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BMHP6029

**Psychopathological Classifications and Provisions
Component**

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No AI was used in this report.



BORDERLINE PERSONALITY DISORDER (BPD)

Personality Disorder with Borderline Pattern (6D11.5, ICD-11)

Women are diagnosed more frequently, although research suggests that BPD affects men and women equally (Paris, 2018).



Approximately 1–2% of the general population are estimated to have BPD, although prevalence may reach 20% among psychiatric inpatients (NICE, 2009).

INTRODUCTION

According to ICD-11, Borderline Personality Disorder is characterised by instability in interpersonal relationships, self-image, affect regulation and impulsivity, often associated with fears of abandonment and recurrent self-harm. It is a mental health condition that affects emotions and behaviour. Although once misunderstood and highly stigmatised, BPD is treatable through supportive, person-centred care and evidence-based therapies. Contemporary services increasingly focus on psychological therapies, recovery and collaborative care (WHO, 2022).



CAUSES (MULTI-FACTORIAL)

Research suggests a combination of:

- Childhood trauma and abuse
- Emotional neglect
- Genetic vulnerability
- Environmental stressors
- Attachment difficulties
- Adverse childhood experiences (ACEs) (Porter et al., 2020)

The biopsychosocial model suggests that biological and social factors interact to increase vulnerability (NICE, 2009).



SYMPTOMS INCLUDE:

- Impulsivity
- Emotional instability
- Fear of abandonment
- Anger and irritability
- Dissociation during stress
- Chronic feelings of emptiness
- Intense and unstable relationships
- Self-harm and suicidal behaviour
- Identity disturbance (WHO, 2022)



DIAGNOSIS INCLUDES:

- Psychiatric assessment
- Clinical interview
- History of symptoms
- ICD-11 criteria
- Evaluation of risk and health condition



The diagnosis should be undertaken by specialist mental health professionals (NICE, 2009).

HISTORICAL PERSPECTIVES AND TREATMENTS

People with BPD were labelled as "difficult", "untreatable", and often faced stigma, discrimination, and repeated hospital admissions. During the twentieth century, psychoanalytic theories dominated understanding, and many professionals viewed patients negatively (Paris, 2018).



Current understanding recognises BPD as a complex but treatable mental health condition, often linked to trauma and adverse childhood experiences. Nowadays approaches emphasise compassion, recovery and therapeutic relationships (NHS England, 2019).



CURRENT SERVICES AND TREATMENTS

- Psychological Therapies:
- ✓ Dialectical Behaviour Therapy (DBT)
 - ✓ Mentalisation-Based Therapy (MBT)
 - ✓ Cognitive Behaviour Therapy (CBT)
 - ✓ Schema Therapy
- NHS Services:
- ✓ Community Mental Health Teams
 - ✓ Crisis Resolution Teams
 - ✓ Personality Disorder Services
 - ✓ Psychological Therapy Services



Medication is used to manage symptoms rather than cure BPD (NICE, 2009).

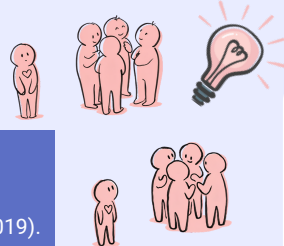
People with BPD frequently experience: Stigma from healthcare professionals, misunderstanding and negative labelling, difficulty accessing specialist services, social exclusion, higher rates of unemployment, increased suicide risk, trauma-informed and person-centred care are essential to reduce inequalities (Bohus et al., 2021).



Childhood adversity and deprivation increase risk; Social exclusion and unemployment are common; Stigma contributes to delayed treatment.

Mental Health Act 1983 (amended 2007); Equality Act 2010; NHS Long Term Plan (2019); Community Mental Health Framework (NHS England, 2019).

Cultural beliefs influence symptom expression; Women are diagnosed more frequently, raising concerns regarding gender bias; Ethnic minorities may face barriers to accessing services (Ronningstam, 2018).



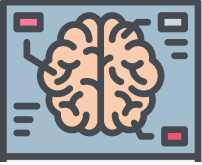
RECOMMENDATIONS

Increase access to specialist personality disorder services; Reduce stigma through professional education; Promote trauma-informed care; Improve early intervention; Strengthen community support; Increase culturally sensitive care; Promote co-production with service users.



CONCLUSIONS

Although stigma remains a significant challenge, Borderline Personality Disorder is now recognised as treatable. Modern approaches that focus on psychological therapies, recovery, and person-centred care have improved outcomes. Future services should prioritise trauma-informed practice, equality, and access to specialist support.



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