National Mental Health Consumer & Carer Forum

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ADVOCACY BRIEF

BORDERLINE PERSONALITY DISORDER

Background

It is estimated between 1-4 % of Australians have a diagnosis of BPD of whom 3.5% are in the 24-25 year old age group[i]. "At least 25% of all mental health presentations to emergency departments or inpatient mental health units are people with a personality disorder"[ii]. Of those using psychiatric services, the estimation is 23% for outpatient contact and up to 43% of inpatient populations[i]. There is a high rate of self-injury amongst people with BPD (consumers) more than any other group, as well as a significant rate of suicide attempts, with 1 in 10 people dying through suicide.

Borderline Personality Disorder (BPD) is a recognised and serious mental health issue that is often misunderstood. People with a diagnosis of BPD (consumers) find it difficult to feel safe in their relationships with people, struggle to control their extreme emotions and reactions and to have healthy thoughts and beliefs about themselves. People with BPD may experience extreme distress in their work, family and social life, and may harm themselves. Their families and friends (carers) are impacted from, share and/ or experience their own distress because of this mental health issue.

> BPD is a recognised mental illness, recovery is possible, and treatment should never be denied, withheld or restricted.

Discussion

It is estimated up to 80% of individuals diagnosed with BPD have experienced childhood trauma[iii]. Most people with BPD experience very intense, extreme emotions that cause them to feel overwhelmed. They have a sense of mistrust, confusion, isolation, chronic emptiness, lack a sense of self and live with constant distress. Co-occurring disorders are common in people with BPD (other mental illnesses, drug and alcohol misuse). Some consumers may also experience ongoing psychosocial disability[iv].

People with BPD use various coping mechanisms when they are unwell which are not always healthy or helpful. These may include self-harm, suicidality, and misuse of alcohol and/ or prescription and illicit drugs. When seeking support and treatment, people with BPD and their family and friends (carers) encounter social and medical discrimination; are blamed for their BPD and often labelled as attention seeking and troublemakers. People with BPD and their carers frequently experience stigma, shame and judgement because of the diagnosis and self-harming behaviour. A lack of training, knowledge, understanding and negative attitudes from health and mental health professionals about BPD can result in poor access to and refusal of treatment[v]. Treatment and support should **never** be denied, withheld or restricted from people with a diagnosis of BPD and their carers.

For many years, BPD was considered to be untreatable and recovery not possible; there are now many evidence based treatments to choose from that support and facilitate recovery for a person living with BPD, and for their carers.

A high percentage of people with BPD have experienced trauma. Providing a safe, stable and therapeutic relationship is vital for a consumer's and carer's wellbeing and recovery. This requires experienced health professionals, trained in trauma informed care who remain ethical and compassionate, and have the knowledge and skills to provide a supportive, safe, stable and therapeutic relationship. Inpatient stays should only be used for a crisis, and not be considered as a standard treatment option. The most successful recovery occurs when treatment is provided in a community setting.

Carers play an important part in an individual's recovery, and they can also experience stigma, discrimination, and a lack of support. Carers are well placed to contribute knowledge and information, and this input must be respected, requested and acknowledged from health care providers. Carers need to have access to reliable supports, therapies and information about BPD, treatment options and recovery.

Recommendations

- BPD is a recognised mental illness, recovery is possible, and treatment should never be denied, withheld or restricted.
- Ongoing education, training and upskilling of health professionals and the community is provided to address stigma and discrimination associated with a diagnosis of BPD.
- Evidence based treatment options in the community are accessible, and provided by skilled, highly trained health professionals, and inpatient stays are only used for a crisis.
- Access to reliable supports, therapies, training and information about BPD, and treatment options contributing to recovery is made readily available to people with BPD and their carers.

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[i] National Health and Medical Research Council; Clinical Practice Guideline for the Management of Borderline Personality Disorder, Melbourne: National Health and Medical Research Council; 2012 www.nhmrc.gov.au/guidelines/publications/mh25

[ii] Grenyer, Brin FS, Improved prognosis for borderline personality disorder; Medical Journal of Australia, doi:10.5694/mja13.10470, MJA 198(9) 20 May 2013

[iii] Herman JLI, Perry JC, van der Kolk BA Childhood trauma in borderline personality disorder. 1989 Apr;146(4):490-5

[iv] NMHCCF Position Paper: Unravelling Psychosocial Disability www.nmhccf.org.au/Phublications-info

[v] NMHCCF Advocacy Brief: Stigma, Discrimination and Mental Illness in Australia www.nmhccf.org.au/Publications-info