

## **P-05-812 Implement the NICE guidelines for Borderline Personality Disorder, Correspondence – Petitioner to Committee, 16.02.20**

To the petitions committee,

I thank you for sending me the Together for Mental Health document. It is a substantive piece of work and I hope you didn't put it together just for me.

I welcome the focus on tackling stigma, reducing suicide and self harm, early intervention, trauma services and perinatal services. I think all of this will be of benefit to the client group that I am concerned about. I think it is deliberate that the document makes no specific mention of particular diagnoses other than eating disorders, but I wonder if this is wise when thinking about the stigma attached to a population within an already stigmatised group.

When my petition first began I mentioned the "privatisation of PD" the idea articulated by services within Wales that personality disorder was not their business and should instead be transferred to hospitals in the private sector. I wrote to the first minister and the petitions committee of the poor standards in these private hospitals which claim to have a specialism in this area. Recently we have learned that Wales will no longer send patients to St Andrews due to the poor care that was part of the inspiration of this petition. At present, we do not monitor the diagnoses of those sent to private hospitals and it would be interesting to learn how much we are spending on contraindicated "care" for people with this diagnosis.

No longer a diagnosis of Exclusion was published on 2003 and the NICE guidelines for Borderline Personality Disorder in 2009. Wales has still not implemented these guidelines. In January the Royal College of Psychiatrists published their position statement on personality disorder quoting papers on the subject from England, Northern Ireland and Scotland. Wales took the wooden spoon with no publications or policy in this area which leads me to wonder if the stigma is particularly ingrained in our nation. Without specific direction to address the needs of those who are repeatedly overlooked by services, I worry that health boards will continue to do what they have done in the past and prioritise those they find less challenging. We have the evidence of the past 20 years and our absence from the position statement to give us a hint. Also the British and Irish Group for the Study of Personality Disorder Conference takes place in March, and no one from Wales (other than me) is speaking. It seems that without acknowledging what has been missed in the past we are in danger of repeating it. This is an appalling cost on the lives of people who lived through abuse, but also an appalling cost on the taxpayers of Wales who are funding poor care in England.

I would ask the committee:

Can we discover the extent to which we export people with a diagnosis of personality disorder to the private sector?

Do we have plans to follow the recommendations of the RCP Position Statement?

Currently Wales seems to take no position on Personality Disorder other than to say it is up to individual trusts. As the only home nation without paper describing a national vision is it time to produce one?

Given the multiple publications describing the intense stigma suffered by this client group, can we describe specific efforts in Wales to challenge this? The RCP make reference to post qualification training as well as ongoing professional development. Can Wales commit to something similar?

As a member of the executive committee of the British and Irish group for the study of personality disorder and someone who researched how a trust was able to cease the use of private sector placements for this client group I'd be happy to share my experiences with anyone interested in improving services towards this patient group while reducing costs associated with private sector care.

Many Thanks,

Keir