

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

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Research Briefing: Summary of Health Board responses

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Petition text:

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.

Summary of Local Health Board Responses

On 30 July 2018, the Petitions Committee wrote to the 7 Local Health Boards (LHBs) in Wales for information about the services they currently provide to people with borderline personality disorder in their area, and specifically whether specialist services are available in line with NICE guidelines. Responses have been provided by all 7 LHBs.

The following is a **summary of the services currently provided** to people with borderline personality disorder:

- The Local Health Boards (LHBs) seek to reassure the Committee that psychological and therapeutic services for those with a diagnosis of borderline personality disorder are available in their local areas. However, it is clear from the responses that there is variation of access to the services currently provided across the different Health Board areas.
- The main provision of care for people diagnosed with borderline personality disorder is primarily delivered within secondary mental health services, augmented by specialist provision.
- Betsi Cadwaladr University Health Board (BCUHB) do not currently provide a fully comprehensive specialist service across the whole of North Wales. Powys Teaching Health Board (PTHB) currently commission some services from other Welsh Health Boards and from the independent sector (but are developing a new model to provide services within Powys).
- A range of specialist interventions are provided for people with a diagnosis of borderline personality disorder, including Cognitive Behavioural Therapy, Psychotherapy, and Cognitive Analytic Therapy (among others), but the focus has been on establishing an expertise in the provision of Dialectical Behaviour Therapy (DBT) in line with NICE guidelines.
- Specialist input is being developed and expanded by training multi-disciplinary teams and upskilling practitioners and clinicians in the Community Mental Health Teams (CMHTs), to develop 'a multi-professional, psychologically informed workforce'.
- The evidence on what treatment is available for young people with emerging borderline personality disorder is mixed. For example, DBT is available via specialist Child and Adolescent Mental Health Services (CAMHS) in Hywel Dda University Health Board (HDUHB), but Cardiff and Vale University Health Board (CVUHB) highlight gaps in services to support the transition of young people with emerging personality disorder from CAMHS to adult mental health services (as set out in the NICE guidelines).
- Health boards say that out of area services are used as a last resort – when a patients' risk is very high and/or interventions need to be provided in an in-patient setting.

The individual responses from the Health Boards can be found [here](#).