BPD COMMUNITY

Volume 1, Issue 17

Dec 2019

The newsletter of
BPD Community Victoria Ltd.

The festive season fast approaches and summer is upon us. We wish you health, happiness, peace and compassion. We wish you lots of fun and good cheer.

For more information visit:
https://www.bpdcommunity.com.au/

Or call Barb at 0409 952 754
Or email:
barb@bpdcommunity.com.au

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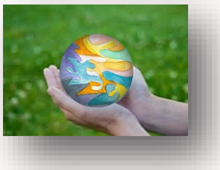


Challenges and Celebrations

In the world of BPD, there are challenges aplenty, so we like to stop and consider where we have come from and how far we have come.

BPD Community celebrated its fifth birthday during BPD Awareness Week this year. In the short five years since we began we have been a part of actively addressing stigma and discrimination and creating community to support recovery. We know we have made a change, we can see it, we can feel it.

Did you realise that less than 2% of people with BPD in Victoria get treatment each year? What happens to the other 98%? BPD Community is for everyone affected by BPD.

Our challenge is to work towards realising our vision of how the world of BPD could be for everyone affected by BPD.

Meanwhile, the world of mental health is preparing for some significant changes. The Productivity Commission has presented its Interim Report and the Victorian Royal Commission has just presented its Interim Report.

Everyone agrees something needs to be done but what and how remains to be seen.

The Productivity Commission is written from the perspective of the medical model, so while there are some good thoughts, it does not really promote systemic change.

We are constantly reminded that people with BPD are stigmatized when they seek help. We know that services discriminate in many ways, people who work in the system do not understand BPD.

Change is in the air though. Things have improved a lot, and there is much work yet to be done.

Fixing stigma

What's in a name? A lot it seems.

Calling people names is the best way to stigmatise others. To use a disparaging name is to exclude the individual from the group. It labels them as different, difficult, dangerous. And then the discrimination follows.

To call someone Borderline is disparaging. If someone had cancer, we wouldn't call them 'cancer'. If someone has BPD, to call them 'Borderline' is to use language to stigmatise.

Does this mean that Borderline Personality Disorder, the name of the illness, is stigmatizing? No, it doesn't.
The term was chosen decades ago to describe someone with symptoms that were bordering on both psychotic and neurotic. It made sense then.

Before we jump on any bandwagons to change the name, we should perhaps ask, what would it mean? Who gains from the change?

Changing the name will not change stigma: that emanates from people who do not understand.

Celebrating 5 years!

For the fifth birthday of BPD Community, we met on a balmy evening in BPD Awareness Week, to celebrate another outstanding year again.

The cornerstone of our work since 2015 has been our Family & Friends Group and our Information services - the Info Nights, email updates, newsletter and website. These activities continue to grow and develop.

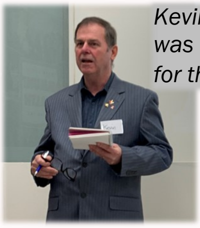
Our Carers Committee oversees our work with Families and Friends, they can show that 100% of Family & Friends Group report feeling supported by the group.

This year saw the introduction of the Ambassador Training Program in conjunction with Mental Health Victoria. It was a great success according to the graduates, including BPD Community's first Ambassador, Joanne Switserloot .

> *"It is amazing what can be achieved with enthusiasm, energy and innovative thinking"*

The submission to the Victorian Royal Commission into Mental Health was a massive achievement of volunteer effort. Ciaran, Barb and Kaavya are to be congratulated. To read the submission click here

Work on the website continues two new features stand out. The Family & Friend's Group now has a snippet of learning to reflect the training taking place in the monthly meetings. The second feature was the introduction to the website of the SANE Forums.



Kevin Walsh was the MC for the night.

The Celebration Night has a great sense of conviviality: old friends catch up and new ones are welcomed.

There are more people working on behalf of BPD Community now, a Volunteer Program has begun and a core group of dedicated workers are contributing in a voluntary capacity to the work of the organization.

It is amazing what can be achieved with enthusiasm, energy and innovative thinking, imagine if BPD Community got fund-

Recovery revisited

Stephanie spoke from the heart at our Celebration Night and touched us all with her warmth and honesty. She spoke of her life with BPD and her own path to recovery after years of looking for the right treatment support.

Stephanie Isherwood is a talented young woman who managed her BPD while working full time: her work helped keep her grounded. Like so many, she was constantly juggling self harm, serious anxiety and depression and Stephanie's particular challenge was an eating disorder..

Her strong family support helped Stephanie stay connected and she expressed gratitude to her parents especially, acknowledging the difference it made.

It was Schema Therapy that broke through the confusion and created a possibility for recovery for Stephanie. She explained it as being based in Cognitive Behaviour Therapy and providing for her a way to see herself in the world and allowing her to see how to change as a result.

Earlier this year, Stephanie joined the BPD Community Development Committee. This committee is a way for young people to prepare themselves for a role with the Board of Directors and people with lived experience are especially welcome. "It is important for BPD Community to be peer led," she said. "and in this way, I can give back and maybe make it easier for people with BPD."

The room was rapt in attention when Stephanie spoke, she held the audience in her hand, she was living proof that recovery is possible. Her compassion for her audience was tangible and heartfelt.

Old friends and new chatting animatedly

> ***"I can give back and maybe make it easier for people with BPD."***

How BPD Community sees the future

There comes a time when a completely different way of looking at possibilities is essential. It requires a clear headed assessment of what there is and a mind wide open to what is possible. Our mental health system needs to be guided by compassion with a view to empowering our community. We need a paradigm shift in thinking about what we do.

