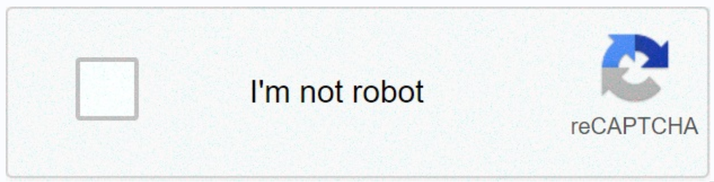

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The guardian borderline personality disorder

I was suicidal every day for two months, says Ali Strick. It affects my whole life, every moment of every day, the way I communicate with everyone. Strick, who runs a local mental health organization Arts Sisterhood, has Borderline Personality Disorder (BPD), which characterizes emotional instability, cognitive distortions, impulsive behavior and intense, often unstable, relationships with others. Around seven in every 1,000 people in the UK have BPD, according to a 2006 study. Living with BPD can be difficult. Many people with her are terrified of leaving and can go to extremes to avoid it, or they can have intense mood swings, often swinging from one extreme to the other in a matter of hours. Others take risks or are inflicted, and many have suicidal thoughts. If I'm happy about something that other people might consider smaller, I could be euphoric; If I'm sad about something smaller, it might feel like my world is ending, Strick says. This emotional instability leads to some people self-harming or abusing drugs and alcohol to cope. One in 10 people diagnosed with BPD kill each other. Recently, a suicidal teenager with a personality disorder made headlines after a senior judge said a decision to discharge her due to a lack of beds would leave blood on our hands. Wendy Burn, president of the Royal College of Psychiatrists, said the case proved that we urgently need to come up with a national strategy to support people with personality disorders from adolescence to adulthood. While this case may seem extreme, others believe it points to problems in providing care to those with personality disorders. A 2017 study on services for personality disorders in England found that 84% of trusts provided a specialist service. However, only 55% of organisations reported that patients had equal access to these dedicated services in all localities. The report concludes that there is still variability in the availability of services and states that it is unclear whether the quality of care has improved. While services do exist, a 2006 study suggested that fewer people diagnosed made contact with psychiatric services compared to those with conditions like depression or schizophrenia, and their likelihood of withdrawing from treatment was significantly higher. Since 2010, there has been a drastic reduction in resources to treat the condition, according to Dr Mark Salter, consultant in adult general psychiatry, although, he says, there is a growing body of evidence that individual and group therapy, carefully and patiently carried out by trained individuals, can make significant, lasting improvements in more than half of cases. Keir Harding, and dialectical behavioral therapist (DBT), agrees. Harding worked for almost 10 years in specialist services for people with personality disorders and founded the consulting firm Beam to fill the service gap. In a 2003 report, The New York Times reported that 100,000 People's The beautiful guidelines were published in 2009. What other group could say it doesn't cure? Harding says he is concerned that trusts that choose not to deliver specialist provisions in the community either do not offer to help people or privatise their treatment by sending them to private providers for mandatory treatment miles from home. For many people, it may seem impossible to even get a diagnosis. GPs often fail to spot personality disorders. GPs, positioned as they are on the front line of care in the UK, have little understanding of BPD, although they see most of it, salter says. I struggled to get diagnosed for two years, tilly grove says. Grove, a 24-year-old journalist, was initially told she had BPD traits during a psychotherapy evaluation, but never had a full assessment for BPD. During psychotherapy, Grove began to think that BPD might be the source of her problems. Her therapist disagreed, deeming such a diagnosis helpless. Her GP scoffed. Grove says: 'I don't think you would even meet the criteria' for it, despite no one ever evaluating me for [BPD] - and, in fact, I meet them all. Grove was considered manipulative and attention, not ill, because of her frequent episodes of self-harm and suicidal ideas. Strick had a similar experience. One GP told me I wasn't sick, I was just a bad person; the other two didn't know what BPD was and asked me to explain it to them, which I found shocking, she says. I feel like there's just a profound lack of care and understanding about BPD. Grove's diagnosis came years later. It was only after seeing my new GP, who looked at my records and identified that my problems were not with depression but with mood, that I was finally referred to the service that diagnosed me with BPD and referred me to a specialist service. Up until that point, she had attempted suicide twice. However, a successful diagnosis is not the end of the line, and problems continue in specialist services. Although Grove is now on track to receive dialectical behavioral therapy, which has proven effective for BPD, she was shocked when she was told there was a chance she would not qualify because she had not self-harmed for a short time. Harding believes services need to be reorganise to meet demand. We have to keep a workplace where people can think, he says. This means staff are not inundated with numbers on their number of cases and there is room to reflect on the impact of the job. In the NHS, action is valued far more than thought. But acting without thinking costs a lot in the long run. Strick says: Having this disease