A Guide to Accessing Services for

Borderline Personality Disorder

in Victoria
ABOUT THIS GUIDE:

This guide refers to the National Health and Medical Research Council’s Clinical Practice Guideline for the Management of Borderline Personality Disorder (2012). The full guideline is available online (see Resources section of this Guide, p20).

This guide is not a comprehensive list of all BPD services in Victoria. The information in this guide does not replace individually tailored assessment and treatment planning by a mental health professional.

Please let us know of any additions or changes to services for BPD by contacting the Australian BPD Foundation at admin@bpdfoundation.org.au.

This guide was produced by the Australian BPD Foundation in collaboration with Spectrum the Personality Disorder Service for Victoria. Peter Fairbanks (Spectrum) and Katerina Volny (Australian BPD Foundation) collaborated with clinicians, carers and consumers from these organisations to write this guide.

WHAT IS Borderline Personality Disorder (BPD)?

According to the National Health and Medical Research Council’s Clinical Practice Guidelines, Borderline Personality Disorder (BPD) is a 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. People with BPD may experience distress in their work, family, and social life, and may harm themselves.

Research has not yet discovered exactly how a person develops BPD, but it probably involves a combination of biological factors (such as genetics) and experiences that happen to a person while growing up (such as trauma or neglect early in life). For most people with BPD, symptoms begin during adolescence or as a young adult, but tend to improve during adult life.

You can read more about this in the National Health and Medical Research Council’s Clinical Practice Guidelines for the Management of Borderline Personality Disorder. The summary provided on pages 1 to 4 of the Guideline provides information about BPD in plain language.
BPD is an illness that has a good prognosis with appropriate treatment. However it can be challenging to access treatment. There can be considerable stigma and misinformation about this illness. The Australian BPD Foundation and Spectrum have jointly developed this guide to promote hope and optimism for people experiencing BPD, their family, carers and treating clinicians. We work to combat the stigma and discrimination that people experiencing this disorder often face.

Although we still need to further develop access to appropriate service supports for those experiencing Borderline Personality Disorder we are privileged to have several specialist treatment services already established in Victoria, including Spectrum Personality Disorder Service Victoria (which provides statewide services for adults) and Orygen Youth Health (which provides services for young people in their catchment area). Many other public mental health services have developed their own specific Borderline Personality Disorder treatment programs.

In order to obtain an assessment to determine whether a diagnosis of BPD is appropriate, a trained mental health professional should carefully ask questions about the person’s life, experiences and symptoms. The initial assessment should include an assessment of the person’s safety with regard to self and others, and should also assess for any co-occurring problems, symptoms and diagnoses. Information about past trauma should be obtained sensitively in order to avoid re-traumatising the person. Because the symptoms of BPD can overlap with other conditions it can be challenging for less experienced health professionals to make the diagnosis accurately. If the person is already accessing several services, the assessment should also include an evaluation of how this is functioning for the person and how this could be strengthened.

It may be necessary to get a second opinion from a mental health professional who has experience in the diagnosis and treatment of persons with personality disorder.

People wanting an assessment and/or treatment can discuss referral options with their GP. A decision about referral to public or private services is usually made, based on the assessment and taking into account such factors such as the severity
of the illness and the complexities of the symptoms and circumstances.

**Assessment and diagnosis can be obtained via:**

1. **Private Sector Services** A general practitioner (GP) can assist with facilitating a referral to a private allied health clinician or psychiatrist with experience in the assessment and treatment of psychiatric disorders, including personality disorder, and other specialist mental health services (such as private group treatment programs). Services such as the Australian Psychological Society referral service can also provide information with regard to experienced practitioners. General Practitioners can also facilitate a for a referral for a one off, psychiatric assessment and treatment recommendations under Medicare (Item 291).

