



BPD advocacy • awareness • connection

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Dear Elinore F. McCance-Katz, M.D., Ph.D.  
Assistant Secretary of Mental Health and Substance Abuse  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane  
Rockville, Maryland 20857

May 15, 2019

Dear Assistant Secretary Dr. Elinore McCance-Katz,

We are writing to ask that SAMHSA consider revising its list of examples that accompanies the definition of serious mental illnesses to include the diagnosis of borderline personality disorder (BPD).

According to Alcohol Drug Abuse and Mental Health Administration Reorganization Act of 1992, the federal government distinguishes serious mental illness (SMI) from other forms of mental illness for the purpose of distributing grants to states.

The federal definition of SMI later established in 1999 is: “an individual 18 years of age or older...who had a diagnosable mental, behavioral or emotional disorder that met the criteria of DSM-III, resulting in serious impairment which substantially limits or interferes with one or more of life’s activities, including maintaining relationships, daily functioning, self-care, employment, or recreation.” The diagnoses most often included in this definition include schizophrenia, bipolar disorder, and major depressive disorders.

While borderline personality disorder (BPD) existed in the 1990’s, it was poorly understood by the medical community. Thankfully, significant advances in BPD treatment and research have changed over the past 20 years, which demonstrate BPD is in reality an SMI, qualifying for federal recognition and funding.

BPD, which affects up to 6 percent of Americans, is now widely viewed as a neurobiological disorder characterized by the brain’s inability to regulate emotions, internal thoughts, and self-harm behaviors. BPD sufferers say, “It’s like my brain is on fire.” Such intense feelings lead to hopelessness.

Up to 75 percent of those diagnosed attempt suicide or are hospitalized for self-injury. 50-80 percent also have a substance abuse disorder and are at risk for overdose. Sadly, up to 10 percent of those diagnosed with BPD die by suicide.

Ask anyone who has been personally impacted by BPD, and they will tell you BPD is a serious mental illness (SMI) according to the federal 1999 definition. At the lower end of the BPD disorder spectrum, sufferers have severe impairments in interpersonal relationships, lacking intimacy and stability. Those with BPD have difficulty maintaining employment, productivity or a sense of daily purpose. Moreover, as victims of discrimination and stigma, they lack social supports in the community, and are at high risk for self-isolation and self-harm.

The research and data regarding BPD have advanced greatly since the concept and definition of SMI were introduced. The fact that, while BPD fits the definition of an SMI, it is not generally listed as such impacts thousands of people suffering from BPD – whose lives are on the line.

State legislatures and health insurance companies who regulate access to treatment regularly exclude BPD based on a lack of education about its severity. Federal funding is not earmarked to address the needs of a population which benefits from specific crisis interventions, evidence-based treatment, and clinical training. Not listing BPD as an SMI perpetuates stigma and discriminatory practices at the state and local level.

Your leadership to initiate a review of BPD as an SMI, exploring the gaps between research and practice, can make a difference for millions of Americans who have been personally affected by BPD. We welcome the opportunity to meet with you to discuss ways to improve access to education and treatment for BPD in light of current research.

Thank you for your attention to this important matter.

Sincerely,

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