

# Borderline personality disorder (BPD)

This factsheet has information on borderline personality disorder (BPD), including symptoms, causes, and treatments. This information is for people affected by BPD in England who are 18 or over. It's also for their loved ones and carers and anyone interested in this subject.

## Key Points.

- BPD means that you feel strong emotions that you find challenging. It can affect your mood and how you interact with others.
- Around 1 in 100 people live with BPD.
- There are different reasons why people develop BPD. A lot of people who live with a diagnosis of BPD have had traumatic experiences in their childhood.
- If you are someone living with a diagnosis of BPD, it is more likely that you will self-harm. And have challenges with relationships, alcohol, or drugs.
- There is help available. There are different ways to treat BPD, including different therapies.

### This factsheet covers:

1. [What is borderline personality disorder \(BPD\)?](#)
2. [What are the symptoms of BPD?](#)
3. [What causes borderline personality disorder \(BPD\)?](#)
4. [How can I get help if I think I have BPD?](#)
5. [What care and treatment should the NHS offer me?](#)
6. [What treatment should I get if I am in crisis?](#)
7. [What risks and complications can BPD cause?](#)
8. [What if I am not happy with my care or treatment?](#)
9. [What can I do to help manage my symptoms?](#)
10. [Information for carers, friends and relatives](#)

**Note: Why do we use the name ‘borderline personality disorder (BPD)’ in this factsheet?’**

We know that some people don’t like the name borderline personality disorder (BPD). Some people prefer the alternatives of emotionally unstable personality disorder (EUPD) or emotional intensity disorder (EID). But some people don’t like those names either. But we appreciate that all 3 names can be controversial.

We continue to use borderline personality disorder for 2 main reasons:

- It’s still the most used name. We want as many people as possible to be able to find our information on the internet, so they can use it to help them.
- Borderline personality disorder is still the main term used by the medical profession. Both the NHS and the DSM<sup>1</sup> use the term. The DSM is the Diagnostic and Statistical Manual of Mental Disorders. It is one of the main reference books that professionals use to diagnose mental health conditions. You can access the NHS’s information on BPD here: [www.nhs.uk/mental-health/conditions/borderline-personality-disorder/overview](http://www.nhs.uk/mental-health/conditions/borderline-personality-disorder/overview)

We regularly review all our information. We’ll reconsider our use of term borderline personality disorder as things develop.

[Top](#)

## **1. What is borderline personality disorder (BPD)?**

Borderline personality disorder (BPD) is the most common type of personality disorder.<sup>2</sup>

If you live with a personality disorder, you think, feel, behave, or relate to others differently than the average person.<sup>3</sup>

BPD affects your mood and how you interact with others.<sup>4</sup>

BPD can lead to:<sup>5</sup>

- your emotions being less stable than the average person,
- disturbed patterns of thinking,
- impulsive behaviour, and
- intense but unstable relationships with others.

Also, you might experience quick swings between periods of confidence to despair. With fear of being abandoned and rejection.<sup>6</sup>

The extent of problems with emotions and behaviour experienced by people with BPD can vary a lot. You might be able to do things like work and have long term relationships. But you might find these things hard, and you might experience very high levels of emotional distress.<sup>7</sup>

Some people who live with BPD can: <sup>8</sup>

- have repeated crises, which can involve self-harm and impulsive aggression, and
- be frequent users of mental health and acute hospital emergency services.

Many people who live with BPD can also experience other mental health problems and alcohol or drug issues.<sup>9</sup> Also, many self-harm<sup>10</sup> and experience suicidal thoughts.<sup>11</sup>

Over time, with treatment many people with BPD overcome their symptoms and recover.<sup>12</sup> Recovery means different things to different people.

You can find more information about '**Recovery and mental illness**' at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

### **How many people live with borderline personality disorder?**

Research shows that around 1 in 100 people live with BPD and it is most common in early adulthood.<sup>13</sup>

It seems to affect men and women equally, but women are more likely to have a diagnosis of BPD. This may be because men are less likely to ask for help.<sup>14</sup>

### **Why don't some people like the term 'borderline personality disorder'?**

The name borderline personality disorder was originally used for the condition. This is because it was thought that people who experienced it are on the borderline between psychosis and neurosis.<sup>15</sup>

The name for the condition is still commonly used even though thinking has moved on. Many think people think things like:

- it doesn't describe the condition well,<sup>16</sup>
- it's more harmful than helpful,<sup>17</sup> and
- it's very judgmental and makes it sound like your personality is disordered or there's something wrong with it.

Many people prefer the names below or others:

- emotionally unstable personality disorder (EUPD), and
- emotional intensity disorder (EID).

See the [note](#) above that explains why we use the term name borderline personality disorder (BPD) in this factsheet.

