2019 Submission - Royal Commission into Victoria's Mental Health System

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N/A

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What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"Many mental illnesses such as schizophrenia, bipolar, eating disorders, just to name a few are relatively well understood and diagnosed by the medical practitioners and treated with variable degrees of success in Victoria, however Borderline Personality Disorder (BPD) is not one of them. This submittal will only focus on people with BPD and their families and the comments and recommendations are not meant to be applied to any other mental illness. Research has shown that BPD is the most stigmatised condition in mental health and thus the most discriminated against. Unfortunately BPD stigmatisation originates from the medical profession itself and filters through to society via government agencies who align themselves with the medical recommendations for allocating funding to research and mental health services. The results of such medical stigmatisation for people with BPD is disenfranchisement, isolation, helplessness and sadly further damage in some cases. If the very organisations and practitioners who are meant to help the patients are stigmatising and discriminating against them, the rest of society follows with dire economic and societal consequences. Recommendations to reduce medical stigmatisation and discrimination Obtain consensus amongst mental health practitioners that BPD is a legitimate illness that needs to be treated in its own right, away from the symptoms that it exhibits and other disorders when co-morbidity is present; Obtain acceptance from clinicians that BPD is not a moral failing or lack of will power from the patient; Eradicate the belief amongst clinicians that the disease is incurable by updating practitioners knowledge of the illness and the progress made towards recovery; Specifically train clinicians to treat BPD patients by removing the required neutral stand of the professional psychotherapist to which people with BPD do not respond and replacing it with sound therapeutic relationships; Through training of clinicians, eradicate the belief that the patient is the problem which is unconsciously communicated to the person with BPD; Develop a training program for clinicians specifically targeting BPD to avoid stigmatisation from the clinician being transferred to the patient with dire consequences; and Improve the diagnosis process away from PTSD or Complex PTSD and towards BPD in its own right to reduce misdiagnoses or under diagnosis which create further damage to the patients. "

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?
"The approach towards the prevention of BPD will depend on it being considered a genetic or hereditary disease. If the genetic line of thought is followed, the discovery of the gene causing the disease could, in the short term, help in the prevention of BPD and ultimately potentially lead to its eradication. For this to happen substantial funding is required to discover the BPD gene if it exists. At the very least, the research would ascertain or disproof the existence of a BPD gene. On the other hand, if BPD is considered a hereditary disease, the short term prevention would focus on emotional regulation techniques creating a validating environment, mostly the family home, for the person with BPD. Techniques such as emotional intelligence and emotional resilience teachings

could theoretically help prevent BPD. This approach towards prevention assumes that the person with BPD has access to a nurturing family home, emotional regulation techniques and financial support. Unfortunately more often than not it is not the case as a person with BPD becomes disconnected from their families and applied psychotherapeutic treatments which have shown positive results are considered expensive and out of reach of most people with BPD. Statistics have shown that based on a prevalence of 5.9% and an estimated 4,000 people accessing treatment in a year in Victoria, the medical profession only provides help to 1% of all BPD patients which are those with the most acute disease. The BPD Community, a not for profit organisation, has developed a structured program that offers processes, strategies and support to people with BPD and their family to work towards recovery. "

What is already working well and what can be done better to prevent suicide?
"People with BPD cannot see any possible changes to their present conditions as no or little help is coming from the medical profession, whilst their families are overburdened and overwhelmed to the point of disengaging with them. This set of circumstances leads to homelessness, domestic violence, self-harm and very often eventually to suicide. Suicide prevention in the context of BPD means recognition that a patient is affected by a psychosocial disability which is very often further complicated by comorbidity. Suicide prevention in people with BPD is reliant upon long term support of the patient towards recovery in accordance with the National Guidelines for the Management of Treatment for BPD which should be followed. The guidelines recommend the use of dialectical behaviour therapy (DBT), group, psychosocial therapy and access to specialised services when the patient needs them, all supervised by experienced and knowledgeable clinicians. Whilst the intent of the NDIS is commendable, the process to access the funded packages is excruciating and frustrating with numerous questions to be answered and justifications provided. This process will exclude patients who will not be able to navigate the system and come up with answers that best describe their conditions. And so far only a couple of people with BPD managed to get access to funded packages. "

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.
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What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
"It is estimated that 5.9% of the Victorian population is affected by BPD thus around 360,000 individuals. The BPD Community offers localised assistance within its own means and does not have the resources to establish support groups in communities where people with BPD are present. Research has shown that marginalised and vulnerable people in the community are badly affected by BPD. This includes people in rural and regional Australia, in prisons, asylum seekers and low income earners. "

What are the needs of family members and carers and what can be done better to support them?
BPD Community sees the support of families as paramount to the patient moving towards recovery because they can offer a validating environment to people with BPD. Because of the lack of services within the community to support people with BPD the responsibility falls onto the family

and friends with dire consequences. Families are more likely to research solutions and techniques than the person with BPD themselves who often withdraw from society.

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
"The mental health workforce and peer support worker's mental health is also greatly affected by their patient's mental health consequently their mental health should be a priority within the workplace. A mental health and wellbeing policy is mandatory for any organisation in the mental health sector. Furthermore for the policy to be successful, a budget needs to be allocated to its implementation. The lack of mental health policy and budget result in productivity losses and poor retention rate. Training and a helpline would go a long way towards helping the mental workforce."

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?
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Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?
Focus on reducing stigmatisation of PBD within the medical profession. Increase the number of people with BPD access to the NDIS. Provide funding to BPD Community to allow wider community reach of people with BPD.

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
"Provide funding to BPD Community to enable it to expand its peer support program and structured training and increase the impact the organisation has on BPD. This funding would be used in the development of BPD Community Hubs throughout Victoria. Use the current research and knowledge to develop courses to train clinicians dedicated to the illness and thus reduce stigmatisation from the medical profession and increase the number of knowledgeable clinicians in the illness. The current lack of knowledge in BPD amongst the clinicians is damaging the patients further and increase the stress put on families and friends. The clinicians would develop specialist knowledge in the disease and be specifically referred to the patients. The training program should be aligned with the NDIS paradigm which is to guide and support the patients towards a fulfilling life rather than follow the current medical. Simultaneously provide funding for research into BPD to gather data and scientific evidence to validate the current psychosocial, psychological and group therapy treatments and demonstrate that they help patients recover from the disease to live a fulfilling life. I also suspect that this process will highlight further services that would be beneficial to the patient recovery and that are not currently available. "

Is there anything else you would like to share with the Royal Commission?
"Because 5.9% of the population is affected by BPD, I see this mental illness as a significant cause, amongst others, of domestic violence, homelessness, alcohol and drug addictions, self-harm and suicide in our society. Consequently I am currently volunteering for BPD Community to help at the grass roots, a not for profit organisation develop and share structured mechanisms and provide support to help people with BPD towards recovery long term to enjoy a fulfilling life. "