

**Preamble:**

As carers<sup>1</sup> of people with Borderline Personality Disorder we feel our needs are not recognised and not met. While our needs have much in common with the needs of all carers, we believe that because of the nature of BPD and because of the stigma and discrimination that exists within the helping professions, our needs are different.

BPD is a serious mental illness where the person has difficulty developing and maintaining positive personal relationships. The person with BPD will often rely heavily on the carer in a demanding and draining close relationship which can include refusing the support of and completely rejecting the carer (and other family members). Those closest to the person with BPD are often challenged in their relationship since the reliance for care can occur simultaneously with rejection, or the rejection can be so absolute as to shut family and loved ones out of the person's life completely.

BPD can be damaging to all family members and as a consequence the mental health of carers is often vulnerable.

BPD is stigmatised and discriminated against in the general community, this is complicated by a general lack of knowledge of the illness. However, it is the stigmatisation and discrimination in the services that are supposed to be a support that hurts the most. From psychiatrists to nurses, to admin staff, help line personnel and social workers, discrimination is a unifying feature of the experience of all carers and people with BPD. This is compounded by the lack of access to services and treatment for our loved ones. Given the nature of BPD, when our loved ones are ready to accept treatment, it is often not available or not appropriate to their needs.

People with BPD often have complex difficulties with co morbidity, in particular drug and alcohol related difficulties that require a dual treatment program. Depression and anxiety are familiar problems for people with BPD, as are eating disorders. A flexible public mental health system with appropriate case management is essential. If the BPD is not treated, it is recognised that the co-morbidity disorders cannot be treated successfully.

People with BPD may be living in difficult circumstances. They may be homeless, long term unemployed, in debt or suffer other living difficulties. They need supports outside of therapy, to assist them with finding employment, helping them with their accommodation, household management and budgeting. People with BPD are overrepresented in prisons. People with BPD who live in rural areas have geographic isolation and compounded lack of access to services. People with BPD may be adolescents, they may be elderly – people with BPD have age related special needs. People with BPD need more than just therapy.

---

<sup>1</sup> SUPPORTING PEOPLE IN CARE RELATIONSHIPS IN VICTORIA, CARERS RECOGNITION ACT 2012



We the carers of people with BPD want our loved ones to be well.

## **WHAT DO WE WANT**

### **For our loved ones we want:**

- An early and accurate diagnosis;
- Emergency Department response based on knowledge about BPD and commitment to the addressing needs of people with BPD;
- Treatment readily available in the adequately resourced public system;
- A mental health system (private and public) that responds appropriately;
- To be a part of the treatment process.

We want a mental health system that acknowledges that recovery is possible and that we are not the cause of our loved ones illness. We want a responsive non judgemental, non stigmatising, non discriminating mental health system with easy access to diagnosis and treatment that follows the National Clinical Practice Guidelines for the Management of BPD, and that includes us as part of the solution.

### **For ourselves we want:**

- Training in the techniques to help us support our loved ones;
- Support for ourselves in our roles as carers;
- Access to treatment in the public health system for our own mental health needs;
- Access to the latest research and information on BPD.

We want a public mental health system that recognises the importance of the role of carers of people with BPD and is non judgemental, non stigmatising and non discriminatory. We want a system that supports the education, training, support and wellbeing of carers of people with BPD.

### **For our BPD community we want:**

- Research on all aspects of BPD, in particular the prevalence of BPD in Australia and in special communities such as prisons or communities which have experienced trauma;
- A funded strategy to address the stigmatising and discrimination that affects the BPD community, and therefore the wider community, one that targets the clinical and helping professions;
- A public and private mental health system that is responsive to the needs of the BPD community.

We want an up to date, responsive mental health system that is non judgemental, non stigmatising and non discriminatory.

### **Our priority is:**

To advocate for early and accurate diagnosis of BPD.