Senator Claire Moore,
The Chair,
Senate Community Affairs Committee,
Inquiry into Mental Health,
PO Box 6100
Parliament House,
CANBERRA ACT 2600 Via Email: community.affairs.sen@aph.gov.au

Dear Senator Moore,

Additional comments
from Dr Martha Kent MBBS, MRCP, FRANZCP

I refer to the meeting of 28 August with you, other senators and psychiatrists.

As we were faced with time constraints, Dr Martha Kent has provided your Committee with the following *additional comments* hereunder, for your information and deliberation and to brief you more extensively on the situation within the **adult** mental health services from her particular area of expertise as a senior psychiatrist.

This is the area of most concern to the consumer and carer coalition, and the subject of the Submission of 23 May, 2008.

Dr Kent's additional comments are as follows:

Dr. Martha Kent
Senior Psychiatrist in private practice and the *adult* public mental health sector.

Experience:

I have clinical experience in assessment and treatment of women with Borderline Personality Disorder and/or with histories of childhood trauma and sexual abuse. I have past experience of medical assessments of children allegedly abused and presentation of this evidence as a medical expert witness in a variety of law courts. I have been involved in Project development and implementation in the public mental health sector regarding system wide assessment and treatment options for women with Borderline Personality Disorder. I teach Borderline Personality Disorder and associated treatment strategies for psychiatrists in training, for mental health workers and general practitioners. I advocate for women with histories of institutional child sexual abuse and trauma within legal and institutional frameworks. I have extensive therapeutic experience including provision of short term and long term therapy, both individual and group therapies.

Additional comments:

Individuals with Borderline Personality Disorder commonly present to mental health services and to hospitals. They struggle with a complex set of issues and often feel overwhelmed by the extent and severity of their experiences. There is often a history of child abuse and/or neglect with associated painful memories of these formative experiences and relationships. People with Borderline Personality

Disorder struggle with intense emotions and rapid unpredictable extreme mood swings, often reflected in extreme behaviours and difficulty being alone. At other times they feel disconcerting numbness or emptiness within themselves and a tendency to dissociate. They may experience periods of psychosis or paranoia and difficulties in establishing a steady stable identity. Relationships are often stormy, intense and changeable. Many find that self mutilation and/or suicide attempts bring a form of soothing to extremes of emotional experience and also may facilitate entry to hospital or engagement with mental health services.

Moreover people with Borderline Personality Disorder are also more prone to experiencing a range of other psychiatric illnesses and disorders including depression, anxiety, panic, bipolar affective disorder, Obsessive Compulsive Disorder, Post Traumatic Stress Disorder, alcohol and substance use disorders and eating disorders.

It is indeed a complex and serious condition that causes considerable suffering and confusion.

There has been an ongoing debate within the mental health professional community regarding the nature of Borderline Personality Disorder. This has focussed around the behaviours that can be manifested by people with Borderline Personality Disorder who can engage in demanding and controlling efforts to get others to meet their needs.
These may include angry or distressing outburst sometimes with frank violence or threats of violence and insistent demands that other meet their needs even as those needs change from moment to moment and day to day, with threats of harm to self or others if those demands are not met.

This is often driven by intense distress and emotional pain as described above, within the person with Borderline Personality Disorder but unfortunately these behaviours often alienate the very professionals who are trying to help them deal with their pain, anger and feelings of emptiness and alienation.

So the debate has focussed on how much can these patients be seen to be "badly behaved" requiring limit setting, consequences and development of personal responsibility and how much of these behaviours reflect an illness process and require empathic understanding and treatment?

The end result of repeated experiences of this nature however has been a standoff between patients and mental health professionals such that the harder patients with Borderline Personality Disorder try to communicate their distress and frustration to others, the more they feel rejected and driven away by service providers. Thus a vicious cycle develops which is of course ultimately dangerous and demoralising for the patients with Borderline Personality Disorder.

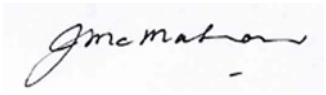
In terms of policy and practice, the end result is a mental health system that generally refuses to provide ongoing treatment for people with Borderline Personality Disorder other than scattered randomly placed group therapy and one to one private psychiatric therapy if the patient is steady enough to avail themselves of this option and can afford it.

Moreover in the mental health system, patients with Borderline Personality Disorder are often referred to in derogatory and disrespectful terms, which encourages their rejection within the mental health system and adds to their burden of personal shame and a sense of failure. They feel scape-goated by the mental health system and indeed are, with respect to both policy and practice and do not therefore receive the treatment which has been shown to be effective.

We hope that in your deliberations, you may take the above comments of Dr Kent's into consideration.

Thank you again for the opportunity of providing you with this expert clinical perspective.

Signed: for and on behalf of Dr. Martha Kent



Ms Janne McMahon OAM
Spokesperson for the Coalition
5 September, 2008