**Response to the discussion paper on Victoria’s Clinical Mental Health System**

It is obvious that the discussion paper fails to take into account the special circumstances that exist for people with BPD and their families.

The special circumstances are a consequence of systemic stigmatising and discrimination of the illness which has created a situation that has led to unnecessary pain, trauma and death to those affected.

It is commonly accepted that people with BPD make up 25% of those who attend emergency in hospitals. It is commonly accepted that 10% of people with BPD will suicide.

It is accepted in USA that the prevalence of BPD is 5.9% (SAMHSA, 2010), using the criteria of the DSM 5. In Australia a paper “Personality disorders in the community: a report from the Australian National Survey of Mental Health and Wellbeing”, using the WHO criteria of ICD-10 found, “…approximately 6.5% of the adult population of Australia have one or more PDs (lifetime prevalence)” (Jackson, Burgess 2000).

The prevalence of BPD in Victoria is significantly greater than bi-polar, greater than schizophrenia and yet it is not acknowledged in the data used to inform the report prepared for the review of Victoria’s Clinical Mental Health System.

If BPD affects 6% of the population of Victoria, this is 360,000 people with the condition. For every person ill, there is at least 2 family members who also suffer. Given the nature of the illness, (emotional dysregulation, relationship dysfunction and poor sense of self) a family member’s relationship with their loved one is fraught. It is suggested that it is different to other mental illnesses in this regard. There are at least 720,000 family members in Victoria who suffer unnecessary pain for themselves and for their loved ones.

This report ignores hundreds of thousands of Victorians and their families. The current stigma and discrimination from within the system will continue to prevent diagnoses and treatment being made available. BPD is a condition that can be terminal, a condition that is chronic and creates opportunities for other illnesses and subsequent disabilities. It is a condition which can be treated and can lead to a full recovery. Until BPD is properly recognised, and the different needs of people with BPD compared with other mental illnesses are addressed, then Victoria’s mental health system will only continue to contribute to stigma and discrimination.

People with BPD and their families require a different approach than is currently offered within the mental health system.

Barbara Mullen,

Chair

BPD Community

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