



BPD COMMUNITY

Volume 1, Issue 9

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The quarterly newsletter of
BPD Community Victoria Ltd.



BPD Community:

To join our email list, email:
barb@bpdcommunity.com.au

A sense of community is created through shared experiences and a common concern. We hold a common vision in a world without stigma and discrimination in relation to BPD. Our Information nights are an opportunity to meet each other, to learn up to date information in relation to BPD and to share the company of others who have the same vision as ourselves. All are welcome. See you there!

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Looking back, looking forward

Each day we become increasingly aware of how much more can be done to replace stigma and discrimination with hope and optimism. At this time of year it is appropriate to look back and reflect on our work.

The first week of October was BPD Awareness Week and BPD Community had its first Annual General Meeting to elect its new Board of Directors.

The outgoing Board congratulated the many volunteers who had contributed to the success of the year's work. The many people who have given generously of their time in helping BPD Community in the work are like diamonds in a crown, they shine.

Our work is not possible without the pro bono contributions made to the cause. These contributions are given because others believe in our goals and our cause, they believe in us and they believe in you. We express deep gratitude to our donors.

Our community continues to grow and the newsletter is sent to over 260 people with lived experience, their families and those who work with them here in Victoria. Yes, this is a drop in the ocean, the need is so great.

Your new Board of Directors who will guide the direction of the organization are:
Barbara Mullen

Phil Ince
Bernadette O'Connor
Letian Wang
Helen Robinett
Martin Stirling
to learn more of them and see their picture, please refer to our website bpdcommunity.com.au

We are at the stage where our future development requires funding. We want to extend our work for all participants in our community. Without financial support we are hampered in our development. It is challenging matters such as this that your Board will be paying attention to this year.

Supporting Recovery

The purpose of BPD Community is to create a sense of community for people with lived experience, their families and those who work with them.

The benefits of belonging to our community are that:

1. We feel a sense of belonging
2. We feel support from each other
3. We are able to gain strength

and have influence

4. We are able to concentrate our specialist knowledge of all things relating to BPD, and
5. We are actively working to bring about a change from stigma and discrimination to hope and optimism.

The advantage of belonging to a community is that we are

able to actively participate and our participation is welcome and embraced. We relearn the pleasure that there is in giving to others, in working with others in a common goal. It is in our unity that we gain our strength.

This is our path because we know that the support of like minded people is the missing ingredient in recovery. BPD Community actively supports recovery.





The audience listen intently as Kate speaks. (picture above and on right)

A Story of Recovery



Kate Brinly is a woman of courage. At our last Information Night she spoke of her own experience of BPD and her recovery.

She said: "With time, basic needs met, personal commitment, access to skills based therapy / the right trauma informed professional care and loving social support – people with Borderline Personality Disorder can go on to not only live a life worth living, but thrive."

For many years Kate had sought help from psychologists and it was only when she got her diagnosis of BPD and was able to undergo Dialectical Behaviour Therapy

(DBT), that she began to turn the corner.

Immediately prior to this Kate said she was at rock bottom. She felt she had lost everything and had nowhere else to go.

Like so many, Kate had experienced a childhood trauma that underscored much of her challenge in recovery. Trauma based care was also an essential component of her recovery.

A critical part of Kate's journey today is to give back to others. Kate has developed her own consultancy, 'Each Person Counts'. Hers is

another voice challenging the stigma and discrimination that exists. A valuable message that Kate wants to make is that people with lived experience of BPD have a lot to offer. They are often hypersensitive and are capable of great emotional connection with their loved ones. They are often creative and highly empathetic.

A challenge that Kate recognises only too well is that a diagnosis and treatment that supports recovery is not easy to obtain and many are left undiagnosed, untreated and unsupported. Kate is a brave young woman determined to make a difference.

"What we really believe is what we manifest. What we believe we see."
Byron Katie

Another way of thinking



Kate found the work of Byron Katie helpful in working through her new way of seeing the world.

Byron Katie is an American woman who devised 4 simple questions as a method of self inquiry she calls 'The Work'. Her goal is to teach people how to end their suffering.

The Work is a way of identify-

ing and questioning any stressful thought. It consists of four questions and a turnaround. This is a way of experiencing the opposite of what you believe. They are:

- Is it true?
- Can you absolutely know that it's true?
- How do you react, what happens, when you believe that

thought? and Who would you be without the thought?

The turnaround involves considering the thought in a reversed form - changing subject and object, changing yes and no, or changing it to be self-referential.

It is a way of challenging your own judgmental thoughts and helping you understand your won values and boundaries.

Treatments

Characteristics of effective psychological treatments for BPD are:

- The therapy is based on an explicit and integrated theoretical approach which is adhered to and shared with the person in treatment;
- the therapy is provided by a trained therapist who is supported and supervised;
- the person's emotions

- are given attention;
- the therapy is focused on achieving change;
- there is a focus on the relationship between the therapist and person in treatment;
- therapy sessions are regular (eg weekly) over the course of the treatment.

Treatment may last as little as 13 weeks to sev-

eral years in length.

It is generally thought that the treatment type should be decided based upon the person's needs, in particular, when considering co-morbidities. There is no medication for BPD, however medication may be helpful for anxiety, depression or psychosis.

(taken from the National Guidelines, available online)

"Treatment may last as little as 13 weeks to several years in length."

What happened over the year...



It has been a busy year and BPD Community has been working hard to replace stigma and discrimination with hope and optimism.

The underlying cause of stigma and discrimination is lack of accurate up to date information and general misunderstanding of what BPD is. To that end we continue to bring Information Nights to inform ourselves and the BPD Community. This year we had 4 Information Nights.