Some people find it helpful to get a diagnosis of BPD, even if they don't like the term. This is because a diagnosis can help them make sense of

how they feel and how they behave. And can lead to the right treatment and care.

[Top](#)

## 2. What are the symptoms of BPD?

Everyone will experience borderline personality disorder (BPD) differently. If you live with BPD, you may have difficulties with:<sup>18,19</sup>

- Being impulsive, meaning that you like to do things on the spur of the moment
- Feeling bad about yourself
- Controlling your emotions
- Self-harming
- Suicidal thoughts and attempts to take your own life
- Feeling 'empty'
- Dissociation. This could be a feeling of being disconnected from your own body. Or feeling disconnected from the world around you.
- Identity confusion. You might not have a sense of who you are
- Feeling paranoid or depressed
- Hearing voices or noises
- Intense but unstable relationships
- Quick swings between periods of confidence to despair, with fear of being abandoned and rejection<sup>20</sup>
- Disturbed patterns of thinking<sup>21</sup>

Not everyone will experience all these symptoms and people can experience these symptoms differently.

### Sam's story

On a bad day, my distress levels go through the roof. I feel unloved, empty and helpless. I feel worse when my partner goes out to see friends, which makes me feel like they don't care about me. At times I hate everyone and everything.

Many people who live with BPD can also experience:<sup>22</sup>

- other mental health problems such as depression, anxiety, eating disorders or post-traumatic stress disorder (PTSD), and
- alcohol or drug issues.

You can find more information about:

- Personality disorders
- Dissociation and dissociative disorders
- Hearing voices
- Self-harm
- Suicidal thoughts – How to cope
- Anxiety disorders

- Depression
- Post-traumatic stress disorder (PTSD)
- Drugs, alcohol, and mental health

at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

### **Can there be difficulties with getting a diagnosis for BPD?**

Some of the symptoms of BPD are similar to those of other mental health conditions such as:<sup>23</sup>

- complex post-traumatic stress disorder (PTSD), and
- bipolar disorder.

Many people who live with BPD can also experience other mental health problems.

[Section 3](#) of this factsheet explains that the causes of BPD can be complex.

For the reasons above and others, it can sometimes be hard for psychiatrists to diagnose BPD to begin with.

You might think your symptoms mean that you are living with BPD. But you might be diagnosed with another condition. You can discuss this with your mental health professional or ask for a second opinion. See [section 8](#) of this factsheet for more information.

[Top](#)

### **3. What causes borderline personality disorder (BPD)?<sup>24</sup>**

There's no single reason why some people develop BPD. Professionals can't use things like blood tests or brain scans to help diagnose people.

The NHS say it is thought that BPD may be caused by a number of factors:

- **Genetics** – you may be more vulnerable to BPD if a close family member also lives with it. However, there is no evidence of a particular gene being responsible for BPD.
- **Brain development** – some studies show many people who live with BPD have smaller, or more active, parts of their brain. The development of these parts of the brain are affected by your early upbringing. And can affect the regulation of your emotions, behaviour and self-control. They can also affect your planning and decision-making.
- **Trauma or extreme stress** including:
  - experiencing emotional, physical, or sexual abuse,
  - experiencing long-term fear or distress as a child,
  - being neglected by one, or both, of your parents or care-givers as a child, and

- growing up with a family member who had a serious mental health condition or a problem with alcohol or drugs.

For more information see here: [www.nhs.uk/mental-health/conditions/borderline-personality-disorder/causes](http://www.nhs.uk/mental-health/conditions/borderline-personality-disorder/causes)

[Top](#)

#### 4. How can I get help if I think I have BPD?

The first step to get help is to speak to your GP.

Your GP will look at different things when deciding how best to help you.

So, it can help to keep a record of your symptoms, feelings, and behaviours. This can help you and your GP to understand what difficulties you are facing.

Your GP can't diagnose BPD. Only a psychiatrist can make a formal diagnosis. A psychiatrist is a medical doctor who specialises in mental health.<sup>25</sup>

If your GP thinks you're living with BPD, they should refer you to what are known as secondary mental health services in the NHS. This is where you can see a psychiatrist for an assessment.

There might be an NHS specialist personality disorder service in your area. If there is, your GP should refer you there. If there isn't, your GP should refer you to your local NHS community mental health team.

You can search on the internet to see if there is a specialist personality disorder service in your area. You can use a search term like 'NHS personality disorder service Nottinghamshire.'

Your GP might not agree to refer you to NHS secondary mental health services. Or you might face other issues. If you do, see [section 8](#) of this factsheet for more information.

You can find more information about '**GPs and your mental health**' at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

#### **What happens if my GP refers me to NHS secondary mental health services?**

You might have to wait to see secondary mental health services. Waiting times can vary around the country. You can ask your GP or contact the service to ask how long you will have to wait.

