NHS
National Institute for Health and Clinical Excellence

Quick reference guide

Issue date: January 2009

Borderline personality disorder

Treatment and management

NICE clinical guideline 78
Developed by the National Collaborating Centre for Mental Health

About this booklet

This is a quick reference guide that summarises the recommendations NICE has made to the NHS in 'Borderline personality disorder: treatment and management' (NICE clinical guideline 78).

Who should read this booklet?

This quick reference guide is for healthcare professionals and others involved in the care of people with borderline personality disorder.

Who wrote the guideline?

The guideline was developed by the National Collaborating Centre for Mental Health, which is based at the Royal College of Psychiatrists and the British Psychological Society. The Collaborating Centre worked with a group of healthcare professionals (including consultants, GPs and nurses), people with borderline personality disorder and carers, and technical staff, who reviewed the evidence and drafted the recommendations. The recommendations were finalised after public consultation.

For more information on how NICE clinical guidelines are developed, go to www.nice.org.uk

Where can I get more information about the guideline?

The NICE website has the recommendations in full, reviews of the evidence they are based on, a summary of the guideline for people with borderline personality disorder and carers, and tools to support implementation (see inside back cover for more details).

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ISBN 1-84629-875-X

NICE clinical guidelines are recommendations about the treatment and care of people with specific diseases and conditions in the NHS in England and Wales.

This guidance represents the view of NICE, which was arrived at after careful consideration of the evidence available. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. However, the guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer, and informed by the summary of product characteristics of any drugs they are considering.

Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way that would be inconsistent with compliance with those duties.

Contents

Introduction

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.

Its course is variable and although many people recover over time, some people may continue to experience social and interpersonal difficulties.

This guideline makes recommendations for the treatment and management of borderline personality disorder[1] in adults and young people (under the age of 18) in primary, secondary and tertiary care.

Recommendations for young people are boxed in red

[1] The guideline also covers the treatment and management of people diagnosed with emotionally unstable personality disorder based on ICD-10 criteria.

Key priorities for implementation

Access to services

- People with borderline personality disorder should not be excluded from any health or social care service because of their diagnosis or because they have self-harmed.

Autonomy and choice

- Work in partnership with people with borderline personality disorder to develop their autonomy and promote choice by:
  - ensuring they remain actively involved in finding solutions to their problems, including during crises
  - encouraging them to consider the different treatment options and life choices available to them, and the consequences of the choices they make.

Developing an optimistic and trusting relationship

- When working with people with borderline personality disorder:
  - explore treatment options in an atmosphere of hope and optimism, explaining that recovery is possible and attainable
  - build a trusting relationship, work in an open, engaging and non-judgemental manner, and be consistent and reliable
  - bear in mind when providing services that many people will have experienced rejection, abuse and trauma, and encountered stigma often associated with self-harm and borderline personality disorder.

Managing endings and transitions

- Anticipate that withdrawal and ending of treatments or services, and transition from one service to another, may evoke strong emotions and reactions in people with borderline personality disorder. Ensure that:
  - such changes are discussed carefully beforehand with the person (and their family or carers if appropriate) and are structured and phased
  - the care plan supports effective collaboration with other care providers during endings and transitions, and includes the opportunity to access services in times of crisis
  - when referring a person for assessment in other services (including for psychological treatment), they are supported during the referral period and arrangements for support are agreed beforehand with them.

Assessment

- Community mental health services (community mental health teams, related community-based services, and tier 2/3 services in child and adolescent mental health services – CAMHS) should be responsible for the routine assessment, treatment and management of people with borderline personality disorder.

Care planning in community mental health teams

- Teams working with people with borderline personality disorder should develop comprehensive multidisciplinary care plans in collaboration with the service user (and their family or carers, where agreed with the person). The care plan should:
  - identify clearly the roles and responsibilities of all health and social care professionals involved
  - identify manageable short-term treatment aims and specify steps that the person and others might take to achieve them
  - identify long-term goals, including those relating to employment and occupation, that the person would like to achieve, which should underpin the overall long-term treatment strategy; these goals should be realistic, and linked to the short-term treatment aims
  - develop a crisis plan that identifies potential triggers that could lead to a crisis, specifies self-management strategies likely to be effective and establishes how to access services (including a list of support numbers for out-of-hours teams and crisis teams) when self-management strategies alone are not enough
  - be shared with the GP and the service user.

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 psychological 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 above.