At second Information Night we presented the BPD Community's position paper on Stigma and Discrimination called 'How SAD'. This paper is the result of an analy-

sis of up to date research including information directly related to Australia. This powerful paper identifies that the stigma and discrimination that exists emanates directly from within the mental health system.

To this end, BPD Community is developing and delivering training programs to directly target mental health practitioners.

It was almost a year ago that the position paper, 'Carer's Concerns' was developed. After an extensive period of consultation with family members in BPD Community, the paper identified that the priority concern for family members is

getting a diagnosis. This paper gives us authority to speak on behalf of family members.

The Carer's Group has been operating for a year now. Over 30 family members have attended the program which has developed is informed by narrative theory and psychoeducation. The group uses a closed Facebook page to communicate outside of the monthly meetings. New members are welcome and the group meets every month on Tuesday evenings, in Sth Melbourne.

Preparatory work has begun in developing a response to support people with lived

experience. This challenge requires careful consideration and considerable time and effort. As an organisation totally reliant on voluntary contributions, progress has been inhibited.

Our Facebook Page was launched over the year and has attracted considerable interest and has contributed to the discussion in Australia on BPD. Work on our Social Media presence in other areas continues on, reliant on volunteer support.

BPD Community is so proud that so many of us are able to contribute so much towards creating a community that supports recovery. Thank you to all who make this possible.

BPD Awareness Week

For BPD Awareness Week this year we had a co-ordinated effort on behalf of all BPD organisations in Australia.

A webpage - www.bpdawarenessweek.com.au provided the focus for the week. The site features a series of short videos as well as an opportunity to contribute to the discussion on the status of BPD here in Australia.

One helpful component of the site provides the opportunity to email your local MP to appeal for an increase in funding for BPD.

All members of our community are encouraged to visit the site and participate in the action for change.

Every year we hold our Celebration Information Night during BPD Awareness Week. The focus is always on a

Celebration that recovery is a realistic goal.

BPD Community is actively engaged in bringing the change so important to us all. We have in our short time, witnessed much change that we have helped create. There is much yet to be done however.

Stigma and discrimination against people with BPD and

their families is still experienced. We know it is a factor in the high mortality of those with BPD. As our paper based on the latest research, "How SAD" shows, the stigma and discrimination that exists emanates from within the mental health system itself and the mental health practitioners we look to for help.

Speaking out with an informed voice is one way we can all help.

To all those who work to combat stigma and discrimination, we say thanks.

The challenges ahead

As we know there is much to be done and BPD Community is working hard to do as much as it can.

We have a vision of a community of people with lived experience of BPD, their families, those who work with them, all working to support recovery. It is through positive shared experiences that we can help create this community. You can help spread this message of hope and optimism by being involved where you can, and by spreading the word. Our strength is in our num-

bers and this is also how we know we are successfully building community.

A strong community can create change even against the greatest obstacles.

One of our challenges in creating this community is to encourage a sense of commitment to participation from us all. It is by giving that we can receive the support and help create change. Already we have received pro bono support that enables us to

achieve what we have. And, there is so much more to do.

We currently receive no significant funding and we have no paid staff. Imagine what could be done if there was a worker or two?

If there is anyone in our community who can offer time and expertise, that support would be gratefully accepted. Feedback of any sort is always encouraged.

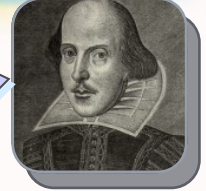
We hope to see you all at our next Info Night in Feb, see the back page for further details.



The February Information Night

Should we change the name?

My name is Billy Wiggleticks, what's yours?



Language is important, we all know that. Taboo words like swear words, can offend a bystander who hears them. Many words carry with them a sense of the pejorative, for example we could say that someone was manipulative and that would be judgemental. The gender bias in language can be seen when we consider the difference between the meaning of bachelor or spinster. So, should we change the name of Borderline Personality Disorder?

Borderline was first used to describe what we know as BPD, in USA in 1938. The word was chosen because it was describing an illness that was on the border of neurosis and psychosis.

It has been suggested that in 'restrictive' societies and families, people with a predisposition for BPD

are more neurotic. A restrictive society is one where children are raised more strictly than not. By comparison a 'permissive' society or family is one where the rules are lax. In permissive societies BPD expresses itself more with psychosis.

Neurosis is an old fashioned word by today's standards but psychosis is a word we are all used to: psychosis is a severe mental illness when thought and emotions are so impaired that contact is lost with external reality.

The main reason given for changing the name is because of the stigma associated with BPD. Another reason given is because it doesn't accurately describe the illness. Then there are people who believe we should not differentiate between any Personality Disorders.

What do you think?

TITLE: "Should we change the name?"

PRESENTED BY: Prof David Castle

TIME: 7pm

DATE: Wed 8 February 2017

PLACE:

Inner South Community Health Centre
341 Coventry St
Sth Melbourne

Please RSVP to:

barb@bpdcommunity.com.au

Prof David Castle

David is currently Chair of Psychiatry at St Vincent's Health and The University of Melbourne. He is also on the Board of the College of Psychiatrists.

When he was asked why he chose to study Psychiatry, Prof Castle answered that it was because it was interesting, and required an approach that combined science and art/humanities. As he explained, it is important to remember the person behind the illness.

One advantage of working in this field David said is the ability to be curious about people:



"I've learned a lot in this field from patients; particularly on what is normal and abnormal in the perception of one's self."

Of changes in psychiatry in the years ahead, the professor believes there will not be any major breakthroughs in the short term. He said, "I think we are still going to be arguing over nosology." Nosology is the study of the classification of diseases.