2. **Public Sector Services:** A GP can facilitate a referral to Spectrum's BPD Clinic for a one off psychiatric assessment and treatment recommendations under Medicare (Item 291). This is free of charge for the person being assessed. Medicare Item 293 allows for one follow up review within a year of the initial assessment. Spectrum has more information at www.spectrumbpd.com.au

3. **Public Mental Health Services** (accessed via a local public hospital network) provide multi-disciplinary mental health assessments for people with high mental health needs. They also provide treatment for people with borderline personality disorder. They also provide treatment for people with borderline personality disorder. Public Services prioritise people with severe and/or complex conditions. There may be waiting lists for these services.
Borderline Personality Disorder is a treatable illness. In the last two decades scientific research has made significant progress towards a better understanding of the symptoms and experiences of those with this diagnosis and what works and tends not to work in various treatment settings. There are now several evidence-based psychological therapies that are effective in the treatment for people with Borderline Personality Disorder. Clinicians that have received training and are experienced in BPD may utilise a range of different types of treatments. These treatments share common features that have been found to be effective in assisting people recover from BPD. Doctors do not choose medicines as a person's main treatment for BPD, because evidence has shown that medicines usually only bring about small improvements in symptom intensity for people with BPD and do not improve other aspects of the illness.

Hospital stays should generally be brief and be directed at the achievement of specific goals that are agreed upon by the clinician and the patient at the time of admission.

Admission to psychiatric inpatient facilities may be deemed necessary when a person's situation is experienced as overwhelming and there is significant risk to themselves or others. Public inpatient care is generally reserved for short-term crisis intervention for people with co-occurring mental illness or those at high risk of suicide or medically serious self-harm.
Psychological Therapies for BPD:

Dialectical Behaviour Therapy (DBT) is a therapy developed by Marsha Linehan. It includes a combination of skills training sessions and individual sessions. The skills training supports development of mindfulness, emotional regulation, self-soothing and interpersonal effectiveness.

DBT is available at Spectrum, various Area Mental Health Services, and some private hospitals in Victoria.

Mentalization Based Therapy (MBT) is a therapy that aims to increase a person's capacity to reflect on their personal internal experiences through feelings, thoughts, urges, memories, beliefs, wishes as well as learning how to better understand other people's internal experiences. This has been shown to improve self-understanding and relationships with others and sustain a reduction in many of the difficulties faced by people with BPD.

MBT is available at Spectrum & Goulburn Valley Area Mental Health Service (Shepparton) & Alfred Psychiatric Child Area Mental Health Service.

Acceptance and Commitment Therapy (ACT) aims to support the person to accept what is out of their personal control and commit to action that

improves and enriches life. This is achieved through using psychological skills to effectively deal with painful thoughts and feelings, so that they have much less impact and influence.

ACT is available at Spectrum & South West Healthcare.

Cognitive Analytic Therapy (CAT) is a time limited therapy. The CAT practitioner work to identify procedural sequences; chains of events, thoughts, emotions and motivations that explain how problems such as self harm, angry outbursts etc are established and maintained. It also aims to identify patterns of relating that cause problems between the person with BPD and others. Often these patterns are developed early in childhood and are repeated later in life.

CAT is available at Orygen Youth Health.

Schema-Focused Therapy (SFT) Schemas are ridged core beliefs about oneself. The essence of BPD maybe seen as a constellation of maladaptive schemas that develop in early life. SFT addresses these maladaptive schemas and the associated emotional, cognitive and behavioural difficulties.

SFT is available at Victoria Clinic & Epworth Hospital.
Transference-Focused Therapy (TFT) TFT has its basis in principles of psychoanalytic therapy, and in the treatment of person with borderline personality disorder, is modified specifically to fit with the uniqueness of the person accessing the treatment, including their level of tolerance for interpersonal proximity and self-reflection. Treatment may be more than once a week. TFT is an individual therapy based on the relationship that the client develops with the therapist and in that context, privileges what the client has to say about themselves and their relationships over any preconceived knowledge about who they are or their condition. Thoughts, wishes and impulses can be freely articulated, explored and addressed by the practitioner and the client together.

