

Borderline personality disorder

About this guide

This guide provides information and advice about borderline personality disorder, based on up-to-date scientific evidence.

It has been produced by experts in mental health, including psychiatrists, psychologists, consumers and carers. This guide is for:

- people who have borderline personality disorder
- people who think they might have borderline personality disorder
- their family and friends.

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Key facts

- Borderline personality disorder (BPD) is a mental illness that makes it hard for a person to feel comfortable in themselves, causes problems controlling emotions and impulses and causes problems relating to other people.
- People with BPD experience high levels of distress and anger.
- People with BPD can find everyday situations very upsetting. Things that other people do or say can feel very hurtful.
- BPD is a condition of the brain and mind. It is not the person's fault and they did not cause it.
- BPD is a treatable condition and most people with BPD can recover.
- Overcoming emotional problems, finding more purpose in life, and building better relationships are many people's main goals for their treatment.
- BPD is treated with psychological treatments (talking therapies). These usually involve talking with a health professional one-to-one, or sometimes attending special groups.
- Psychological treatment for BPD should be well-organised and pre-planned (structured), designed for people with BPD, and given by a health professional who is properly trained and supervised.
- Medication is not recommended as a person's main treatment for BPD, but may be helpful to manage particular symptoms.

About borderline personality disorder

What is borderline personality disorder?

Borderline personality disorder (BPD) is a mental illness that:

- makes it hard for a person to feel comfortable in themselves
- causes problems controlling emotions and impulses
- causes problems relating to other people.

People with BPD have high levels of distress and anger. They can easily take offence at things other people do or say.

People with BPD might struggle with painful thoughts and beliefs about themselves and other people. This can cause distress in their work life, family life and social life. Some people with BPD harm themselves.

For most people with BPD, symptoms begin during their teenage years or as a young adult, then improve during adult life.

BPD is a condition of the brain and mind. If someone has BPD, it is not their fault and they did not cause it.

Why is it called 'borderline'?

The name of this illness includes the unusual word 'borderline' for historical reasons.

In the past, mental illnesses were categorised as 'psychoses' or 'neuroses'. When psychiatrists first wrote about BPD, it didn't fit into either category. They decided it belonged on an imaginary line between these two groups of illnesses.

Signs and symptoms of borderline personality disorder

Someone with BPD will have several of these signs or features:

- Being prone to fear that other people might leave them. This can cause them to make frantic efforts to avoid being abandoned by other people – including in situations where other people wouldn't feel let down or wouldn't take it personally.
- Having relationships that are unusually intense and unstable (e.g. idealising another person, then intensely disliking them).
- Being very unsure about themselves – not really knowing who they are or what to think about themselves.

- Taking risks or acting impulsively in ways that could be harmful (e.g. not thinking before spending money, risky sexual behaviour, risky drug or alcohol use, driving recklessly or binge-eating).
- Repeatedly harming themselves, showing suicidal behaviour, or talking and thinking about committing suicide.
- Experiencing short-lived but intense emotional 'lows' or times of irritability or anxiety. This is usually only for a few hours at a time but sometimes this can last longer.
- Experiencing a persistent feeling of being 'empty' inside.
- Experiencing anger that is unusually intense and out of proportion to whatever triggered the anger, and being unable to control it (e.g. having fits of temper or getting into fights).
- When stressed, becoming highly suspicious of others or experiencing unusual feelings of being detached from their own emotions, body or surroundings.

Causes of borderline personality disorder

The exact causes of BPD are not yet known. It is probably caused by genes as well as experiences – not just one or the other.

For a person who is naturally very sensitive, life problems while growing up might be especially damaging. These problems could include bad experiences or having another mental health condition.

It is not possible to predict who will develop BPD.

How is borderline personality disorder diagnosed?

There is no test for BPD. It can only be diagnosed by a mental health professional after talking to the person and getting to know them.

The diagnosis of BPD can be made if a person has several of the signs or features. There are many combinations of these features, so people with a diagnosis of BPD can seem very different from one another.

If someone has signs of BPD, their doctor or psychologist will carefully ask questions about their life, experiences and symptoms before making the diagnosis. It could take more than one session to be sure of the diagnosis, because some of the symptoms of BPD are similar to the symptoms of other mental health conditions.

