

**P-05-812 Implement the NICE guidelines for Borderline Personality Disorder
- Correspondence from the Petitioner to the Committee, 01.10.18**

Dear Petitions committee,

Once again thank you for continuing to express interest in this issue. When we first held the PD Cymru conference it was dispiriting to hear about the provision for patients who get given this diagnosis. A few years later it is a relief to read that at least one area has increased it's provision while those already providing a good service continue to do so.

It is good to hear that a number of trusts are providing DBT therapy however, NICE state that patients should have a choice of therapy. Access into DBT is dependent on the patient wishing to give up self harm. If this is not a priority for them then DBT is not an option and some of the trusts responses do not describe an alternative.

Where responses talk of treatment being integrated into community mental health teams, this is not what NICE recommend. They describe specialist services able to help the whole organisation with its approach to this client group. Individual practitioners in teams have little to no influence on the organisation as a whole and my experience is that it is easy for their relative specialism to be buried under generic work.

I have not seen the letter that the petitions committee sent to trusts but I was interested to the extent to which respondents referred to OOA placements.

I hope the committee will continue to seek information from those who have not responded and press the issue that a treatment service is only a fraction of what NICE recommends.

Many Thanks,

Keir Harding