When you have your first appointment with the service the professional you will see should assess:<sup>26</sup>

- how you manage your day-to-day life, relationships, and work,
- coping strategies that you use,
- your strengths,
- areas in your life that you find difficult,
- any other mental health problems you may have,
- any other social problems that you may have,
- any social care and support needs you may have,
- any support you may need in returning to or finding work,
- any psychological treatment or 'talking therapy' you need, and
- the needs of any dependent children you have.

### How will the service decide if I have BPD?

Psychiatrists use the following guidelines to help them decide if you have what they call a mental disorder.

- International Classification of Diseases (ICD-11), produced by the World Health Organisation (WHO).
- Diagnostic and Statistical Manual of Mental Disorders (DSM-5), produced by the American Psychiatric Association.

The guidelines tell your psychiatrist what to look for. They might diagnose you with BPD if you have at least 5 of the symptoms below.<sup>27</sup>

- Extreme reactions to feeling abandoned.
- Unstable and intense relationships with others.
- Confused feelings about your self-image or your sense of identity.
- Being impulsive in ways that could be damaging. Like, spending, sex, substance abuse, reckless driving, or binge eating.
- Regular self-harming, suicidal threats, or behaviour.
- Long lasting feelings of emptiness or being abandoned.
- Inappropriate or intense anger and difficulty controlling your anger. Like, losing your temper or getting into fights.
- Intense, highly changeable moods.
- Paranoid thoughts, or severe dissociation, when you're stressed. Dissociation is a feeling of being disconnected from your own body. Or feeling disconnected from the world around you.

You can find more information about:

- NHS mental health teams (MHTs)
- Dissociation and dissociative identity disorder (DID)

at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

## 5. What care and treatment should the NHS offer me?

NICE produce guidelines for what treatments health professionals should offer for certain conditions. NICE stands for National Institute for Health and Care Excellence.

The NHS usually follow the NICE guidelines, but they don't have to. If they don't they should have a good reason for not doing so.

You can find the NICE guidelines for borderline personality disorder (BPD) here: [www.nice.org.uk/guidance/cg78](http://www.nice.org.uk/guidance/cg78)

If you think that you are not being offered the right care and treatment, there are things that you can do. For information about your options please see [section 8](#) of this factsheet.

### Should I be offered medication?

There is no medication to treat borderline personality disorder (BPD).<sup>28</sup> But your doctor may offer you medication if you also have symptoms of another mental illness like anxiety or depression.<sup>29</sup>

Your doctor may think about offering you sedative medication as part of your overall treatment plan if you are in crisis.<sup>30</sup> See [section 6](#) of this factsheet for more information.

### What psychological treatment should I be offered?

Psychological therapy is also known as 'talking therapy'. There are lots of different types of talking therapies.

Your doctor should talk to you about what is available and how it can help. They should provide you with:<sup>31</sup>

- information in a format you can understand, and
- evidence to show the treatment is effective.

We have included details below of some of the therapies that your doctor may offer you. But these are not available everywhere. And your doctor may recommend other types of talking therapy.

Your doctor should also think about:<sup>32</sup>

- what type of therapy you prefer,
- how much BPD is affecting you,
- how much you are willing to engage with therapy,
- how much you are motivated to change,
- your ability to be able to work effectively with a therapist, and
- what personal and professional support is available.

The therapy you are offered should usually last at least 3 months.<sup>33</sup>

If your doctor decides that talking therapies are not suitable, they should explain why.

#### What is dialectical behavioural therapy (DBT)?<sup>34,35</sup>

DBT is a type of therapy specifically designed to treat people who live with BPD.

The goal of DBT is to help you accept that your emotions are real and acceptable. And to challenge how you respond to those emotions by being open to ideas and opinions which are different to your own.

DBT usually involves weekly individual and group sessions. And you should be given an out-of-hours contact number to call if your symptoms get worse.

DBT is based on teamwork. You'll be expected to work with your therapist and the other people in your group sessions. In turn, the therapists work together as a team.

If you find group therapy challenging to begin with, it might help you to give it a chance. A lot of people who live with BPD find it helpful in the long-run and it's an important part of DBT.

The NICE guidance says that the NHS should offer DBT to women with BPD if they self-harm regularly.

You can get more information on DBT here: [www.mind.org.uk/information-support/drugs-and-treatments/talking-therapy-and-counselling/dialectical-behaviour-therapy-dbt](http://www.mind.org.uk/information-support/drugs-and-treatments/talking-therapy-and-counselling/dialectical-behaviour-therapy-dbt)

#### What is mentalisation-based therapy (MBT)?<sup>36</sup>

Mentalisation means the ability to think about thinking. This means looking at your own thoughts and beliefs. And working out if they are helpful and realistic.

This type of therapy also helps you to recognise that other people have their own thoughts, emotions, and beliefs. And that you may not always understand these.

The therapy also helps you to think about how your actions might affect what other people think or feel.

