is no exception.

Our biggest news is the launching of our BPD Community Facebook page. Just google BPD Community and it should appear.

This initiative will help us keep in touch with each other and we would like to encourage you to use for that purpose. If you 'Share' the page and encourage others to do so also, it will increase our reach even more.

Spring is here

The wattle is in bloom, blossoms are on the fruit trees, the sun is shining more and the days are slowly warming. Everywhere there is the sense of renewal, regrowth.

Spring represents the hope we feel. Hope that the BPD community we



One thing is certain in our world, we need to change how BPD is viewed by clinicians and we can do this if we can get organised.

At our last Information Night, the participants enthusiastically endorsed the drafted Carer's Concerns document which will be used by the BPD Community to advocate on behalf of Carers.



are a part of will be acknowledged and that change will occur in the mental health system. We hope for change that encourages recovery and addresses the stigma and discrimination that exists.

Hopefully with the participation of people with lived experience of BPD, we will also have a document we can call Consumer's Concerns.

The state government is currently consulting with the community in order to prepare a 10 Year Mental Health Plan. We are preparing a response to that which will reflect those issues most striking in our BPD community. It is amazing how we seem to be under the radar when it comes

At two recent governmental consultations (Commonwealth and State) our concerns in relation to stigma and discrimination were raised. The issues were sympathetically received. This just means people are listening. To bring about change, much more needs to happen.

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"You can't change the past. You can only change the present, which programs the future. That's where your power is." Tara Brach

"When you understand, then you cannot help but love."
Thich Nhat

Carer's Concerns

It was still cold and dark for our last Information Night. But the Theatre at Sth Melbourne Town Hall provided us a warm welcome. Anne Reeve of NEA.BPD (Aust) was first to speak. She introduced the audience to the Family Connections program.

Anne explained that Family Connections was based on Dialectical Behaviour Therapy, taking carers through a process similar to that experienced

in the treatment program for people with lived experience of BPD. The evidence suggests that the more emotionally involved families of people with BPD are involved with their loved ones, the better the recovery outcomes. Currently in Melbourne there are 6 programs running or soon to start. There are 200 families on the list across Australia.

Lee Crothers of Orygen spoke next sharing her insight into the carer's experience and providing thoughtful information on the clinician's perspective. She explored the difficulty that people with BPD have with relationships, explaining that this also affected the clinical relationship. Lee raised the concept of the 'jewel' in the 'crown of treatment', the idea that carers get fixed on getting their loved one into the 'right' treatment. This is understandable given that accurate knowledge can be hard to access. Nonetheless, evidence supports many different treatments including Good Clinical Practice.



The Carer's Position Paper

After the presentations at the Information Night, the audience addressed the draft document Carer's Concerns and some aspects of the document were improved.

The final document will go to BPD Community's Board of Directors to be accepted as the position paper on Carer's Concerns. This will then provide the Board with the authority to speak on

behalf of Carer's Concerns and actively advocate for them.

The document had been circulated and recirculated in the earlier weeks to those who had identified as carers on our email list. There were many suggested changes made at this stage. It was then sent to everyone on the list, so that all members of our community could have input. The docu-

ment has been through a thorough process. The final document has been replicated here on the opposite page, for all to see.



"The document has been through a thorough process."

What does the Board do?

The Board of Directors of BPD Community Victoria Ltd, meet regularly to keep the wheels turning.

As a completely voluntary organisation with no funding, we run on the smell of an oily rag and a lot of good will.

These are yet early days, and much effort is spent on establishing the framework of an organisation that will make it

strong and resourceful to achieve its mission. A mission to replace stigma and discrimination with hope and optimism.

Being a member of a board means more than just attending a meeting once a month. It requires dedication and commitment to the work. It requires skills, including understanding of good governance. And it requires a sense of responsibility to our mission.

We have eight board members and consultants working on behalf of our BPD Community. In October we will be determining our strategic plan for the immediate future. A part of this will be discussing board membership and organization membership. One question that affects us all is, will we charge a membership fee?

If you are interested in being involved in this aspect of BPD Community, let us know.

"One question that affects us all is, will we charge a membership fee? "

The Position Paper says...



As carers of people with Borderline Personality Disorder we feel our needs are not recognised and not met. While our needs have much in common with the needs of all carers, we believe that because of the nature of BPD and because of the stigma and discrimination that exists within the helping professions, our needs are different.

BPD is a serious mental illness where the person has difficulty developing and maintaining positive personal relationships. The person with BPD will often rely heavily on the carer in a demanding and draining close relationship which can include refusing the support of and completely rejecting the carer (and other family members). Those closest to the person with BPD are often challenged in their

relationship since the reliance for care can occur simultaneously with rejection, or the rejection can be so absolute as to shut family and loved ones out of the person's life completely. BPD can be damaging to all family members and as a consequence the mental health of carers is often vulnerable.

BPD is stigmatised and discriminated against in the general community, this is complicated by a general lack of knowledge of the illness. However, it is the stigmatisation and discrimination in the services that are supposed to be a support that hurts the most. From psychiatrists to nurses, to admin staff, help line personnel and social workers, discrimination is a unifying feature of the experience of all carers and peo-

ple with BPD. This is compounded by the lack of access to services and treatment for our loved ones. Given the nature of BPD, when our loved ones are ready to accept treatment, it is often not available or not appropriate to their needs.

