

A Guide to Accessing Services for

**Borderline  
Personality  
Disorder**  
in Victoria



## ABOUT THIS GUIDE:

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.

The Guide makes reference 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*)

Please let us know of any additions or changes to services for BPD by contacting the **Australian BPD Foundation** at [admin@bpdfoundation.org.au](mailto:admin@bpdfoundation.org.au)

The 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.

2nd Edition June 2016

## 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, and 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.



## WHY WE HAVE DEVELOPED THIS GUIDE

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, there are already several specialist treatment services already established in Victoria, including Spectrum Personality Disorder Service Victoria (which provides state-wide 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.

## ASSESSMENT & DIAGNOSIS OF BPD

In assessing for a possible diagnosis of BPD, a trained mental health professional should carefully ask questions about the person's life, experiences and symptoms. It is also important for people with symptoms of BPD to be referred for a full medical checkup to eliminate the possibility of a physical illness impacting upon their mental health. This may affect the relevance of a diagnosis of BPD and the treatment approach selected.

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 based on the assessment and takes 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 referral for the one-off psychiatric assessment and treatment recommendations that come

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](http://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. Public Services prioritise people with severe and/or complex conditions. There may be waiting lists for these services.

## TREATMENT FOR BPD

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 of people with Borderline Personality Disorder.

Clinicians who have received training and are providing treatment for people with a BPD diagnosis may utilise a range of different approaches to treatment. These treatments share common features that have been found to be effective in assisting people recover from BPD.

Medication is not a person's main treatment for BPD, because evidence has shown that medicines usually only provide minimum relief of symptoms for people with BPD and do not improve other aspects of the illness.

Psychiatric inpatient 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.



**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.**

**Acceptance and Commitment Therapy (ACT)** aims to support a 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.**

**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 and wishes as well as learning how to better understand other people's internal experiences. This

increases self-understanding and relationships with others reduces many of the challenging behaviours associated with a diagnosis of BPD.

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

**Cognitive Analytic Therapy (CAT)** is a time limited therapy. The CAT practitioner works to identify chains of events, thoughts, emotions and motivations which help explain how problems such as self harm, angry outbursts etc develop. 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 basis of BPD maybe seen as a pattern 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.

**General Psychiatric Management (GPM) and Good Clinical Care\*** are evidence based treatment approaches based on Practice Guidelines for the Treatment of Borderline Personality Disorder. Both have been found to be effective and have long-term positive effects across a broad range of outcomes. As these are based on guidelines they can be straightforward to learn and apply in a variety of mental health settings. These therapies are guided by similar factors.

\* “General Psychiatric Management” and “Good Clinical Care” should not be confused with TAU (Treatment as Usual).

Studies show that therapy given by a person trained in treating BPD and guided by the National Practice Guidelines can be just as effective as one of the therapies mentioned providing it includes the following factors:

**A clear plan for therapy guided by an understanding of what works for BPD.**

Clear limits of what the therapist can and can't provide and when to refer to other supports as needed.

**Providing the person and their support network eg. family/friends/carers with information about the diagnosis, treatment and prognosis in a hopeful and realistic way.**

Empathy and validation of the person's distress.

**A focus on the relationship. The therapist treats the person as an individual and seeks to understand what is going on for the person**

The therapy focuses more on the *reasons* for the person's behavior/s and actions than on the *actions* themselves and helps them to develop an understanding of their mind (thinking / feeling) and the link between thoughts and actions.

**An exploration together of what situations lead to distress.**



Assisting in the learning of less harmful skills for managing stress. Being prepared and having a consistent response to distress.

**The repair of misunderstandings between the therapist and the patient when they occur**

Developing together a collaborative management plan.....what works and when / what doesn't work and why

**Promotes autonomy and reduce dependence.**

Recognising that the person's experience is "real" to them. They are "doing the best they can" given their circumstances at that time.