BPD is usually not diagnosed in children.

Can a person recover from borderline personality disorder?

With treatment, most people with BPD recover from their symptoms for at least some of the time. If someone recovers there's a good chance they won't develop symptoms again.

Most people find that their symptoms improve within a few years after getting the diagnosis.

Many people achieve a good social life and work life. Some people still have some problems with work and social life, even though their symptoms have improved.

Could I have borderline personality disorder? What can I do?

The sooner you get help, the more chance you have of getting the correct diagnosis and getting effective treatment and help to manage your problems.

Where to get help

In Australia

- Your GP (family doctor) – a GP can refer you to a public mental health service or a private psychiatrist, psychologist or private hospital clinic.
- [headspace](#), Australia's National Youth Mental Health Foundation
headspace.org.au
- Your local mental health service – assessment and treatment at public mental health centres is free.
- Visit our [find a psychiatrist page](#), to look for a private psychiatrist near you.

[yourhealthinmind.org/find](#)

In New Zealand

- Your GP (family doctor) – a GP can refer you to a public mental health service or a private psychiatrist, psychologist or private hospital clinic.
- Your District Health Board.

Myths about borderline personality disorder

Myth: *There is no such thing as BPD.*

Fact: BPD is a pattern of behaviour and symptoms that can be recognised by trained, experienced health professionals.

Myth: *People with a diagnosis of BPD really have post-traumatic stress disorder (PTSD).*

Fact: BPD and PTSD are separate conditions. They are diagnosed in different ways and have different treatments.

Some people with BPD might also have PTSD, but many do not.

Myth: *A person with BPD should not be told their diagnosis.*

Fact: Getting the correct diagnosis helps people to find the right treatment.

Knowing they have BPD can also help someone understand their experiences. Most people with BPD are relieved to learn that they have a recognised mental health condition.

In the past, some doctors believed it was unhelpful to tell someone they had BPD and kept the diagnosis a secret. They usually did this because they thought this would protect their patients from negative attitudes in the community and within the mental health system.

Today, BPD experts believe that not telling a person with BPD their diagnosis is a form of discrimination. We now expect honest, accurate information from our health-care system.

Myth: *BPD is always due to child abuse.*

Fact: People can develop BPD even if they have not experienced child abuse or other childhood trauma. Health professionals should not assume that everyone with BPD has experienced such trauma.

Many people with BPD do report difficulties in their upbringing, which might include not feeling important to others, neglect, physical abuse or sexual abuse. Many people who have bad experiences during childhood do not develop BPD.

In the past, researchers and doctors focused on trauma as a cause of BPD, but the latest research shows BPD has multiple causes and does not always include trauma. For example, genetic factors may make a person extremely emotionally sensitive.

Myth: *BPD cannot be treated.*

Fact: BPD can be treated effectively with psychological treatments (talking therapies), including some treatments that have been developed especially for BPD.

Myth: *The only effective treatment for BPD is very long-term psychological treatment (psychotherapy).*

Fact: Up-to-date research shows that well-structured, shorter treatments can be effective for many people.

Treatment of borderline personality disorder

What treatments work for borderline personality disorder?

Psychological treatments (talking therapies) are the best way to treat BPD. These treatments usually involve talking with a health professional one-to-one, or sometimes attending special groups.

Medication is not recommended as a person's main treatment for BPD. For someone who is already receiving psychological treatment, medication may be helpful to manage particular symptoms.

Electroconvulsive therapy (ECT) does not work for BPD.

What are the aims of treatment?

For many people with BPD, important goals are:

- to overcome emotional problems (such as depression, anxiety and anger)
- to find more purpose in life (e.g. by making a positive contribution to their community)
- to build better relationships
- to learn how to understand and live with yourself
- to improve physical health.

When should treatment start?

Early treatment is best for people with BPD. It is important to get a diagnosis as soon as possible, so that a health professional (e.g. your GP, psychiatrist, or clinical psychologist) can arrange the right treatment.

Even if your diagnosis is not certain, you can still start treatment. Many of the psychological treatments that are effective for BPD can also be useful for other mental health conditions.

Young people, including teenagers, can have BPD and can start treatment as soon as the diagnosis is made.