Features of effective psychological treatments for BPD:
The quality of the therapeutic relationship between therapist and patient is an important feature of treatment for BPD. Attention is paid to the therapeutic relationship, which encourages a focus on the here and now and which facilitates the processing of internal experiences on the basis of reflection and discussion. In collaboration, the person with BPD is supported to effectively consider aspects of their experience felt to be intolerable (such as intense emotion, distressing memories and thoughts), to cease to avoiding these and to make informed choices about their actions. Treatments also tend to target interpersonal awareness and communication skills (such as effective assertiveness) that foster a better quality of being in relationship with others. A therapeutic relationship that emotionally holds the person undergoing treatment forms the foundation for work, which fosters personal and interpersonal growth.

There is no evidence at this time that any of the empirically supported treatments is definitely superior to any of the others. Some studies suggest that DBT may be superior for the treatment of suicidal and self-harming behaviours.
Some of the features shared by effective psychological treatments for BPD are:

» Support for the person with BPD to more confidently respond to core symptoms associated with Borderline Personality Disorder, such as intense mood swings, interpersonal distress and impulsiveness.

» Active collaborative approach between the therapist and the person with BPD.

» A clear rationale for the psychotherapy

» Clarity regarding the expectations of both therapist and patient and the aims of the treatment from the outset, with opportunities to revisit and revise this as the treatment develops.

» Clarity about the techniques employed

» A safe, stable and suitable treatment environment.

» Validation of the person's experience and aspirations.

» A clearly structured treatment arrangement that demonstrates the practitioner’s commitment to the patient.

The patient’s readiness for psychotherapy forms part of any assessment for treatment and needs to be carefully considered by both the patient and the therapist prior to both making a commitment to a full course of psychological treatment.

For a person to properly make use of psychological treatment he or she will need to be able to attend appointments regularly and to be able to openly explore their expectations of the treatment and the therapist.

Prior to making a commitment to a full course of treatment, some initial preparatory work can assist patients who are apprehensive and/or highly anxious about engaging to prepare and better familiarize themselves with what a treatment entails.

Factors that may affect the treatment process

» Prolonged hospital admissions and/or frequent hospital admissions as a primary method of risk management.

» Irresolvable breaches (disagreements) in the relationship with a therapist.

» Treatment arrangements lacking clear structure and consistency.

» Excessive use of medication as a primary or secondary form of treatment.

» Use of substances and/or untreated co-morbid illness.

» Lack of a collaboratively developed treatment plan, negotiated between the patient and the therapist and involving input from other practitioners and family members where appropriate and approved.
» Lack of a collaboratively developed crisis plan.
» When the therapist is rigid and inflexible.
» When clients feel unable to make choices regarding treatment processes.

National Health and Medical Research Council guidelines state that people with a Borderline Personality Disorder diagnosis should be provided with structured psychological therapies that are specifically designed for them and conducted by one or more adequately trained and supervised health professionals. The majority of treatments for BPD should be provided within community based service.

**Treatment Pathways:**

1. Public community mental health services, can be accessed via local public hospital networks. Specialist treatment from Spectrum can be accessed via public mental health services or sometimes via a GP (for those living in Victoria).

2. Private community mental health services can be accessed via private hospitals and private community based BPD treatment programs.

3. Private health insurance with psychiatry inpatient cover and referral from a private psychiatrist attached to the hospital will facilitate access to private BPD treatment programs such as Dialectical Behaviour Therapy. Once engaged in therapy, if the patient consults the psychiatrist on the same day that they attend the therapy sessions then the psychiatrist’s fee is covered by some insurance schemes. Please check with your insurance provider when considering service options.

4. A GP can refer you to a private psychiatrist for treatment. Individuals can look at the RANZCP website (*find a psychiatrist*) or call Spectrum for a list of possible psychiatrists that work with BPD. Medicare funds cover part of the costs of consulting a psychiatrist for up to 50 sessions a year.