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).

continued

Key priorities for implementation *continued*

The role of specialist personality disorder services within trusts

- 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 and should:
  - provide assessment and treatment services for people with borderline personality disorder who have particularly complex needs and/or high levels of risk
  - provide consultation and advice to primary and secondary care services
  - offer a diagnostic service when general psychiatric services are in doubt about the diagnosis and/or management of borderline personality disorder
  - develop systems of communication and protocols for information sharing among different services, including those in forensic settings, and collaborate with all relevant agencies within the local community including health, mental health and social services, the criminal justice system, CAMHS and relevant voluntary services
  - be able to provide and/or advise on social and psychological interventions, including access to peer support, and advise on the safe use of drug treatment in crises and for comorbidities and insomnia
  - work with CAMHS to develop local protocols to govern arrangements for the transition of young people from CAMHS to adult services
  - ensure that clear lines of communication between primary and secondary care are established and maintained
  - support, lead and participate in the local and national development of treatments for people with borderline personality disorder, including multi-centre research
  - oversee the implementation of this guideline
  - develop and provide training programmes on the diagnosis and management of borderline personality disorder and the implementation of this guideline
  - monitor the provision of services for minority ethnic groups to ensure equality of service delivery.

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).

Person-centred care

Treatment and care should take into account service users' individual needs and preferences. Good communication is essential, supported by evidence-based information, to allow service users to reach informed decisions about their care. Follow Department of Health advice on seeking consent if needed. If the service user agrees, families and carers should have the opportunity to be involved in decisions about treatment and care. If caring for young people in transition between paediatric and adult services refer to 'Transition: getting it right for young people' (available from www.dh.gov.uk).

Principles for working with people with borderline personality disorder

Access to services

People with borderline personality disorder should not be excluded from any health or social care service because of their diagnosis or because they have self-harmed.

Young people with a diagnosis of borderline personality disorder, or symptoms and behaviour that suggest it, should have access to the full range of treatments and services recommended in this guideline, but within CAMHS.

- Ensure that people with borderline personality disorder from black and minority ethnic groups have equal access to culturally appropriate services based on clinical need.
- When language is a barrier to accessing or engaging with services for people with borderline personality disorder, provide them with:
  - information in their preferred language and in an accessible format
  - psychological or other interventions in their preferred language
  - independent interpreters.

People with learning disabilities

- When a person with a mild learning disability presents with symptoms and behaviour that suggest borderline personality disorder, assessment and diagnosis should take place in consultation with a specialist in learning disabilities services.
- When a person with a mild learning disability has a diagnosis of borderline personality disorder, they should have access to the same services as other people with borderline personality disorder.
- When care planning for people with a mild learning disability and borderline personality disorder, follow the Care Programme Approach (CPA). Consider consulting a specialist in learning disabilities services when developing care plans and strategies for managing behaviour that challenges.
- People with a moderate or severe learning disability should not normally be diagnosed with borderline personality disorder. If they show behaviour and symptoms that suggest borderline personality disorder, refer for assessment and treatment by a specialist in learning disabilities services.

Autonomy and choice

- Work in partnership with people with borderline personality disorder to develop their autonomy and promote choice by:
  - ensuring they remain actively involved in finding solutions to their problems, including during crises
  - encouraging them to consider the different treatment options and life choices available to them, and the consequences of the choices they make.

Developing an optimistic and trusting relationship

- When working with people with borderline personality disorder:
  - explore treatment options in an atmosphere of hope and optimism, explaining that recovery is possible and attainable
  - build a trusting relationship, work in an open, engaging and non-judgemental manner, and be consistent and reliable
  - bear in mind when providing services that many people will have experienced rejection, abuse and trauma, and encountered stigma often associated with self-harm and borderline personality disorder.

Involving families or carers

- Ask directly whether the person with borderline personality disorder wants their family or carers to be involved in their care, and, subject to the person's consent and rights to confidentiality:
  - encourage family or carers to be involved
  - ensure that the involvement of families or carers does not lead to withdrawal of, or lack of access to, services
  - inform families or carers about local support groups for families or carers, if these exist.

CAMHS professionals working with young people with borderline personality disorder should:

- balance the developing autonomy and capacity of the young person with the responsibilities of parents or carers
- be familiar with the legal framework that applies to young people, including the Mental Capacity Act, the Children Acts and the Mental Health Act.