People with BPD often have complex difficulties with co morbidity, in particular drug and alcohol related difficulties that require a dual treatment program. Depression and anxiety are familiar problems for people with BPD, as are eating disorders. A flexible public mental health system with appropriate case management is essential. If the BPD is not treated, it is recognised that the co-morbidity disorders cannot be treated successfully.

People with BPD may be living in difficult circumstances. They may be homeless, long term unemployed, in debt or suffer other living difficulties. They need supports outside of therapy, to assist them with finding employment, helping them with their accommodation, household management and budgeting. People with BPD are overrepresented in prisons. People with BPD who live in rural areas have geographic isolation and compounded lack of access to services. People with BPD may be adolescents, they may be elderly – people with BPD have age related special needs. People with BPD need more than just therapy.

We the carers of people with BPD want our loved ones to be well.



What do carers want?

For our loved ones we want:

A mental health system that acknowledges that recovery is possible and that we are not the cause of our loved ones illness. We want a responsive non judgemental, non stigmatising, non discriminating mental health system with easy

access to diagnosis and treatment that follows the National Clinical Practice Guidelines for the Management of BPD, and that includes us as part of the solution.

"If you want something in your life you've never had, you'll have to do something you've never done."
JD Houston

For ourselves we want:

A public mental health system that recognises the importance of the role of carers of people with BPD and is non judgemental, non stigmatising and non discriminatory. We want a system that supports the education, training, support and wellbeing of

carers of people with BPD.

For our BPD community we want:

We want an up to date, responsive mental health system that is non judgemental, non stigmatising and non discriminatory.

Let's be precise.

Family and friends of people with BPD want:

- An early and accurate diagnosis;
- Emergency Department response based on knowledge about BPD and commitment to the addressing needs of people with BPD;
- Treatment readily available in the adequately resourced public system;
- A mental health system (private and public) that responds appropriately;

→ To be a part of the treatment process.

Also:

- Training in the techniques to help us support our loved ones;
- Support for ourselves in our roles as carers;
- Access to treatment in the public health system for our own mental health needs;
- Access to the latest research and information on BPD.

And finally:

- Research on all aspects of BPD, in particular the prevalence of BPD in Australia and in special communities such as prisons or communities which have experienced trauma;
- A funded strategy to address the stigmatising and discrimination that affects the BPD community, and therefore the wider community, one that targets the clinical and helping professions;
- A public and private mental health system that is respon-

sive to the needs of the BPD community.

Of these detailed points, the decision of those at the Information Night was to identify 'an early and accurate diagnosis' as their priority.

it's time to talk. it's time to change
let's end mental health discrimination



The October Information Night

BPD Celebration!



It's time to party!

The first day of October is the beginning of Australian Borderline Personality Disorder Awareness Week. While the 5th Annual BPD Conference takes place in Adelaide, those of us who can't be there are not letting the occasion pass us by.

It will be just 12 months since many of us gathered at Darebin at the 4th Annual BPD Conference. Remember the enthusiasm that was generated then? The message of the conference was that recovery is possible, it was with hope and optimism that we began our own Victorian adventure.

Since then, our own BPD Community has achieved much and we have plans to achieve much more. On 1 October at 7pm, we will gather again in Victoria to celebrate the story of recovery and how far we have come.

Imagine you have a magic lamp to rub and a genii to obey every wish, what would you wish for in relation to BPD in your life? We will spend a little time in the proceedings to explore those wishes, to perhaps suggest a few ideas the future.



The feeling of being a part of a supportive community is central to our mission to replace stigma and discrimination with hope and optimism. When we gather we gain strength from being with other people who understand how we feel, who understand our experiences.

Come and celebrate with your BPD community, meet others on the same journey as you are. Gain strength from our unity.



TITLE:
BPD Celebration

PRESENTED BY
Board of Directors, BPD Community

TIME:
7pm

DATE:
Thursday, 1 October 2015

PLACE:
The Theaterette
Town Hall
Bank St
South Melbourne

RSVP: bpdccommunityvic@gmail.com
By: Mon 28 Sept 2015.

What's on....

The night will open with a short history of BPD that will explain in part why it is so stigmatized. Followed by a brief overview of the year's successes here in Victoria.

There will be an opportunity to provide input into the plans for BPD Community, for the year ahead also.

Zeke (Ezekiel Ox), above, will close our evening celebrations. Zeke is a multi talented Melbourne artist: an entertainer, singer/songwriter, film maker, actor and activist.

He is currently the vocalist and songwriter for Over-Reactor, Ox & Marze, Sekht and The Steven Smith Experience. He was previously the singer of Mammal.



To those of us over 30, these names may be new: he is a part of an alternative music scene and evokes a passionate following who love his work.

For our BPD community, Zeke will bring his guitar to entertain us with his silkily powerful voice and vibrant presence. As an activist, committed to social justice, Zeke is making us a gift of song and music to celebrate the year.

