P-05-812 Implement the NICE guidelines for Borderline Personality Disorder – Correspondence from the Petitioner to the Committee, 25.06.18

Hello,

I'd like to thank the petitions committee and the health secretary for their continued interest in this matter. Having looked through the health secretary's letter my reading of it is that individual trusts will make their decisions in the best interests of their population.

This is a laudable view, championing devolved local power and decision making. It allows for provision to be tailored to local issues and geography without interference from a central body. The only reason to interfere with this would be if it wasn't working. If it wasn't working, it would be essential for someone who had the role of setting the strategic direction for the health service and holding the NHS to account to set some direction and hold the NHS to account.

Where possible I will cite published evidence but in the absence of this I will cite my clinical experience:

Personality disorder: The patients psychiatrists dislike (1988) described the negative attitudes the NHS holds towards those with this diagnosis. No longer a diagnosis of exclusion (2003) was published 15 years ago and highlighted how people with a personality disorder diagnosis were frequently excluded from traditional mental health services. They were seen as not the business of mental health teams.

Personality disorder: still the patients psychiatrists dislike? was published last year and found that negative attitudes were still prevalent.

The personality disorder consensus statement was published this year with service users (or would be service users) still describing discriminatory practice and a lack of services for them.

The NICE guidelines for Borderline personality disorder (2009) are one way of challenging this prejudice.

Less than half welsh trusts follow the NICE guidelines. This is based on a survey completed for the PD Cymru Conference in Cardiff in 2016. For this survey, one NHS trust could not identify anyone to complete the form. There was no one in the organisation that anyone could identify who had the role of thinking about this client group. (Obviously this organisation was one of the ones that didn't follow the NICE guidelines).

The trusts at the conference who didn't have specialist services described "the privatisation of PD" – a process by which people with this diagnosis were sent to expensive private hospitals where people had little optimism that good care would be delivered. These private hospital placements cost around £150,000 to £200,000 per year and are generally miles from the patient's family, friends and community services.

While talking with one commissioner I was told that they arranged 7 of these placements per month.

The NHS cannot ethically refuse to meet the needs of one group of patients and it cannot financially continue to pay the private sector to take this burden away.

Where groups have been stigmatised and discriminated against in the past, local solutions have tended to maintain the status quo rather than bring about change. We need the NHS to be held to account. We need a change in the strategic direction.

I'm aware that arguing on behalf of those who have so little power within services often has little impact. Putting aside the moral and ethical reasons for providing services for those who have lived through trauma and abuse and of whom 1 in 10 will die by suicide, perhaps the committee might explore how much the NHS in Wales is spending on not meeting the needs of this population.

In summary:

This client groups continues to be discriminated against.

Organisations that already opt not to meet the needs of this group will continue to do so.

The cost of doing this is extortionate

Wales needs to ensure that our health service is inclusive.

Many Thanks,

Keir