Principles for assessment

- During assessment:
  - explain clearly the process of assessment
  - use non-technical language whenever possible
  - explain the diagnosis and the use and meaning of the term borderline personality disorder
  - offer post-assessment support, particularly if sensitive issues, such as childhood trauma, have been discussed.

Managing endings and supporting transitions

- Anticipate that withdrawal and ending of treatments or services, and transition from one service to another, may evoke strong emotions and reactions in people with borderline personality disorder. Ensure that:
  - such changes are discussed carefully beforehand with the person (and their family or carers if appropriate) and are structured and phased
  - the care plan supports effective collaboration with other care providers during endings and transitions, and includes the opportunity to access services in times of crisis
  - when referring a person for assessment in other services (including for psychological treatment), they are supported during the referral period and arrangements for support are agreed beforehand with them.

CAMHS and adult healthcare professionals should work collaboratively to minimise any potential negative effect of transferring young people from CAMHS to adult services. They should:

- time the transfer to suit the young person, even if it takes place after they have reached the age of 18 years
- continue treatment in CAMHS beyond 18 years if there is a realistic possibility that this may avoid the need for referral to adult mental health services.

Managing self-harm and attempted suicide

- Follow the recommendations in 'Self-harm' (NICE clinical guideline 16) to manage episodes of self-harm or attempted suicide.

Training, supervision and support

- Mental health professionals working in secondary care services, including community-based services and teams, CAMHS and inpatient services, should be trained to diagnose borderline personality disorder, assess risk and need, and provide treatment and management in accordance with this guideline. Training should also be provided for primary care healthcare professionals who have significant involvement in the assessment and early treatment of people with borderline personality disorder. Training should be provided by specialist personality disorder teams based in mental health trusts (see page 18).
- Mental health professionals working with people with borderline personality disorder should have routine access to supervision and staff support.

Recognising and managing borderline personality disorder in primary care

Recognition

- If a person presents in primary care who has repeatedly self-harmed or shown persistent risk-taking behaviour or marked emotional instability, consider referring them to community mental health services for assessment for borderline personality disorder.

If the person is younger than 18 years, refer them to CAMHS for assessment.

Crisis management

- When a person with an established diagnosis of borderline personality disorder presents to primary care in a crisis:
  - assess the current level of risk to self or others
  - ask about previous episodes and effective management strategies used in the past
  - help to manage their anxiety by enhancing coping skills and helping them to focus on the current problems
  - encourage them to identify manageable changes that will enable them to deal with the current problems
  - offer a follow-up appointment at an agreed time.

Referral to community mental health services

- Consider referring a person with diagnosed or suspected borderline personality disorder who is in crisis to a community mental health service when:
  - their levels of distress and/or the risk of harm to self or others are increasing
  - their levels of distress and/or the risk of harm to self or others have not subsided despite attempts to reduce anxiety and improve coping skills
  - they request further help from specialist services.

Assessment and management by community mental health services

Assessment

Community mental health services (for adult services and CAMHS) should be responsible for the routine assessment, treatment and management of people with borderline personality disorder.

- Fully assess the person's:
  - psychosocial and occupational functioning, coping strategies, strengths and vulnerabilities
  - comorbid mental disorders and social problems
  - the need for psychological treatment, social care and support, and occupational rehabilitation or development
  - the needs of any dependent children.[2]

Care planning

- Teams working with people with borderline personality disorder should develop comprehensive multidisciplinary care plans in collaboration with the service user (and their family or carers, where agreed with the person). The care plan should:
  - identify clearly the roles and responsibilities of all health and social care professionals involved
  - identify manageable short-term treatment aims and specify steps that the person and others might take to achieve them
  - identify long-term goals, including those relating to employment and occupation, that the person would like to achieve, which should underpin the overall long-term treatment strategy; these goals should be realistic, and linked to the short-term treatment aims
  - develop a crisis plan that identifies potential triggers that could lead to a crisis, specifies self-management strategies likely to be effective and establishes how to access services (including a list of support numbers for out-of-hours teams and crisis teams) when self-management strategies alone are not enough
  - be shared with the GP and the service user.
- Use the CPA when people are routinely or frequently in contact with more than one secondary care service. It is particularly important if there are communication difficulties between the service user and healthcare professionals, or between healthcare professionals.

