

119TH CONGRESS
2^D SESSION

H. RES. 1327

Supporting the designation of May 2026 as “Borderline Personality Disorder Awareness Month”.

IN THE HOUSE OF REPRESENTATIVES

MAY 29, 2026

Ms. ESCOBAR (for herself and Mr. FITZPATRICK) submitted the following resolution; which was referred to the Committee on Oversight and Government Reform

RESOLUTION

Supporting the designation of May 2026 as “Borderline Personality Disorder Awareness Month”.

Whereas borderline personality disorder (in this preamble referred to as “BPD”) is a serious and treatable mental health condition characterized by chronic emotion dysregulation that affects how individuals think, feel, and connect with others, and by differences in the way emotions, impulses, and stress are experienced and processed, resulting in challenges including painful emotions, often dangerous behaviors, intermittent struggles with memory and problem solving, disrupted relationships, and difficulties related to identity and sense of self;

Whereas BPD affects approximately 1.6 to 3.9 percent of the general population, representing an estimated 5,500,000

to 13,300,000 United States citizens, and because the condition profoundly affects interpersonal relationships and family dynamics, its impact reaches millions of additional family members, caregivers, loved ones, and communities across the United States;

Whereas approximately 20 to 22 percent of individuals receiving inpatient mental health treatment have BPD;

Whereas 65 to 70 percent of individuals living with BPD attempt suicide and approximately 8 to 10 percent die by suicide;

Whereas individuals living with BPD commonly experience co-occurring mental health conditions, including depression, post-traumatic stress disorder, anxiety disorders, eating disorders, and substance use disorders;

Whereas some individuals living with BPD have histories of trauma, chronic invalidation, or other adverse life experiences that can significantly influence emotional development, interpersonal functioning, and mental health outcomes;

Whereas, despite its prevalence and significant impact on individuals, families, caregivers, and communities, BPD has historically received insufficient public awareness, research attention, and both research funding and treatment program funding;

Whereas individuals living with BPD continue to face disproportionately high levels of stigma, including within health care and mental health settings, compared to individuals with other mental health diagnoses, and such stigma can negatively impact the quality, accessibility, and effectiveness of care they receive;

Whereas individuals living with BPD frequently experience delayed diagnosis, misdiagnosis, and barriers to appropriate treatment due to stigma, bias, misconceptions within health care systems, and lack of available effective treatment in many regions;

Whereas public awareness and understanding of BPD remain incomplete, and timely diagnosis and access to evidence-based care are often hindered by gaps in health care access, insurance coverage and affordability, misinformation, the complexity of co-occurring conditions, limited provider education, and insufficient specialized programming;

Whereas the prognosis for BPD is far more hopeful than commonly believed, with research demonstrating that many individuals experience significant improvement over time, with many no longer meeting diagnostic criteria following effective treatment, and can benefit substantially from evidence-based treatments;

Whereas individuals living with BPD deserve hope, and both clinical experience and research demonstrate that, with compassionate, evidence-based support from mental health professionals and broader community systems, individuals with BPD can experience recovery and lead lives with significantly reduced suffering and improved well-being;

Whereas, with compassionate, evidence-based support and treatment, individuals living with BPD can develop effective coping skills, maintain meaningful relationships, pursue education and careers, contribute to their communities, and lead fulfilling lives;

Whereas individuals living with BPD and their family members are valuable members of society whose lived experiences, creativity, resilience, insight, and contributions enrich their families, communities, workplaces, and the broader public;

Whereas the inclusion of lived experience, family member, clinician, and researcher perspectives is essential to improving awareness, reducing stigma, advancing effective care, and shaping compassionate mental health policy; and

Whereas it is essential to increase awareness of BPD among individuals living with BPD and related problems, their families and caregivers, mental health professionals, policymakers, and the general public by promoting education, research, funding, early intervention, accessible treatment, and stigma reduction: Now, therefore, be it

- 1 *Resolved*, That the House of Representatives supports
- 2 the designation of “Borderline Personality Disorder
- 3 Awareness Month”.

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