The treatment usually consists of daily individual sessions with a therapist and group sessions with other people with BPD.

A course of MBT usually lasts around 18 months.

You may first be offered MBT in a hospital as an inpatient.

Some hospitals and specialist centres like you to remain in hospital whilst you are having MBT. But others recommend that you leave the hospital after a certain period but remain being treated as an outpatient.

You can read more about MBT here: [www.cntw.nhs.uk/resource-library/mentalisation-based-treatment-information-for-service-users](http://www.cntw.nhs.uk/resource-library/mentalisation-based-treatment-information-for-service-users)

### What are arts therapies?<sup>37</sup>

There are different types of arts of creative therapies. These include:

- art therapy,
- drama therapy,
- music therapy, and
- dance movement therapy.

These therapies can be offered individually but they are often done in groups. Sessions are usually weekly.

These therapies can be helpful to people who find it hard to talk about their thoughts and feelings.

### What are therapeutic communities?<sup>38</sup>

Therapeutic communities are places you can go to have treatment. You usually live there 1 to 4 days a week.

They help people with long-term emotional problems, and a history of self-harm. They do this by teaching them skills to help them have better relationships.

Members of these communities often set rules on behaviour. Rules can include things like no drinking alcohol, no violence, and no attempts at self-harming. A therapeutic community might not be suitable for you if you are having significant difficulties controlling your behaviour.

You may stay for a few weeks or months, or you may visit for just a few hours a week.

You may have group therapy and self-help sessions. You would be expected to take part in other activities to improve your self-confidence and social skills. These activities may include household chores, games and preparing meals.

Therapeutic communities vary a lot because they are often run by the people who use them. And they shape them based on what they want to achieve.

**The Consortium Therapeutic Communities** has a list of therapeutic communities on their website: <https://therapeuticcommunities.org/member-organisations>

## **What happens if I need more specialist support and treatment?<sup>39</sup>**

Most people who live with BPD can be treated effectively by NHS secondary mental health services.<sup>40</sup>

But you might need more specialist support than secondary mental health services can provide you. You might be able to get help from what are known as:<sup>41</sup>

- NHS tier 3 local or regional specialist services, or
- NHS tier 4 regional or national specialist services.

You can ask your GP or mental health professional about these services if you think you need a referral to them.

But your local area may or may not have tier 3 and 4 specialist personality disorder services. Each area has an integrated care board (ICB). They decide what to spend the NHS's money on in that local area.<sup>42</sup> So, services can be different in areas run by different ICB's.

Some specialist tier 4 services are funded directly by NHS England.<sup>43</sup> These usually only treat people who have tried all other recommended treatment for their condition.

### How do I get referred to an out of area tier 3 specialist service?

This is an out of area NHS specialist personality disorder service that's funded by another ICB.

To get treatment from the service:

- your local ICB would have to agree to fund the treatment, and
- the service would have to agree to treat you.

You would need to see your GP so they can help you to apply to your local ICB for funding. If your ICB agree to fund the treatment, there may be a wait time for it. You can ask your GP about this.

### How do I get treatment from a tier 4 specialist service, funded by NHS England?

There might be specialist personality disorder services that are funded directly by NHS England. These services usually only treat people who have tried all normal recommended treatment for their condition. They are known as 'tier 4' services.

Each service will have their own admission criteria. If your doctor agrees that you meet the criteria, they might refer you to the service. There may be a long wait to access the service.

## 6. What treatment should I get if I am in crisis?

Having a mental health crisis can mean different things to different people, but can include:

- thinking about suicide or acting on suicidal thoughts,
- wanting to self-harm, or
- doing something that could put yourself or other people at risk.

### What should my GP do?

You might have a diagnosis of BPD but not be supported by NHS secondary mental health services. If you are in crisis and you see your GP they should:<sup>44</sup>

- assess the level of risk to yourself or others,
- talk to you about previous mental health crises. And what skills you have used to cope with these,
- help you to use these skills and focus on your current problems,
- help you to identify changes which you can put in place to manage your current problems, and
- offer you a follow-up appointment.

### What if I am supported by NHS secondary mental health services?

If you are supported by NHS secondary mental health services, you should have a care plan.

The care plan is a written document that says what care your relative or friend will get and who is responsible for it.

The care plan should include a crisis plan that you can follow. Your crisis plan should be written by you and someone from the service. It should include:<sup>45</sup>

- what triggers might lead to a mental health crisis,
- self-management skills which you have used before and find helpful,
- details of how to access help if the self-management skills aren't helping. This should include a list of support numbers for out-of-hours teams and crisis teams.

### Will I be offered sedative medication? <sup>46</sup>

Your doctor may think about offering you sedative medication as part of your overall treatment plan if you are in crisis.

Sedatives can help you feel more relaxed.