Psychological treatment

Several types of psychological treatment are effective for treating BPD.

Psychological treatment can be provided by psychiatrists and psychologists. It is sometimes also provided by GPs, nurses, social workers and occupational therapists with special training.

BPD treatments that are available in some parts of Australia and New Zealand include:

- dialectical behaviour therapy (DBT)
- cognitive behavioural therapy (CBT) designed especially for people with BPD
- mentalisation-based treatment (or 'mentalisation') – a type of psychodynamic psychotherapy, although this is less common.

The availability of BPD treatments differs between regions.

➤ More about psychological treatments
yourhealthinmind.org/psychological

All the treatments have some things in common:

- They are designed to solve typical problems for people with BPD and focus on helping you change.
- They are structured – this means they are pre-planned, well-organised and have regular sessions (often based on a written manual that your treatment provider follows).
- The ideas behind the treatment are clearly set out and explained to you.
- The relationship between you and the person providing the treatment is an important part of the treatment.
- You are encouraged to take control of your own life, and are involved in making plans for your treatment.
- Your treatment provider helps you understand how the things that happen to you are linked to your feelings.
- Your treatment provider doesn't just listen, but responds to your ideas and helps guide you to solve your problems.
- Your treatment provider pays attention to your emotions and accepts that your experiences and feelings are real.

One type of psychological treatment may not suit everyone. If possible, you should be given a choice between treatments that are available.

Young people and BPD

Young people with BPD symptoms should be given psychological treatments that are especially designed for their age group (if available). Treatment for young people should be for a planned period of time – not continued indefinitely.

People aged under 25 years may benefit from treatment in specialised mental health services designed for young people.

If you have another mental health condition as well as BPD, both conditions should be managed at the same time. Examples of common conditions include eating disorders, drug and alcohol problems, depression and anxiety.

Will I need medication?

Medication is not recommended as a person's main treatment for BPD. Medication can make small improvements in some BPD symptoms, but does not improve BPD itself.

Your doctor may prescribe medication to manage particular symptoms in the short-term.

You may need medication for a short while during a crisis. Normally this medication should be stopped soon afterwards.

➤ More about medication

yourhealthinmind.org/medication

Who can help with borderline personality disorder?

BPD can be treated by psychiatrists and psychologists. It is sometimes also treated by GPs, nurses, social workers and occupational therapists with special training.

Specialised mental health services for people with BPD are available in some major cities.

All psychiatrists and psychologists should be able to diagnose and treat BPD, but some have more expertise and experience than others.

➤ Find a psychiatrists who treats BPD
yourhealthinmind.org/find

If you don't live in a city or large town, your GP may be the main person who treats you for your BPD, possibly in consultation with the nearest mental health service.

Working with your health-care team

You will need to understand who provides which type of care in the region where you live.

A range of mental health-care workers might be involved in your care, including:

- a GP (family doctor)
- a psychiatrist
- a psychologist.

➤ More about mental health workers
yourhealthinmind.org/who

Psychiatrists: their role in treating borderline personality disorder

Psychiatrists are medical doctors who are experts in mental health. They are specialists in diagnosing and treating people with mental health problems such as BPD.

Psychiatrists have a medical degree plus extra mental health training. They have done at least 11 years of university study and medical training.

Psychiatrists often lead teams of other mental health workers who can help with your treatment.

➤ More about what it's like to see a psychiatrist
yourhealthinmind.org/appointment

What you can expect from your psychiatrist and other health-care professionals

Mental health services should be welcoming to people with BPD. You are entitled to receive treatment, just like people with any other mental illness or medical condition. However, sometimes it is hard to find someone to treat you who is experienced in caring for people with BPD. Many mental health services can only provide full treatment for a small number of people with BPD at a time.

Your health professionals should show respect and compassion. When you tell them about your experiences and problems, they should listen, pay attention, and take your feelings seriously.

If you have to go to an emergency department because you have harmed yourself, the staff should treat your injuries professionally and kindly.

They should also arrange for you to talk to a trained mental health professional (e.g. a psychiatrist or psychologist).

Making decisions

You should expect your treatment provider or health-care team to give you all the information and help you need to deal with your illness.

If you are an adult, they should let you make your own decisions about your treatment (unless it is a medical emergency).