sometimes seems like a curse. It can be very sad. But there's actually a lot of positives to it. I'm loving, caring and thoughtful, I stand up for people, I care a lot. The fact that we have to be comforted with these intense, sometimes life-destroying, symptoms every day and knowing that they never leave... it is a strength that many mentally healthy people could never truly understand. In the UK, Samaritans can be contacted on 116 123. In the U.S., National Suicide Prevention Lifeline is 1-800-273-8255. In Australia, lifeline's crisis support service is 13 11 14. Other international suicide helplines can be found www.befrienders.org. Join the Healthcare Professionals Network to read more of these parts. And follow us on Twitter (@GdnHealthcare) to keep up with the latest health care news and views. If you're looking for a job in healthcare or need to hire staff, visit Guardian Jobs. I work for the NHS as a practitioner of psychological wellbeing. I like him. I want to give something back and help others because in my early 20s I was diagnosed with borderline personality disorder (BPD), one of the most stigmatized mental health conditions. BPD sufferers are often described as manipulative, violent, attention-oriented and impossible to treat. The label itself is a problem, it seems to suggest that one's personality, who they are, is itself unedited. Growing up in an invalid environment or prolonged trauma in your early years doesn't mean you're incurable. Offered the right treatment, those who are diagnosed with personality disorders may get better. I grew up in a house plagued by domestic violence. When I was 15, I was in a sexually and emotionally abusive relationship. When I was 18, I left him and ran him for a year in college. Then my mental health deteriorated significantly. Intense emotions arose, seemingly out of nowhere, and kept me in a state of intense fear and hopelessness. I felt like my body was about to explode and my terror and shame would kill me. To deal with self-harm or overdose; these were rarely life-threatening, more an act of desperation in not knowing how to deal with my suffering and the empty emptiness in my chest that was unbearably painful. The depths of hopeless despair are hard to convey with words. Trips to A&E often happened. I've often been treated as a nuisance. Some employees were very kind, but overall I had a shocking lack of compassion, an experience shared by many. I've been sent away for five years. mental health professionally to another. These appointments were several months apart, often less than half an hour, and I was not offered any treatment. They asked me to take off my clothes, and my sister called me fat. I was told I was a silly little girl and I was an incurable, hopeless case. After my mom asked for help for me, I was eventually offered dialectical behavioral therapy (DBT), designed to treat BPD. I still don't know why the decision was made to refer me. BPD was never mentioned. I think it could easily have been a happy guess. Anyone diagnosed with personality disorders deserves access to appropriate treatment. Nice recommends that NHS trusts should have multidisciplinary specialist teams to provide pooled services, psychological interventions and peer support for personality disorders. However, access to the team is a postcode lottery. When they are not available, the most likely result is a drop in the gap between primary and secondary care and receiving nothing. Alternatively, you may be offered short-term therapy or medications. Steps are being taken to bridge this gap, recovery colleges being introduced are a step in the right direction but are not replacing specialized services. People with personality disorders are often the most vulnerable in society, but providing adequate treatment is not cheap or easy. However, helping people stay well would reduce significant financial costs for social services, the health system and wider society. I will forever be grateful to the NHS because DBT saved me and completely changed my life. I will always struggle with the consequences of trauma, but I am able to manage my life and emotions, my suffering is significantly reduced. Mental health issues continue to carry stigma, and personality disorders are even more stigmatised, both within the general public and mental health services. I love working for the NHS and I'm happy to be in a fantastic service that offers excellent oversight and support. However, I'm selective in what I

say at work. Several people said it was a career death sentence. Furthermore, I feel that it can be assumed that I could cause harm. Who would trust a manipulative, violent, attention-seeking person to provide decent, useful care? But I feel that my lived experience of suffering, mental health and therapy makes me a more compassionate clinician. No patient has complained and I fire people every week who have benefited. No one can ever fully understand someone else's unique experience of suffering, but I can relate and that puts me in a position to empathize, validate and have a non-judged relationship with my patients, so we can work together to help them feel better. We have to keep breaking down barriers, us and them. We all suffer sometimes, there is no division between patients and normal specialists. If you want to write a blog post for views from the NHS front, read our guidelines and get in touch by emailing healthcare@theguardian.com.Join our network to read more parts like this. And follow us on Twitter (@GdnHealthcare) to keep up with the latest health care news and views. Views.

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