But your doctor should not normally give you sedatives for more than a week. Or prescribe them at all if there are other more appropriate alternatives.

## Where can I get other help in a crisis?

If you need urgent help for your mental health, you can contact your local **NHS urgent mental health helpline**.

They are available 24 hours a day 7 days a week. They can assess what is happening and get you to the most appropriate support.

To find your local helpline go to: [www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline](http://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline).

You can find out other options for crisis support here: [www.rethink.org/aboutus/what-we-do/advice-and-information-service/get-help-now](http://www.rethink.org/aboutus/what-we-do/advice-and-information-service/get-help-now)

Some people find it helpful to contact emotional support lines during a mental health crisis. There is a list of contact numbers in the [Useful contents](#) section of this factsheet.

[Top](#)

## 7. What risks and complications can BPD cause?

### Self-harm

It is common for people who live with borderline personality disorder (BPD) to self-harm.<sup>47</sup>

A focus of some BPD treatment is to find other ways to deal with painful emotions other than self-harming.

You can find more information about ‘**Self-harm**’ at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

Our information about Self-harm explains how to try to reduce, delay or stop self-harm. Or use other non-harmful ways to manage your feelings.

### Suicide

People who live with BPD are more at risk of suicide or of attempting suicide.<sup>48</sup>

You can find more information about ‘**Suicidal thoughts – How to cope**’ at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

### Drugs and alcohol

People who live with borderline personality disorder (BPD) may drink or use drugs in a way that's harmful.<sup>49</sup>

Alcohol or illegal drug use is a risk factor for suicide.<sup>50</sup>

You might live with BPD and:

- be supported by an NHS secondary mental health service, and
- be dependence on alcohol or class A drugs.

Class A drugs include cocaine, ecstasy, heroin, LSD, magic mushrooms and crystal meth.<sup>51</sup>

NICE guidelines say the service should:<sup>52</sup>

- refer you to an appropriate alcohol or drug service,
- keep in contact with you, and
- continue with treatment for BPD when appropriate.

You can find more about '**Drugs, alcohol, and mental health**' at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

### **Impulsive behaviours**

When people make decisions quickly without thinking about what might happen, this is known as being impulsive.

The NHS say some people who live with BPD can impulses they find hard to control. Like binge drinking, drug misuse, going on a spending or gambling spree, or having sex with strangers.<sup>53</sup>

If impulsive behaviour leads you to have debt problems, you can find more support and information at: [www.mentalhealthandmoneyadvice.org](http://www.mentalhealthandmoneyadvice.org).

[Top](#)

## **8. What if I am not happy with my care or treatment?**

You may be unhappy:

- with your care or treatment from the NHS,
- because of appointment wait times,
- because of not being referred to the correct service,
- with the treatment offered to you, or
- with some other aspect of your care or treatment.

People who live with BPD have sometimes been excluded from NHS services because of their diagnosis.<sup>54</sup> But the NHS should not refuse to give you specialist help because of your diagnosis.<sup>55</sup> They should have services to support and treat people with BPD.<sup>56</sup>

If you are not happy with your care or treatment, you can:

- talk to your GP or mental health service,
- contact Patient Advice and Liaison Service (PALS),
- ask for a second opinion,

- contact an advocacy service, or
- make a complaint.

There is more information about these options below.

### **How can I try and sort the issue informally?**

You could try and sort the issue informally to begin with. This is often the quickest and easiest way to sort a problem.

You could:

- talk to your GP or someone at your mental health team to see if they can help, or
- get in touch with your local NHS Patient Advice and Liaison Service (PALS) if your complaint is about the NHS. They can sometimes sort issues without needing to go through the formal complaints' procedure.

You can search for your local service by following the below website link:

[www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-\(PALS\)/LocationSearch/363](http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-(PALS)/LocationSearch/363).

You can explain:

- what's happened,
- why you aren't happy, and
- what you'd like to happen next.

If you still can't get the issue sorted out, you can think about one of the other options below.

### **What is a second opinion?**

You can also ask for a second opinion from a different doctor if you disagree with:

- your diagnosis, or
- the treatment you've been offered.

You don't have a right to a second opinion. But your doctor should listen to your reason for wanting a second opinion.<sup>57</sup>

Only a psychiatrist can make a formal diagnosis. A psychiatrist is a medical doctor who specialises in mental health.

You can find out more about '**Second opinions – About your mental health diagnosis or treatment**' at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

## **What is advocacy?**

You might be able to get an advocate to help you if you are having problems with your GP or mental health service.

An advocate might be able to give you advice, go to appointments with you and help you get your voice heard.

They are independent from the NHS and are free to use.

There are 2 different types of advocates that might be able to help you.

### What is general advocacy?

A general advocate might be able to support you to get your GP or mental health service to listen to your concerns. But they can't help if you want to make a formal complaint.