Normally, they will speak with you and your partner or family about the types of treatment available.

You can ask them to explain anything you don't understand.

Dealing with past traumatic experiences

If you have experienced trauma, the health professionals who treat your BPD should support you and make you feel safe while you recover.

Talking about trauma should only happen when:

- you are feeling strong
- you have already started psychological treatment and your problems and symptoms have improved
- you trust your treatment provider.

It is usually not helpful to discuss past trauma while you are in an emergency department during a crisis.

Talking about past trauma should not be the main focus of your treatment. Treatments focused solely on trauma are not the most effective treatments for people with BPD.

Will I need to go to hospital?

Hospital treatment is not a standard treatment for BPD. Hospital treatment is generally used only for short-term care when really necessary, for example to deal with a serious crisis. If you need to go to hospital, it should be to achieve specific goals that you have agreed with your doctor.

Confidentiality

Your treatment provider or health-care team will make sure that personal information you provide is kept confidential.

Sometimes it is necessary to share information with other health professionals, to keep you safe and to support you better. It is also important for your partner or family to be given enough information to help you effectively.

Costs of treatment

Ask about how much your treatment will cost.

If you are referred to a private psychiatrist, ask your GP to explain about fees and whether you will be eligible for a rebate.

➡ More about the cost to see a psychiatrist
yourhealthinmind.org/cost

Questions to ask your health-care professional

- Are you comfortable treating people with BPD? (If not, can you refer me to someone who is experienced and comfortable with BPD?)
- Do you have any special training in the treatment of BPD? What is your approach to treatment?
- Can I talk about sensitive topics or difficult issues in my life? Are you comfortable with me expressing my emotions during the consultations?
- How will we know if the treatment is working?
- If you provide only one type of treatment, how do I get different treatment if I need it?
- How often will I have treatment sessions?
- How long does each session last?
- How do you work with the partners/family of the person you are treating for BPD?
- Are you available to call during a crisis? If not, who should I call in a crisis?
- Where can I get reliable information about my condition? Can you recommend any books or articles?
- What are your fees? Will my health insurance cover the fees?

Self-care for borderline personality disorder

What can I do to help myself?

To get well, you must be involved in your treatment. There are some things you can do:

- Work with your treatment provider (and partner or family, if appropriate) to make a plan to manage your BPD.
- Make sure you attend your appointments.
- Talk about things that worry you with your treatment provider.
- Let them help you make changes to your daily life and choices.
- Do any tasks or 'homework' that are part of your psychological treatment.
- Be honest about your BPD. Think and analyse so that you start to understand your crises or what makes you harm yourself.
- Learn how to manage your emotions, impulses and relationships. Learn ways to cope instead of harming yourself.
- Keep on trying until you can take control of your life and mental health.
- Get reliable information. Some of the information about BPD that you may find on the internet is misleading. Ask your psychiatrist (or other therapist) for reliable information about BPD treatment and recovery.
- Make a safety plan to get through bad times.

Psychoeducation

Psychoeducation helps people with BPD (and their partner or family) understand the illness. Psychoeducation programs explain about symptoms, treatment options, recovery, and services that can help. You can do psychoeducation as well as your main psychological treatment.

You can have psychoeducation individually or in groups. It can include written information, videos, websites, meetings, or discussions with your doctor or another trained mental health worker.

Ask your doctor if any programs are available in your region.

Support that involves families

Your family can help you understand your diagnosis and learn how to support you in your treatment. Try to include your family in your management plan, if you can. Make sure you nominate which family member/s or friend/s your treatment provider can talk to, and make sure this is recorded in your notes.

It is easier for you and for your family when all of you have the same information about your condition and the choice of treatment. If you can all understand each other, you can work towards the same goal of your recovery.

Family psychoeducation programs help with communication and problem-solving. Family psychoeducation is also good for family members. It can be very distressing to see someone you love become unwell with BPD.

You can ask for written information about your treatment (including medication and psychological treatment) to show your family or partner.

What about people with kids?

BPD might make it feel hard to be a parent, but you can still be a good parent.

The best things you can do for your children are to keep working on your treatment to get well, and to shield them as much as possible from the effects of BPD.

