I would like to share a bit about my work with the See Me Before the PD Group.

We are a group of survivors, activists and mental health workers, who came together through seeking or providing treatment for suicidal distress and chronic self-harm.

The purpose of the group is to promote a positive image of people labelled as having a so-called ‘personality disorder’. This is a diagnosis that is overwhelmingly applied to women and psychiatry and psychology largely ignores the extremely high levels of sexual abuse, domestic violence and material adversities experienced by those given this label.

Our specialist treatments focus on subduing trauma reactions with the idea that people with bpd are too intense, angry and dysregulated. While ignoring the clear causes of their distress and reactions.

Gender roles and gender inequalities have a massive impact on mental health and community wellbeing.

As a mental health worker who has been inspired by the activism of survivors, I try and recognise how we are all bound up in and complicit within the inequalities and power processes that enact severe injuries on

mental health service users. To write this and to be here today, I have had to persevere with the feeling that I am neglecting domestic tasks within my house.

Even now, there are implicit and internalised expectations that women carry out the majority of household tasks in homes where two opposite sex partners both have salaried jobs. Where this is normalised and the inequality is denied, there is a risk that we do not fully hear and see the more severe harms of gender inequality that lead many women into mental health services.

It is possible to address power inequalities within our services and our communities, using trauma and gender informed interventions and giving experts through experience the status and leadership that they deserve.

As a group we have worked together to do talks about gender inequality and mental health. Too often the social and political causes of women's suffering and injustice is swept under the veil of psychiatric labels like borderline personality disorder. Diagnoses like postnatal depression are made out to be primarily biological, while the subjugation of women and the trauma they too often bear the brunt of, is left out of the picture.

I remember working with a young woman early in my career. I was using my training to try to understand her distress through the concept of depression. Using the questioning I had been taught, I would have interpreted her behaviour of lying on the sofa all day as a symptom of depression. This was during freezing winter weather. She said that she sat under a duvet as she was reserving the heating for when the children were home from school.

There is nothing in our psychiatric concept of depression that provides a framework for understanding this problem and finding ways forward. Or for addressing the social, political and economic factors that cause extreme hardship for so many women.

Many years later, I struggled as I sat with a woman who has suffered an overwhelming amount of life-time trauma and has lived with extreme mood states that severely impact her functioning. She was depressed following a manic phase, and her chronic suicidality was increasing to a dangerous level. The traumas she had suffered behind closed doors

parallelled the community level violence she lived through, and services viewed her as an angry unruly woman rather than the courageous survivor she is.

Based on my training as a psychologist, one way I could help her was encouraging her to build up her activity levels despite her feelings of devastation and despair. Her normal activities were household chores so that's where we started. As soon as I began, I realised that I was mirroring the home environment where she was abused and emotionally neglected and was required to care for younger siblings. I also felt at risk of retraumatising someone who had often been viciously beaten for not cleaning the house to her husband’s liking.

When we see distress as residing within an individual, it means that the reality of injustice and trauma can be denied and compounded by the very therapists that are dedicated to helping. In her powerful Tedtalk Guilaine Kinouani reminds us to take a socio-political view of the situation, and that the ultimate power is the power to define. When we define social issues that relate to gender inequality and gender based violence as internal to the affected woman, we risk further destabilising her mental state and her sense of reality and selfhood can be further damaged by those tasked with putting the pieces back together after violent assaults. She is one of so many. Too often we view her distress and troubled behaviours in a way that disconnects her suffering and reactions from the power abuses she has endured.

When I sit within the SMBPD group, I can be part of a group of people coming together

to define their own experiences and devise their own solutions. I am then tasked with using my relative privilege as a psychologist to provide platforms where experts by experience can share their wisdom hope and inspiration.

In ‘Feminism Interrupted’: Lola Olufemi writes that:

‘as long as we live under the conditions we do, solidarity is one of the most important political tools we can use to maximise our success and make demands that cut across the structural barriers that seek to individualise experiences’

Seeing human suffering as psychiatric disorders makes invisible the

social contexts that cause distress. This leaves us blind to everything we have in common and how communities can work together to transform unjust and unhealthy societies into thriving communities.