General advocacy may not always be available in your area.

The help you can get depends on what service offer. This can vary from service to service.

### What is NHS complaints advocacy?

You can contact an NHS complaints advocacy service if you need help to complain.

This advocacy service is available in every area.

### How can I find advocacy services?

You can find out how to find advocacy services in our information about **'Advocacy for mental health – Making your voice heard.'**

You can find out more information about **'Advocacy for mental health – Making your voice heard'** at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheets.

### **How can I make a complaint?**

If you can't sort your issue informally, you can complain verbally or in writing.

You can ask your GP or mental health service for a copy of their complaints policy.

You can find out more information about **'Complaining about the NHS or social services'** at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheets.

## 9. What can I do to help manage my symptoms?

You can try to help your symptoms by looking after yourself. Self-care is how you take care of things like your diet, sleep, exercise, daily routine, relationships and how you are feeling.

You can get advice and information on things you can do to help yourself in the 'What can I do to help myself?' section of our **'Worried about your mental health - How to get treatment and support'** information at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheets.

### What are breathing exercises?

Breathing exercises can help make you feel calmer and reduce stress. You will get the most benefit if you do them regularly, as part of your daily routine.<sup>58</sup>

Breathing exercises usually benefit wellbeing. But if they aren't working for you, or are causing you difficulty, stop using them. You can try other relaxation techniques.

Below are some exercises you can try.

#### Slow breathing

- Sit or lie in a comfortable position.
- Keep your back straight and your shoulders back.
- Close your eyes and focus on your breathing.
- Think about how your breathing feels in your body.
- Can you feel it coming in through your nostrils?
- Can you feel it going down your throat, into your lungs?
- Slow down your breathing as much as you can.
- You may find it useful to count as you inhale and exhale.
- See if you can expand your exhale, to make it longer than your inhale. Can you feel your chest expanding? What about your belly?
- If you start to have upsetting thoughts, try bringing your focus back to your breathing.

#### Box breathing

- Sit or lie in a comfortable position.
- Put on some relaxing music if you want.
- Take one deep breath in and out.
- Breathe in for 4 seconds.
- Hold your breath for 4 seconds.
- Breathe out for 6 seconds.
- Hold your breath for 2 seconds.
- Repeat this cycle for 5-10 minutes.

## 4-5-8 method

- Start by sitting up straight in a comfortable position or lying down.
- Slowly breathe in through your nose for 4 seconds. If you can't breathe in through your nose, use your mouth.
- Hold your breath for 5 seconds.
- Breathe out slowly for 8 seconds.
- Repeat this cycle 10 times, or as many times as you want. While you do it try to concentrate on your breathing. You can alter the second counts to suit you.

## **What are support groups?**

Support groups are where people with similar issues share experiences with others and get mutual support.

You can search for local mental health support groups online or on the links below:

- **Rethink Mental Illness:** [www.rethink.org/about-us/our-support-groups](http://www.rethink.org/about-us/our-support-groups)
- **Local Minds:** [www.mind.org.uk/about-us/local-minds](http://www.mind.org.uk/about-us/local-minds)

## **What are recovery colleges?**

Recovery colleges are part of the NHS. They offer free courses about mental health to help you manage your symptoms. They can help you to take control of your wellbeing and recovery.

The courses are usually short term, and length can vary from 1 day up to 8 weeks.<sup>59</sup>

You can usually self-refer to a recovery college.

Recovery colleges are designed to be person-centred. This means that if you attend a recovery college course you are involved in deciding what you learn.

Recovery colleges often support students to lead their own recovery.

Recovery colleges are available in most areas. To see if there is a one in your area you can:

- search online at the following link:  
<https://mindrecoverynet.org.uk/search>
- search on the internet using a search term like 'NHS recovery college Norwich'), or
- call NHS 111.

You can find more information about:

- Recovery and mental illness
- Self-harm
- Suicidal thoughts – How to cope

at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

[Top](#)

## 10. Information for carers, friends and relatives

As a carer, friend, or family member of someone living with borderline personality disorder (BPD), you might find that you need support.

### How can I get support?

You can do the following.

- Arrange carer's assessment to get extra support.
- Join a carers' service or support group.
- Speak to your GP if your mental health is affecting your day-to-day life.

### How can I arrange a carer's assessment?

You can arrange a carer's assessment if you need support to care for your loved one. Social services may be able to provide you with additional help or a break for you and your loved one.

You can find out more about '**Carer's assessments – Under the Care Act 2014**' at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries Team on 0121 522 7007 and ask them to send you a copy of our factsheet.

### How can I join a carers' service or support group?

You can get peer support through carer support services or carers' groups. You can search for carer support groups on the following websites:

- **Rethink Mental Illness:** [www.rethink.org](http://www.rethink.org)
- **Carers UK:** [www.carersuk.org](http://www.carersuk.org), and
- **Carers Trust:** <https://carers.org/search/network-partners>

### What support can my GP give me?

Caring for someone with a mental health problem can be challenging. If it is affecting your mental health and well-being to the extent that it is affecting your day-to-day life, you can see your GP.

