

WHAT IS BORDERLINE PERSONALITY DISORDER?

BPD is a common mental illness that can make it difficult for people to feel safe in their relationships with other people, to have healthy thoughts and beliefs about themselves, and to control their emotions and impulses.

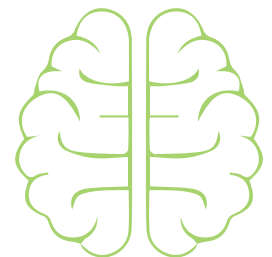
SIGNS AND SYMPTOMS

- Someone with BPD may experience: Being prone to fear that other people might leave them, and make frantic efforts to avoid abandonment.
- Relationships that are unusually intense and unstable (e.g. idealizing person, then intensely disliking them).
- Being very unsure about themselves, low self-esteem and self-worth.
- Self destructive and impulsive behaviours (e.g. spending money, risky sexual behaviour, risky drug or alcohol use etc.).
- Persistent self harm and/or suicidal thoughts.
- Changeable moods, feeling like being on an emotional roller coaster.
- Experiencing a persistent feeling of being 'empty' inside.
- Difficulty feeling and expressing anger.
- When stressed, becoming highly suspicious of others or experiencing unusual feelings of being detached from their own emotions, body or surroundings.

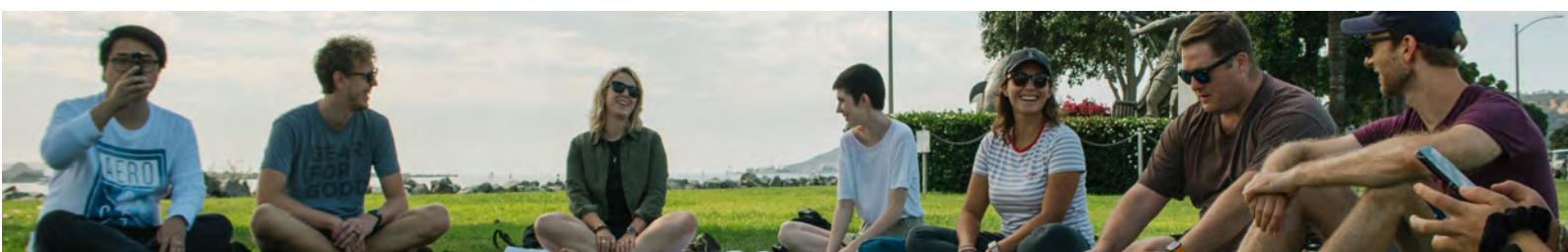
RECOVERY IS NOT JUST POSSIBLE, BUT INCREASINGLY PROBABLE*

Neuroplasticity – or brain plasticity – is the ability of the brain to modify its connections or re-wire itself.

*with appropriate evidence-based therapy, referenced from Collaborative Longitudinal Study of Personality disorders Study (CLPS) by Gunderson et al (US study)



This is adapted from the DSM-V criteria for BPD. A person can be diagnosed with BPD if they meet at least **5 out of the 9** criteria. This means that people with BPD can experience many variations of these symptoms and that it can look and feel very different from person to person.



WHAT IS BPD? cont.

HOW IS IT TREATED?

There are a number of psychological treatments (i.e. talking therapies) that have been shown to be effective in treating BPD. They involve either talking with a trained mental health professional or attending a group. Medication is not recommended as a person's main treatment for BPD, however for someone who is already receiving psychological treatment, medication may be helpful to manage particular symptoms.

Psychological treatment can be provided by trained mental health clinicians including psychiatrists, psychologists, mental health nurses, social workers and occupational therapists.

Evidence-based treatments that are available in some parts of Australia and New Zealand include:

- Dialectical Behaviour Therapy (DBT)
- Mentalization-based Treatment (MBT or 'mentalization')
- Schema Focused Therapy (SFT)
- Transference Focused Psychotherapy (TFP)
- Good Psychiatric Management (GPM)

The availability of evidence-based BPD treatments varies according to the number of mental health clinicians trained in one of the above treatments.

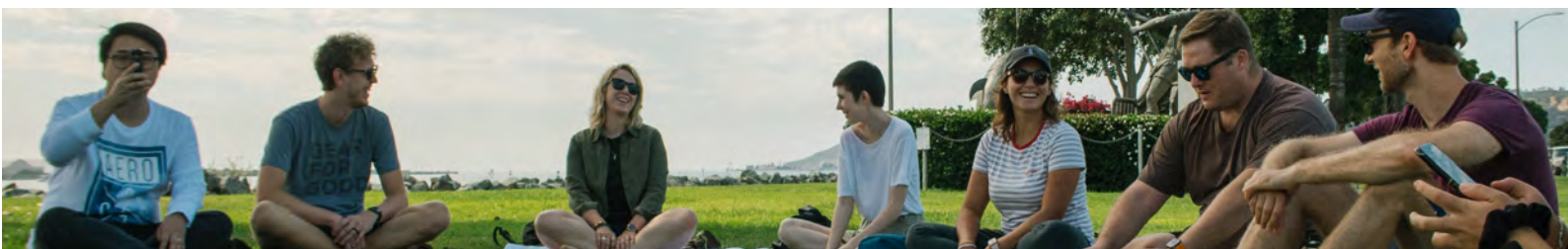


TALK TO YOUR GP ABOUT OBTAINING A MENTAL HEALTH TREATMENT PLAN.

If eligible, gives you subsidised access through Medicare for up to 20* psychological appointments per calendar year. There are generally waitlists for mental health clinicians.



*This is an extension of the usual 10 visits covered by Medicare until the end of 2023.



WHAT IS BPD?

cont.

SEE THE PERSON

Learning more about BPD can help increase your understanding of symptoms, treatment options, recovery and services that can help. Psychoeducation includes written information, videos, websites, meetings, or discussions with your doctor or another trained mental health worker. It can also be helpful for your family/partner and friends.

HELPFUL TIPS

Ask questions and work with your treatment provider (and partner or family, if appropriate) to make a plan to support your BPD.

Caring for yourself can be a challenge and something that might feel uncomfortable at first.

Starting small can be a first step.

Using mindfulness to regulate, ground, centre and steady yourself is shown to be really beneficial.

Taking time to try to understand your thoughts, feelings and behaviours during challenging times can help you gain a sense of who you are.

In some situations, change is not immediately possible. Decrease suffering by acknowledging that the situation may be unchangeable right now.

Engaging with communities of people with similar backgrounds, interests or experiences can support you to feel a sense of belonging

LANGUAGE MATTERS!

Stigma and shame

The experience of stigma is common for individuals with BPD. Lack of understanding of BPD leads to the misconception that people who live with BPD are manipulative, difficult or treatment resistant. This stigma can be shaming and prevent people from accessing support and mental health care.

Language can be healing or harming. Words can make us feel included and respected. Use language that does not pathologise or objectify a person's experience or support needs. Understand that this is just one of many aspects to a person's life.

USE LANGUAGE THAT IS:

- Respectful, encouraging and hopeful
- Free from bias, stigma and discrimination
- Person-first, not diagnosis first
- Trauma-sensitive
- Non-judgemental
- Culturally safe and embraces diversity
- Focused on people's strengths
- Accessible and meaningful to a wide audience
- Clear and consistent