[2] See the May 2008 Social Care Institute for Excellence research briefing 'Experiences of children and young people caring for a parent with a mental health problem'. Available from www.scie.org.uk/publications/briefings/files/briefing24.pdf

Risk assessment and management

- Risk assessment in people with borderline personality disorder should:
  - take place as part of a full assessment of the person's needs
  - differentiate between long-term and more immediate risks
  - identify the risks posed to self and others, including the welfare of any dependent children.
- Agree explicitly the risks being assessed with the person and develop collaboratively risk management plans that:
  - address both the long-term and more immediate risks
  - relate to the overall long-term treatment strategy
  - take account of changes in personal relationships, including the therapeutic relationship.
- When managing the risks posed by people with borderline personality disorder in a community mental health service, risks should be managed by the whole multidisciplinary team with good supervision arrangements, especially for less experienced team members. Be particularly cautious when:
  - evaluating risk if the person is not well known to the team
  - there have been frequent suicidal crises.
- Teams working with people with borderline personality disorder should review regularly the team members' tolerance and sensitivity to people who pose a risk to themselves and others. This should be reviewed annually (or more frequently if a team is regularly working with people with high levels of risk).

Providing information about treatment

- Before offering any treatment for a person with borderline personality disorder or for a comorbid condition:
  - provide written material about the treatment being considered
  - consider offering alternative means of presenting the information, such as video or DVD, for people who have reading difficulties
  - give them the opportunity to discuss this information including the evidence for the effectiveness and potential harm of the treatment so that they can make an informed choice.

Psychological treatment

When considering a psychological treatment

- Take into account:
  - the choice and preference of the service user
  - the degree of impairment and severity of the disorder
  - the person's willingness to engage with therapy and their motivation to change
  - the person's ability to remain within the boundaries of a therapeutic relationship
  - the availability of personal and professional support.

When providing psychological treatment

- Ensure that the following service characteristics are in place, especially for people with multiple comorbidities and/or severe impairment:
  - an explicit and integrated theoretical approach used by both treatment team and therapist and shared with the service user
  - structured care in accordance with this guideline
  - provision for therapist supervision.
- Consider twice-weekly psychotherapy sessions, although the frequency should be adapted to the person's needs and context of living.
- Do not use brief psychological 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 above.

- For women with borderline personality disorder for whom reducing recurrent self-harm is a priority, consider a comprehensive dialectical behaviour therapy programme.
- Use the CPA to clarify the roles of different services, professionals providing psychological treatment and other healthcare professionals when providing psychological treatment as a specific intervention in a person's overall treatment and care.
- Monitor the effect of treatment on a broad range of outcomes, including personal functioning, drug and alcohol use, self-harm, depression and the symptoms of borderline personality disorder.

The role of drug treatment

Do not use:

- drug treatment 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)
- antipsychotic drugs for the medium- and long-term treatment of borderline personality disorder.

- Consider drug treatment in the overall treatment of comorbid conditions (see page 14).
- Consider cautiously short-term use of sedative medication as part of the overall treatment plan for people with borderline personality disorder in a crisis (see page 15). Agree the duration of treatment with them, but it should be no longer than 1 week.[3]
- Review the treatment of those who do not have a diagnosed comorbid mental or physical illness and who are currently being prescribed drugs. Aim to reduce and stop unnecessary drug treatment.

[3] Sedative antihistamines are not licensed for this indication and informed consent should be obtained and documented.

Managing comorbidities

- Before starting treatment for a comorbid condition in people with borderline personality disorder, review:
  - the diagnosis of borderline personality disorder and that of the comorbid condition, especially if either diagnosis has been made during a crisis or emergency presentation
  - the effectiveness and tolerability of previous and current treatments; discontinue ineffective treatments.

Comorbidity	Management
Depression, post-traumatic stress disorder, anxiety	• Treat within a well-structured treatment programme for borderline personality disorder.
Major psychosis, dependence on alcohol or Class A drugs, severe eating disorder	• Refer people to an appropriate service. • The care coordinator should keep in contact with people being treated for the comorbid condition so that they can continue with treatment for borderline personality disorder when appropriate.

- When treating a comorbid condition in people with borderline personality disorder follow the NICE clinical guideline for the comorbid condition.

The management of insomnia

- Provide people with borderline personality disorder who have sleep problems with general advice about sleep hygiene, including having a bedtime routine, avoiding caffeine, reducing activities likely to defer sleep, and employing activities that may encourage sleep.
- For the further short-term management of insomnia follow the recommendations in 'Guidance on the use of zaleplon, zolpidem and zopiclone for the short-term management of insomnia' (NICE technology appraisal guidance 77). However, be aware of the potential for misuse of many of the drugs used for insomnia and consider other drugs such as sedative antihistamines.