They can offer you advice and treatment.

You can find more information about:

- GPs and your mental health, and
- Stress – How to cope

at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

### **How can I support the person I care for?**

You can do the following.

- Read information about BPD. This can help you understand why they may act in certain ways. And become more aware of what situations make them more distressed.
- Ask the person you support to tell you what their symptoms are. And if they have any self-management techniques that you could help them with.
- Encourage them to see a GP if you are worried about their mental health. And they're not been supported by mental health services.
- Ask to see a copy of their care plan if they have one. They should have a care plan if they are supported by NHS mental health services. See [section 6](#) of this factsheet for more information about care plans. You can be involved in your loved one's care planning if they agree.
- Help them to manage their finances.

You can find information on the **Mental Health and Money Advice** Website on:

- **Can someone else manage my money for me?**  
[www.mentalhealthandmoneyadvice.org/en/managing-money/can-someone-else-manage-my-money-for-me/?utm\\_source=rethink&utm\\_medium=landing\\_page&utm\\_campaign=mbmh](http://www.mentalhealthandmoneyadvice.org/en/managing-money/can-someone-else-manage-my-money-for-me/?utm_source=rethink&utm_medium=landing_page&utm_campaign=mbmh)

You can find out more about **'Worried about someone's mental health?'** at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

### **Craig's story**

Learning about BPD was the most important thing I did to help understand the pain that my partner was going through. I learned how to best help her in moments of extreme emotional pain. I am now able to de-escalate situations quicker, leaving my partner comforted instead of feeling distant. It has improved our relationship a great deal and brought us closer.

You can find out more about:

- Supporting someone with a mental illness
- Getting help for someone in a mental health crisis
- Suicidal thoughts - How to support someone
- Responding to unusual behaviour linked to mental illness
- Confidentiality, information and your loved one - For loved ones of people living with mental illness

at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

You can find information on the **Mental Health and Money Advice** Website on:

**What benefits are available for mental health carers?**

[www.mentalhealthandmoneyadvice.org/en/welfare-benefits/what-benefits-are-available-for-mental-health-carers/?utm\\_source=rethink&utm\\_medium=landing\\_page&utm\\_campaign=mbmh](http://www.mentalhealthandmoneyadvice.org/en/welfare-benefits/what-benefits-are-available-for-mental-health-carers/?utm_source=rethink&utm_medium=landing_page&utm_campaign=mbmh)

[Top](#)

Further Reading

**Centre for Clinical Interventions**

This website is provided by the department of Health in Western Australia. They have some useful information sheets and a workbook for people who are experiencing problems with coping with their feelings. And for people experiencing distress.

**Website:** [www.cci.health.wa.gov.au/Resources/For-Clinicians/Distress-Tolerance](http://www.cci.health.wa.gov.au/Resources/For-Clinicians/Distress-Tolerance)

[Top](#)

Useful Contacts

**BPD World**

Provides information and support to people affected by personality disorders. It has an online support forum.

**Website:** [www.bpdworld.org](http://www.bpdworld.org)

**Samaritans**

Can be contacted by telephone, letter, e-mail and mini-com. There's also a face-to-face service, available at their local branches. They are open 24 hours a day, every day of the year.

**Phone:** 116 123

**Email:** [jo@samaritans.org](mailto:jo@samaritans.org)

**Website:** [www.samaritans.org](http://www.samaritans.org)

### **National Suicide Prevention Helpline**

National helpline offering supportive listening service to anyone throughout the UK with thoughts of suicide or thoughts of self-harm. Their opening hours are subject to change so you need to ring them for details.

**Phone:** 0800 689 5652

**Phone (alternative):** 0800 689 0880

**Website:** [www.spuk.org.uk/national-suicide-prevention-helpline-uk](http://www.spuk.org.uk/national-suicide-prevention-helpline-uk)

### **Sane Line**

Work with anyone affected by mental illness, including families, friends, and carers. They also provide a free text-based support service called Textcare. They also run an online supportive forum community where anyone can share their experiences of mental health.

**Phone:** 0300 304 7000

**Phone (call back service):** 07984 967 708

**Textcare:** [www.sane.org.uk/what\\_we\\_do/support/textcare](http://www.sane.org.uk/what_we_do/support/textcare)

**Support Forum:** [www.sane.org.uk/what\\_we\\_do/support/supportforum](http://www.sane.org.uk/what_we_do/support/supportforum)

**Website:** [www.sane.org.uk](http://www.sane.org.uk)

### **Support Line**

They offer confidential emotional support to children, young adults and adults by telephone, email, and post. They work with callers to develop healthy, positive coping strategies, an inner feeling of strength and increased self-esteem to encourage healing, recovery and moving forward with life. Their opening hours vary so you need to ring them for details.