5. The GP can also refer you to a private psychologist for treatment. Individuals can contact the Australian Psychological Society (APS) or Spectrum for a list of possible psychologists that work with BPD. Some limited rebate available for psychologists or other experienced allied health professionals. The diagnosis of BPD is not a recognized condition for rebate so the individual will need to have a co-occurring condition such as anxiety, depression etc. Psychological treatments may be required for up to a period of two years.
SUPPORT FOR FAMILIES & CARERS

Families, carers often play an important role in supporting the recovery of a person with a BPD diagnosis.

Families and carers themselves can also access support from community agencies that provide reliable information about supporting persons with BPD, including what they can do to assist and how to manage their own feelings. They can access information about BPD symptoms, how to appropriately respond to suicide and self-harm behaviors in persons close to them, and how to interact in the most helpful way with someone with BPD.

COMPLAINTS PROCESSES:

Complaints and feedback can lead to improved services and experiences for everyone. If you have concerns, complaints or grievances about access to services you may wish to speak with the managers/complaints officers of the clinical services or contact the Mental Health Complaints Commission with regard to public mental health services. The Mental Health Complaints Commission can be contacted on:

www.mhcc.vic.gov.au  1800 246 054  
email: help@mhcc.vic.gov.au

Resource List

Public Area Mental Health Services (AMHS)

Some public Mental Health Services are providing specialist BPD treatments locally. You can enquire about what local treatments are available:


For young people

HYPE Clinic: for youth (15 to 24yo) in the Orygen Youth Health Catchment  

Headspace: a youth service (12 to 25yo) may provide assessment and/or treatment  
http://headspace.org.au/

Private Hospital Therapy programs

Most private psychiatry hospitals run day programs for various mental health conditions, including BPD. This facility is relatively easy to access for those patients who have private health insurance with inpatient psychiatry covers. Private hospitals generally require patients to be assessed and referred to the day programs by psychiatrists accredited to practice at those clinics.
A number of other private psychology clinics provide DBT and other treatments for Borderline Personality. Private Psychologists can be found by using the Australian Psychological Society website: www.psychology.org.au/FindaPsychologist/ or the Australian Clinical Psychology Association website http://www.acpa.org.au/find-a-clinical-psychologist/

Psychiatrists can be found by using the RANZCP website: www.ranzcp.org/Mental-health-advice/find-a-psychiatrist.aspx

For Carers and Family
Mind Australia run a monthly family support group, carer helpline 1300 550 265 and individual counselling sessions for carers: www.mindaustralia.org.au

Bouverie Centre run an 8 week series titled Fostering Realistic Hope: www.bouverie.org.au/help-for-families/fostering-realistic-hope phone: (03) 93855100

Family connections programs are being set up around Victoria in 2015. www.bpdaustralia.com/family-connections-1/
For Drug and Alcohol services:
Turning point

Direct Line state-wide drug and alcohol services 1800 888 236
www.directline.org.au

SHARC (Self Help Addiction Resource Centre) promotes self-help approaches to recovery from severe alcohol and drug related issues.
www.sharc.org.au

Web Resources
Spectrum Statewide Borderline Personality Disorder Service

Australian BPD Foundation
www.bpdfoundation.org.au

Helping Young People Early (HYPE) Orygen Youth Health

Project Air Strategy for Personality Disorders

National Education Alliance Borderline Personality Disorder (NEA BPD)
Australia:
http://www.bpdaustralia.com/
USA:
http://www.borderlinepersonalitydisorder.com/

The Linehan Institute Behaviour Tech
http://behavioraltech.org/index.cfm

National Health and Medical Research Council Clinical Practice Guidelines for the Management of Borderline Personality Disorder

BPD Community Victoria A group that provides information and support about BPD can be contacted on bpdcommunityvic@gmail.com
What to do in an emergency

In case of emergency contact 000, your local hospital emergency department, or your local mental health services 24 hour psychiatric triage phone line.

Lifeline
13 11 14
www.lifeline.org.au

Suicide Call Back Service
1300 659 467
www.suicidecallbackservice.org.au

Victorian Suicide Help Line
1300 651 251