Currently the system is based upon a medical model: traditionally a doctor sees a patient and prescribes medication as treatment for the symptoms of the illness.

It has been a long time since this has been the only response for problems of physical health. We can ask whether it has ever been appropriate for mental illness.

In the past, it was considered that mental illness was a permanent condition that required management, usually with medication. Studies in psychology advanced the possibility that talking therapies could help resolve issues of mental illness. And today we have a combination of medication and talking therapies for mental illness.

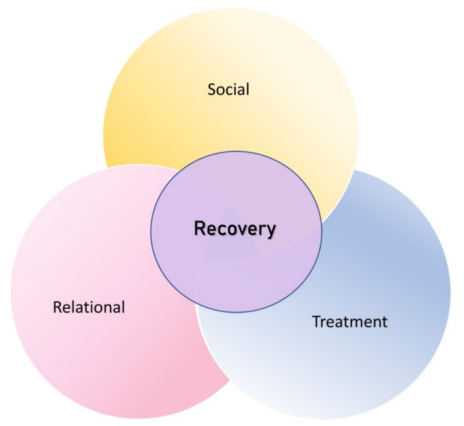
Research tells us that medication is ineffective for the treatment of BPD, although it can help with anxiety and depression, for example. There is current research in hand to see if there is a magic pill that can help us change the way we think.

We know that since 1980, there have been effective talking therapies. We know recovery is possible. Treatment is not recovery though. Therapeutic support is just one kind of support for someone with BPD.

A young woman with BPD in USA said before she suicided, ‘teach me how to live.’ This gives us a clue as to what we miss when we only consider a ‘medical model’. We miss the social supports such as employment programs, housing programs, budgeting programs and all the wide range of social supports that should be available.

We know also that this is not enough either. In BPD we have the domain of relational dysregulation. People with BPD struggle to maintain positive close personal relationships. It is relational support that is the missing link.

The concept of a medical model needs to be replaced with a treatment, social, relational support system outside of a purely medical context. A new paradigm is required.



Speaking at the Productivity Commission

A snapshot of feedback for the Productivity Commission was to be had on day one of the public hearings here in Melbourne.

The morning was dedicated to organisations making submissions. Both MIND Aust and Tandem (the mental health carers organisation) made submissions raising concerns with the Medical Model approach.

Psychiatrists made submissions for more hospital beds. Representatives of Mental Health Nurses also spoke.

In the afternoon, it was more for individual submissions. Counsellors spoke of their role, and people with lived experience spoke of their concerns.

BPD Community had not planned to speak, but after hearing how the focus on the medical model was dominant, we sought permission and were granted to right to speak.

Barb Mullen, chairman of BPD Community made a short presentation making the point that the medical model had failed people with BPD and we need a paradigm shift in thinking about recovery and BPD.

Giving Tuesday

As an organisation with no funding, to do the work we do and the work we want to do, we need your support.

We are planning a Recovery Club—a peer led group for people with BPD, to meet and gain the support that comes form being with others who understand.

We have launched a Facebook campaign for Giving Tuesday and all money raised will go towards the development of a peer support group for people with BPD. Planning has begun, but there is much work that needs to be done.

We hope you will help us in this venture. Thank you for your support.

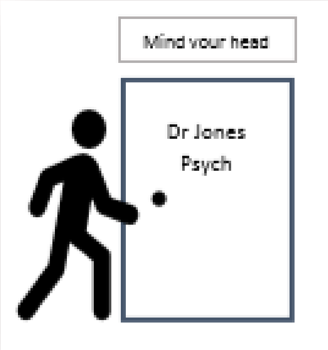
Info Night - Weds, 26 February, 7pm

What works?

When we first learn about Borderline Personality Disorder, one of our first questions is what treatment works? And we can spend a whole lot of years searching to find out. We are lucky to have Dr Elise Carrotte who will discuss which therapies do work, at our next Info Night.

As we know from those who come to speak with us, there is a wide variety of experience with treatment types and whether or not they have helped. The national guidelines identify six features of effective therapies:

- The therapy is based on an explicit and integrated theoretical approach, to which the therapist (and other members of the treatment team, if applicable) adheres, and which is shared with the person undergoing therapy.
- The therapy is provided by a trained therapist who is suitably supported and supervised.
- The therapist pays attention to the person's emotions.
- Therapy is focussed on achieving change.
- There is a focus on the relationship between the person receiving treatment and the clinician
- Therapy sessions occur regularly over the planned course of treatment. At least one session per week is generally considered necessary.



The question often remains: how do these therapies work? Why do they work?

Elise Carrotte will speak at our next Info Night and will discuss the types of psychological therapies that are supported by research evidence. She will discuss the similarities and differences between these, as well as discuss how they align with the national guidelines. She will also comment on the availability of these treatments in Victoria.

TITLE:

PRESENTED BY:
BPD Community

TIME: 7pm
DATE: Wednesday, 26 February

PLACE: Star Health
341 Coventry St
Sth Melbourne

Please RSVP to:
barb@bpdcommunity.com.au

Elise Carrotte

Elise Carrotte has considerable experience and knows Borderline Personality Disorder. She is a Research Officer at SANE Australia, working to promote the wellbeing of people affected by complex mental health issues.

She is with SANE's Anne Deveson Research Centre which partners with people with mental health issues and their families, friends and colleagues to drive policy and social change. The Anne Deveson Research Centre is dedicated to reducing the stigma associated with mental health issues.

Elise is also a registered psychologist. Her research and professional interests include young people's health, LGBTI health, eating disorders and personality disorders. Her current mixed methods research at SANE relates to personality disorders, suicide prevention, and schizophrenia.

Elise's background and experience makes her an ideal person to give us insight into what treatment works.