If you feel that you need help with parenting, a parenting program could help you learn skills. Ask your psychiatrist or another health professional to help.

If you have a baby, your baby should stay with you even if you need to go to hospital.

Surviving bad times

You might have times when everything seems too much to cope with and you feel extremely distressed. This is called having a crisis.

If you see health professionals during a crisis, they will focus on the 'here and now'. During a crisis is not the best time to start an in-depth discussion about past experiences or relationship problems. It is usually better for you to deal with those issues later during your usual treatment with your main treatment provider.

Even when you are experiencing strong emotions, you should stay involved in finding solutions to your problems. This means the people who are treating you for your BPD will not make all your decisions for you. They will ask you for your own ideas and expect you to join in making plans to get well.

Planning to keep yourself safe

Have a plan for what to do when you feel in crisis – things to do to keep yourself safe, including when to contact emergency services. This type of plan is sometimes called a safety plan.

A safety plan helps you think clearly when you are distressed. When you are well, and with the help of your treatment provider, you should write down a plan that you can follow when you need it. You can also give a copy to your partner or family .

Ask the main health professional who treats your BPD to work with you to make a safety plan. It should be included in your management plan as a special section.

Tools to help you make a plan are available from:

➤ [beyondblue](#)

beyondblue.org.au/beyondnow-suicide-safety-planning

➤ [Project Air Strategy](#)

projectairstrategy.org

Information that should be in your safety plan

- Your personal goals for treatment and problems that you are working on, including a list of short-term goals and long-term goals.
- Situations that make you feel unsafe or distressed enough to cause a crisis.
- Things that you can do to get through a crisis – this could be strategies that you have used before that have helped you survive and won't harm you.
- Things that you should not do during a crisis – list things that you have tried before during a crisis that did not work or made things worse.
- Things that your partner or family can do for you that will help you.
- People you can contact for help during a crisis – list phone numbers of people who support you (e.g. your partner or a family member, your psychiatrist, case worker, school counsellor, GP).
- Organisations that can help (e.g. Lifeline, emergency services, a mental health line).

Helping someone with borderline personality disorder

Is it an emergency?

Get help immediately if the person:

- has deliberately injured themselves
- is acting out in a highly aggressive or abusive manner
- is expressing thoughts of suicide or of killing someone else
- is disorientated (does not know who they are, where they are, or what time of day it is)
- has delusions (strange beliefs) or hallucinations (hearing or seeing things that are not real)
- is confused or not making sense
- is badly affected by drugs and or alcohol and acting in an abnormal manner.

If the person has any of these symptoms, call 000 in Australia or 111 in New Zealand, or visit the emergency department at your nearest hospital.

Supporting someone with BPD can, at times, be distressing and difficult. It can seem like nothing is changing. But there are some things that you can do to try to help the person you care for and just as importantly look after yourself.

If you are a family member, friend or carer of someone with BPD, these are some things you can do to help:

- Offer ongoing support to the person, including listening, comfort and assistance to get help.
- Validate their experience and distress. Tell them you know that, for them, the experience is real.
- If you think you understand why they feel the way they do, tell them this. But if you can't make sense of their feelings, try to find out more from them. Tell them that you really want to understand, and ask if they can say more about what they are feeling and why.
- Give the person hope for recovery by reassuring them that people with BPD can and do get better.
- Accept that the person is struggling and that life goals might need to be broken down into smaller steps.
- Have realistic expectations. Setbacks can and do happen. Help them to remain positive. If the person has not responded to treatment for BPD, reassure them that this does not mean that they will not succeed in the future.

- Where appropriate, find out about their management plan and what role you can play in supporting this. You could also ask to see their safety plan.
- Clearly tell the person what you are not prepared to accept (e.g. abusive language, threats, violence of any kind).
- If they are agitated, be calm. Leave the situation if you feel in danger and call 000 in Australia or 111 in New Zealand.
- Find strategies to decrease your own emotional reactivity. For example, consider learning mindfulness.

Things that do not help

- Do not take over control of their life. Support them to make their own choices. Avoid conflict or arguments over these.
- Avoid the temptation to try to rescue the person from a particular situation. Don't imagine that you can fix their life for them.
- Avoid being drawn into their conflicts with other people, including their psychiatrist (e.g. cancelling appointments on their behalf instead of expecting them to do so themselves, or being drawn into one side of a family conflict).
- Don't try to be their therapist. Instead, help them find the right treatment and support them to follow their treatment.