Managing crises

Principles for managing crises

- Consult the crisis plan and:
  - Maintain a calm and non-threatening attitude.
  - Try to understand the crisis from the person's point of view.
  - Explore the person's reasons for distress.
  - Use empathic open questioning, including validating statements, to identify the onset and the course of the current problems.
  - Seek to stimulate reflection about solutions.
  - Avoid minimising the person's stated reasons for the crisis.
  - Wait for full clarification of the problems before offering solutions.
  - Explore other options before considering admission to a crisis unit or inpatient admission.
  - Offer appropriate follow-up within a timeframe agreed with the person.

Drug treatment during crises

Short-term drug treatments may be considered for people with borderline personality disorder during a crisis.

- Before starting short-term drug treatments:
  - Ensure that there is consensus among prescribers and other involved professionals about the drug used and that the primary prescriber is identified.
  - Establish likely risks of prescribing, including alcohol and illicit drug use.
  - Take account of the psychological role of prescribing (both for the individual and for the prescriber) and the impact that prescribing decisions may have on the therapeutic relationship and the overall care plan, including long-term treatment strategies.
  - Ensure that a drug is not used in place of other more appropriate interventions.
  - Use a single drug.
  - Avoid polypharmacy whenever possible.
- When prescribing:
  - Choose a drug (such as a sedative antihistamine) that has a low side-effect profile, low addictive properties, minimum potential for misuse and relative safety in overdose.
  - Use the minimum effective dose.
  - Prescribe fewer tablets more frequently if there is a significant risk of overdose.
  - Agree with the person the target symptoms, monitoring arrangements and anticipated duration of treatment.
  - Agree a plan for adherence.
  - Discontinue the drug after a trial period if the target symptoms do not improve.
  - Consider alternative treatments, including psychological treatments, if target symptoms or level of risk do not improve.
  - Arrange an appointment to review the overall care plan, including pharmacological and other treatments, after the crisis has subsided.

Follow-up after a crisis

- After a crisis has resolved or subsided, ensure that crisis plans, and if necessary the overall care plan, are updated as soon as possible to reflect current concerns and identify which treatment strategies have proved helpful. This should be done in conjunction with the person with borderline personality disorder and their family or carers if possible, and should include:
  - a review of the crisis and its antecedents, taking into account environmental, personal and relationship factors
  - a review of drug treatment, including benefits, side effects, any safety concerns and role in the overall treatment strategy
  - a plan to stop drug treatment begun during a crisis, usually within 1 week
  - a review of psychological treatments, including their role in the overall treatment strategy and their possible role in precipitating the crisis.
- If drug treatment started during a crisis cannot be stopped within 1 week, review regularly to monitor effectiveness, side effects, misuse and dependency. Agree frequency of the review with the person and record it in the overall care plan.

Discharge to primary care

When discharging a person from secondary care to primary care, discuss the process with them and, whenever possible, their family or carers beforehand. Agree a care plan that specifies the steps they can take to try to manage their distress, how to cope with future crises and how to re-engage with community mental health services if needed. Inform the GP.

Inpatient services

- Before considering admission to an acute psychiatric inpatient unit for a person with borderline personality disorder, first refer them to a crisis resolution and home treatment team or other locally available alternative to admission.
- Only consider admission to an acute psychiatric inpatient unit for:
  - the management of crises involving significant risk to self or others that cannot be managed within other services, or
  - detention under the Mental Health Act (for any reason).
- When considering inpatient care, actively involve the person in the decision and:
  - ensure the decision is based on an explicit, joint understanding of the potential benefits and likely harm that may result from admission
  - agree the length and purpose of the admission in advance
  - ensure that when, in extreme circumstances, compulsory treatment is used, management on a voluntary basis is resumed at the earliest opportunity.
- Arrange a formal CPA review for people who have been admitted twice or more in the previous 6 months.

NHS trusts providing CAMHS should ensure that young people with severe borderline personality disorder have access to tier 4 specialist services if required, which may include:

- inpatient treatment tailored to the needs of young people with borderline personality disorder
- specialist outpatient programmes
- home treatment teams.