**Building and maintaining motivation. Some people with BPD feel uncertain about change. Many find it hard to imagine how things can improve so the therapist must maintain hope for change even when the person with BPD is unable to.**

The therapy also focuses on helping the person regain or maintain their interests and vocation/study and relationships.

**Treatment can change:**

- » the ability to manage emotions and impulses and to change the way people relate to themselves and others, especially in close relationships
- » the gradual development of a stable sense of self
- » assisting people to regain or maintain their interests. This will vary from person to person and may take many forms eg study, part-time job, yoga, sports

The patient's readiness for long term therapy 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 achieve the best results from psychological therapy he or she will need to be willing and able to attend appointments regularly (often weekly) and to be able to openly explore their expectations of the therapy and their therapist.

Assessment and some pre-therapy sessions can help patients who are apprehensive or anxious about committing to therapy to familiarise themselves with what is involved.

**There is no evidence at this time that any of the treatments mentioned is better than any of the others.**





## 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 treatment and/or crisis plan, developed and negotiated by the patient and the therapist and involving input from other practitioners and family members (where appropriate and approved).
- » A rigid and inflexible therapist.
- » When clients feel they have no ownership of their treatment.

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 services.

## Role of medication

- » There is no specific medication for BPD. Medication may be a useful addition to therapy. It should not be the only treatment.
- » For some people medication can help reduce symptoms of depression, anxiety, impulsivity, anger and mood swings allowing them to get the most out of therapy and life
- » May help ease a crisis
- » Side effects of medications eg weight gain, excessive sleepiness, may have a negative impact upon the person's ability to function
- » As well as its direct effect, medication often has a powerful symbolic function

(placebo effect). This can include feelings of being cared about, not being cared about, empowered, disempowered, having something unwanted forced upon them.

- » At times prescribing doctors may feel at a loss about how they can help a patient who is feeling so hopeless and begging for something, anything, to ease their distress. Prescribing medication is something doctors can do, and in the moment of a change of medication, an increase or a new medication their patient might feel heard.
- » Stopping medication may be perceived as abandonment
- » Unfortunately, long term, medication does not help the person to develop a stable sense of who they are and to learn new skills to manage their overwhelming emotions. Medication may dampen feelings, However, in the longer term the person needs to learn skills to help them tolerate their intense feelings rather than push these feelings away.

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 or highly anxious about engaging to prepare and better familiarize themselves with what a treatment entails.

### **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 & FRIENDS

Families, friends and other people supporting someone with BPD often play an important role in the recovery of a person with BPD.

Families and friends can also access support for themselves from community agencies to receive information about the diagnosis, the prognosis and how to best support the person with BPD, including how to appropriately respond to suicide and self-harm behaviours and how to manage their own feelings of anxiety, grief and feeling blamed by others.

## 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 involved or contact the **Mental Health Complaints Commission**.

The Mental Health Complaints Commission can be contacted on:

[www.mhcc.vic.gov.au](http://www.mhcc.vic.gov.au) 1800 246 054  
[help@mhcc.vic.gov.au](mailto: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:

[www.health.vic.gov.au/mentalhealthservices](http://www.health.vic.gov.au/mentalhealthservices)

### For young people

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

<http://oyh.org.au/our-services/clinical-program/continuing-care-teams/hype-helping-young-people-early>

**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 insurances 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.

**Albert Road Clinic** 1300 251 243

[www.albertroadclinic.com.au/](http://www.albertroadclinic.com.au/)

## Resource List

**Delmont Hospital** (03) 9805 7370

[www.delmonthospital.com.au/](http://www.delmonthospital.com.au/)

**Epworth Hospital** (03) 9426 6666

[www.epworth.org.au/](http://www.epworth.org.au/)

**Geelong Clinic** (03) 5240 0700

[www.thegeelongclinic.com.au/](http://www.thegeelongclinic.com.au/)

**Melbourne Clinic** (03) 9429 4688

[www.themelbourneclinic.com.au/](http://www.themelbourneclinic.com.au/)