- Try not to get defensive in the face of accusations and criticism. When they get emotional or angry, it is not just about you or about the situation – they are trying to deal with BPD at the same time. Try to distinguish the person from the illness.

What if the person doesn't want help?

Generally, an adult has the right to refuse treatment. But they can be treated without their consent if their life is in danger or if they lack the capacity to consent.

If the situation is not an emergency, tell the person that you are concerned. Let them know that you care about them getting effective treatment.

Keep giving support and acknowledging their point of view. Be open, approachable and non-judgemental.

Sometimes a person with BPD doesn't want to attend their appointment with their psychiatrist or other therapist, even though they have previously committed to their treatment.

If this happens:

- ask them what is worrying them and let them talk about it
- keep giving them emotional support and encouragement
- talk about what kind of practical help they need to keep going with their treatment
- contact the health-care team for advice.

Support and information for families

Australia

➤ Australian BPD Foundation

bpdfoundation.org.au

➤ BPD Community Victoria

bpdcommunity.com.au

➤ NEA.BPD Aust – Family connections.

bpdfamilyconnections@gmail.com

➤ Mind Australia Borderline Personality Disorder Family and Carer Group

mindaustralia.org.au

- SANE Helpline 1800 187 263
- Mental health Carers Helpline 1300 554 660

New Zealand

- Supporting Families in Mental Illness 0800 732 825

Looking after yourself

Caring for someone with BPD can be emotionally and physically exhausting.

If someone close to you has BPD, this does not mean that you are a 'bad' parent, partner, brother, sister, child or friend.

You will feel pain, suffering, sadness, guilt or despair of your own. Being a support person can be hard work and it may sometimes feel that you are getting nowhere.

Never blame yourself. You are not alone.

It can be very hard to understand a person's BPD. It can be helpful to:

- Find reliable information and support if you feel you need to – for yourself and other family members.
- Take some time away from the person to do something for yourself.
- Join a self-help group for carers of people with a mental illness so you can talk about your thoughts and feelings with others who truly understand.
- Look out for psychological symptoms of your own that may be caused by the situation (e.g. depression), and get treatment. Your GP can refer you to someone who can help.

More information and support

Australia

Treatment services

- Project Air directory of services in all states and territories

projectairstrategy.org/servicedirectory

- Find A Psychologist Service

psychology.org.au/FindaPsychologist

Information and support

- Australian BPD Foundation

bpdfoundation.org.au

- BPD Community Victoria

bpdcommunity.com.au

- Children of Parents with a Mental Illness (COPMI)

copmi.net.au

- headspace

headspace.org.au

- National Education Alliance for Borderline Personality Disorder Australia (NEABPD Australia)

bpdaustralia.com

- Project Air Strategy

projectairstrategy.org

- SANE Australia

sane.org

- Spectrum, Personality Disorder Service for Victoria

spectrumbpd.com.au

New Zealand

Treatment services

- The Balance Program, Auckland District Health Board

adhb.govt.nz/balanceprogramme

Information and support

- Mental Health Foundation of New Zealand

mentalhealth.org.nz

- Supporting Families in Mental Illness

supportingfamilies.org.nz

- Healthline NZ

0800 611 116

How this guide was prepared

This guide was developed by a RANZCP working group of clinical, consumer and carer members. Additionally, a number of clinicians and members of BPD organisations provided feedback on drafts of the guide.

Information in this guide draws on the Australian national clinical practice guideline for doctors and other health professionals who care for people with borderline personality disorder, published by the National Health and Medical Research Council (2012).

Disclaimer

This information and advice is based on current medical knowledge and practice as at the date of publication. It is intended as a general guide only, not as a substitute for individual medical advice. The RANZCP and its employees accept no responsibility for any consequences arising from relying upon the information contained in this publication.

Sources

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About us

Psychiatrists are doctors who specialise in mental health.

The Royal Australian and New Zealand College of Psychiatrists:

- trains and supports psychiatrists
- advocates for better mental health for our communities
- sets standards in psychiatry.



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