Organising and planning services

The role of specialist personality disorder services within trusts

- 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 and should:
  - provide assessment and treatment services for people with borderline personality disorder who have particularly complex needs and/or high levels of risk
  - provide consultation and advice to primary and secondary care services
  - offer a diagnostic service when general psychiatric services are in doubt about the diagnosis and/or management of borderline personality disorder
  - develop systems of communication and protocols for information sharing among different services, including those in forensic settings, and collaborate with all relevant agencies within the local community including health, mental health and social services, the criminal justice system, CAMHS and relevant voluntary services
  - be able to provide and/or advise on social and psychological interventions, including access to peer support, and advise on the safe use of drug treatment in crises and for comorbidities and insomnia
  - work with CAMHS to develop local protocols to govern arrangements for the transition of young people from CAMHS to adult services
  - ensure that clear lines of communication between primary and secondary care are established and maintained
  - support, lead and participate in the local and national development of treatments for people with borderline personality disorder, including multi-centre research
  - oversee the implementation of this guideline
  - develop and provide training programmes on the diagnosis and management of borderline personality disorder and the implementation of this guideline
  - monitor the provision of services for minority ethnic groups to ensure equality of service delivery.

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).

- Specialist teams should develop and provide training programmes that cover the diagnosis and management of borderline personality disorder and the implementation of this guideline for general mental health, social care, forensic and primary care providers and other professionals who have contact with people with borderline personality disorder. The programmes should also address problems around stigma and discrimination as these apply to people with borderline personality disorder.
- Specialist personality disorder services should involve people with personality disorders and families or carers in planning service developments, and in developing information about services. With appropriate training and support, people with personality disorders may also provide services, such as training for professionals, education for service users and families or carers, and facilitating peer support groups.

Implementation tools

NICE has developed tools to help organisations implement this guidance (listed below). These are available on our website (www.nice.org.uk/CG78).

- Slides highlighting key messages for local discussion.
- Audit support for monitoring local practice.
- Costing tools:
  - costing report to estimate the national savings and costs associated with implementation.

Further information

Ordering information

You can download the following documents from www.nice.org.uk/CG78

- The NICE guideline – all the recommendations.
- A quick reference guide (this document) – a summary of the recommendations for healthcare professionals.
- 'Understanding NICE guidance' – a summary for patients and carers.
- The full guideline – all the recommendations, details of how they were developed, and reviews of the evidence they were based on.

For printed copies of the quick reference guide or 'Understanding NICE guidance', phone NICE publications on 0845 003 7783 or email publications@nice.org.uk and quote:

- N1765 (quick reference guide)
- N1766 ('Understanding NICE guidance').

Related NICE guidance

For information about NICE guidance that has been issued or is in development, see www.nice.org.uk

Published

Antisocial personality disorder. NICE clinical guideline 77 (2009). Available from www.nice.org.uk/CG77

Anxiety (amended). NICE clinical guideline 22 (2007). Available from www.nice.org.uk/CG22

Depression (amended). NICE clinical guideline 23 (2007). Available from www.nice.org.uk/CG23

Drug misuse: opioid detoxification. NICE clinical guideline 52 (2007). Available from www.nice.org.uk/CG52

Drug misuse: psychosocial interventions. NICE clinical guideline 51 (2007). Available from www.nice.org.uk/CG51

Bipolar disorder. NICE clinical guideline 38 (2006). Available from www.nice.org.uk/CG38

Obsessive-compulsive disorder. NICE clinical guideline 31 (2005). Available from www.nice.org.uk/CG31

Post-traumatic stress disorder (PTSD). NICE clinical guideline 26 (2005). Available from www.nice.org.uk/CG26

Violence. NICE clinical guideline 25 (2005). Available from www.nice.org.uk/CG25

Eating disorders. NICE clinical guideline 9 (2004). Available from www.nice.org.uk/CG9

Self-harm. NICE clinical guideline 16 (2004). Available from www.nice.org.uk/CG16

Zaleplon, zolpidem and zopiclone for the short-term management of insomnia. NICE technology appraisal guidance 77 (2004). Available from www.nice.org.uk/TA77

Schizophrenia. NICE clinical guideline 1 (2002). Available from www.nice.org.uk/CG1

Under development

Alcohol dependence and harmful alcohol use: diagnosis and management in young people and adults. NICE clinical guideline (publication expected March 2011).

Updating the guideline

This guideline will be updated as needed, and information about the progress of any update will be available at www.nice.org.uk/CG78

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N1765 1P 75k Jan 09

ISBN 1-84629-875-X