**Mitcham Private Hospital** (03) 9210 3155:

[www.mitchamprivate.com.au](http://www.mitchamprivate.com.au)

**Northpark Private Hospital** (03) 9468 0100

[www.northparkprivatehospital.com.au/](http://www.northparkprivatehospital.com.au/)

**St John of God Pinelodge Clinic**

(03) 8793 9444

[www.sjog.org.au/hospitals/pinelodge\\_clinic/contact\\_us.aspx](http://www.sjog.org.au/hospitals/pinelodge_clinic/contact_us.aspx)

**Victoria Clinic** (03) 9526 0200

[www.tvccentre.com.au/](http://www.tvccentre.com.au/)

**Wyndham Clinic** (03) 9731 6646

[wyndhamclinic.com.au/](http://wyndhamclinic.com.au/)

## Resource List

### Independent Private Programs:

**Melbourne DBT Centre** (03) 9530 9777

(provides after hours treatment)

<http://melbournedbtcnre.com.au/wpress/>

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/](http://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](http://www.ranzcp.org/Mental-health-advice/find-a-psychiatrist.aspx)

### For Carers and Family

**Mind Australia** run a monthly support group for family and friends of a person with BPD, a carer helpline **1300 550 265** and individual counselling sessions for carers: [www.mindaustralia.org.au](http://www.mindaustralia.org.au)

**Bouverie Centre** run a Fostering Realistic Hope Group: (03) 93855100.

[www.bouverie.org.au/help-for-families/fostering-realistic-hope](http://www.bouverie.org.au/help-for-families/fostering-realistic-hope)

**Family therapy is also offered:** [www.bouverie.org.au/help-for-families](http://www.bouverie.org.au/help-for-families)

Family Connections: a free, 12-week course that meets weekly for two hours to provide education, skills training, and support for people who are in a relationship with someone who has BPD.

[www.bpdaustralia.com/family-connections-1/](http://www.bpdaustralia.com/family-connections-1/)

COPMI (Children of Parents with a Mental Illness). Many useful resources for children, parents and professionals  
<http://www.copmi.net.au/>

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#### For Drug and Alcohol services:

**Turning point 8413 8413**

[www.turningpoint.org.au/Treatment.aspx](http://www.turningpoint.org.au/Treatment.aspx)

**Direct Line** state-wide drug and alcohol services **1800 888 236**

[www.directline.org.au](http://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](http://www.sharc.org.au)

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#### Web Resources

**Spectrum Statewide Borderline Personality Disorder Service**

[www.spectrumbpd.com.au/](http://www.spectrumbpd.com.au/)

**Australian BPD Foundation**

Includes links to two forums run by SANE Australia: one for lived experience and the other for carers (NOT BPD specific). These forums provide a safe online peer support.

[www.bpdfoundation.org.au](http://www.bpdfoundation.org.au)

**Helping Young People Early (HYPE) Oxygen Youth Health**

<http://oyh.org.au/our-services/clinical-program/continuing-care-teams/hype-helping-young-people-early>

**Project Air Strategy for Personality Disorders**

<https://ihmri.uow.edu.au/projectairstrategy/index.html>

**National Education Alliance Borderline Personality Disorder (NEA BPD)**

**Australia:**

[www.bpdaustralia.com/](http://www.bpdaustralia.com/)

**USA:**

[www.borderlinepersonalitydisorder.com/](http://www.borderlinepersonalitydisorder.com/)

**SANE Helpline 1800 187 263**

[www.sane.org](http://www.sane.org)

**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**

[www.nhmrc.gov.au/\\_files\\_nhmrc/publications/attachments/mh25\\_](http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/mh25_)

**BPD Community Victoria**

[www.bpdcommunity.com.au](http://www.bpdcommunity.com.au)

## 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](http://www.lifeline.org.au)**



### **Suicide Call Back Service**

**1300 659 467**

**[www.suicidecallbackservice.org.au](http://www.suicidecallbackservice.org.au)**

### **Victorian Suicide Help Line**

**1300 651 251**