

## P-05-812 Implement NICE guidelines on borderline personality disorder

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### Research Briefing: NICE guidelines on borderline personality disorder

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No Longer A Diagnosis of Exclusion, a document that highlighted the mistreatment of those diagnosed with personality disorder was published in 2003.

The NICE guidelines for Borderline Personality Disorder were published in 2009. 9 years on less than half of Welsh trusts provide services that comply with the guidelines. This compares to 84% of trusts in England.

People with this diagnosis have frequently come from backgrounds of maltreatment, neglect and abuse.

1 in 10 people with this diagnosis will die by suicide.

The National Confidential Inquiry into Suicide and Homicide found that of the 1 in 10 people who ended their lives over the period of their study, none were receiving NICE recommended care.

Experts in the field warn that trusts without specialist services will be over reliant on out of area private treatment. This view was supported by representatives of trusts without specialist services at the Personality Disorder Cymru conference in Cardiff in 2016.

We must do more to support the survivors of abuse who have been let down enough already.

We must do more to protect the Welsh tax payer by providing effective community services rather than expensive out of area placements.

We call for the Welsh Government to direct trusts to implement the NICE guidelines for Borderline Personality Disorder or justify why they do not do so.

# 1. NICE guidelines on borderline personality disorder

The National Institute for Health and Care Excellence (NICE) published [\*Borderline personality disorder: recognition and management\*](#) (Clinical guideline [CG78] in January 2009.

The guideline describes borderline personality disorder as follows:

Borderline personality disorder is characterised by significant instability of interpersonal relationships, self-image and mood, and impulsive behaviour. There is a pattern of sometimes rapid fluctuation from periods of confidence to despair, with fear of abandonment and rejection, and a strong tendency towards suicidal thinking and self-harm. Transient psychotic symptoms, including brief delusions and hallucinations, may also be present. It is also associated with substantial impairment of social, psychological and occupational functioning and quality of life. People with borderline personality disorder are particularly at risk of suicide.

The guideline makes recommendations for the treatment and management of borderline personality disorder in adults and young people (under the age of 18) who meet criteria for the diagnosis in primary, secondary and tertiary care.

The guideline sets out [key priorities for implementation](#) which includes the accessibility and general ethos of services and the roles of assessment, care planning, psychological treatments, drug treatments and specialist personality disorder services.

In terms of psychological treatment and drug treatments the guideline says:

## The role of psychological treatment

- When providing psychological treatment for people with borderline personality disorder, especially those with multiple comorbidities and/or severe impairment, the following service characteristics should be in place:
  - an explicit and integrated theoretical approach used by both the treatment team and the therapist, which is shared with the service user
  - structured care in accordance with this guideline
  - provision for therapist supervision.

Although the frequency of psychotherapy sessions should be adapted to the person's needs and context of living, twice-weekly sessions may be considered.

- Do not use brief psychotherapeutic interventions (of less than 3 months' duration) specifically for borderline personality disorder or for the individual symptoms of the disorder, outside a service that has the characteristics outlined in 1.3.4.3.

## The role of drug treatment

- Drug treatment should not be used specifically for borderline personality disorder or for the individual symptoms or behaviour associated with the disorder (for example, repeated self-harm, marked emotional instability, risk-taking behaviour and transient psychotic symptoms).

The guideline also recommends the provision of specialist personality disorder services:

- Mental health trusts should develop multidisciplinary specialist teams and/or services for people with personality disorders. These teams should have specific expertise in the diagnosis and management of borderline personality disorder [...]

[...]

The size and time commitment of these teams will depend on local circumstances (for example, the size of trust, the population covered and the estimated referral rate for people with borderline personality disorder).

### **Together for Mental Health**

The Welsh Government has a 10 year strategy to improve mental health and well-being, [Together for Mental Health](#) (published in 2012). A [delivery plan for 2016–2019](#), the second of three, was published in October 2016.

There is further information on borderline personality disorder on the [Mind website](#).