**Phone:** 01708 765200

**E-mail:** [info@supportline.org.uk](mailto:info@supportline.org.uk)

**Website:** [www.supportline.org.uk](http://www.supportline.org.uk)

### **CALM (Campaign Against Living Miserably)**

CALM is leading a movement against suicide. They offer accredited confidential, anonymous, and free support, information and signposting to people anywhere in the UK through their helpline and webchat service. Their helpline is open every evening of the year. Check the website for opening times.

**Phone:** 0800 58 58 58

**Webchat:** through the website

**Website:** [www.thecalmzone.net](http://www.thecalmzone.net)

### **My Black Dog**

Provides peer support webchat with volunteers who have experienced mental illness. Available evenings and weekends. Check the website for opening times.

**Website:** [www.myblackdog.co](http://www.myblackdog.co)

## Papyrus UK (HopelineUK)

Work with people under 35 who are having suicidal feelings. And with people who are worried about someone under 35.

**Phone:** 0800 068 41 41

**Email:** [pat@papyrus-uk.org](mailto:pat@papyrus-uk.org)

**Text:** [07860 039967](tel:07860039967)

**Website:** [www.papyrus-uk.org](http://www.papyrus-uk.org)

## Shout

If you're experiencing a personal crisis, are unable to cope and need support, text Shout to 85258. Shout can help with urgent issues such as suicidal thoughts, abuse or assault, self-harm, bullying and relationship challenges.

**Text:** Text Shout to 85258

**Website:** <https://giveusashout.org>

## Borderline Arts

Borderline Arts is a charity that uses the arts to raise awareness of borderline personality disorder. Through increasing understanding of the condition, they not only educate people, but also break down the stigma surrounding it.

**Address:** 119 Osmaston Road, Derby, DE1 2GD

**Phone:** 07754 806814

**Email:** [contact@borderlinearts.org](mailto:contact@borderlinearts.org)

**Website:** [www.borderlinearts.org](http://www.borderlinearts.org)

[Top](#)

## References

<sup>1</sup> America Psychiatric Association. *The Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. Arlington: America Psychiatric Association; 2013. See Diagnostic Criteria 301.83 (F60.3) Page 663.

<sup>2</sup> NHS. *Overview - Borderline personality disorder*. Para 1 [https://www.nhs.uk/mental-health/conditions/borderline-personality-disorder/overview/#:~:text=Borderline%20personality%20disorder%20\(BPD\)%20is,most%20commonly%20recognised%20personality%20disorder](https://www.nhs.uk/mental-health/conditions/borderline-personality-disorder/overview/#:~:text=Borderline%20personality%20disorder%20(BPD)%20is,most%20commonly%20recognised%20personality%20disorder) (accessed 5 June 2023)

<sup>3</sup> NHS. *Personality disorders*. See 1st para <https://www.nhs.uk/mental-health/conditions/personality-disorder> (accessed 27 June 2023)

<sup>4</sup> NHS. *Overview - Borderline personality disorder - Symptoms of borderline personality disorder (BPD)* [https://www.nhs.uk/mental-health/conditions/borderline-personality-disorder/overview/#:~:text=Borderline%20personality%20disorder%20\(BPD\)%20is,most%20commonly%20recognised%20personality%20disorder](https://www.nhs.uk/mental-health/conditions/borderline-personality-disorder/overview/#:~:text=Borderline%20personality%20disorder%20(BPD)%20is,most%20commonly%20recognised%20personality%20disorder) (accessed 5 June 2023)

<sup>5</sup> NHS. *Overview - Borderline personality disorder*. Para 1 <https://www.nhs.uk/mental-health/conditions/borderline-personality->

---

[disorder/overview/#:~:text=Borderline%20personality%20disorder%20\(BPD\)%20is,most%20commonly%20recognised%20personality%20disorder](#) (accessed 5 June 2023)

<sup>6</sup> National Institute for Health and Clinical Excellence. *Borderline Personality Disorder: Recognition and Management*. Clinical Guidance 78. London: National Institute for Health and Clinical Excellence; 2009. Introduction, para 2

<sup>7</sup> National Institute for Health and Clinical Excellence. *Borderline Personality Disorder: Recognition and Management*. Clinical Guidance 78. London: National Institute for Health and Clinical Excellence; 2009. Introduction, para 2

<sup>8</sup> National Institute for Health and Clinical Excellence. *Borderline Personality Disorder: Recognition and Management*. Clinical Guidance 78. London: National Institute for Health and Clinical Excellence; 2009. Introduction, para 2

<sup>9</sup> National Institute for Health and Clinical Excellence. *Borderline Personality Disorder: Recognition and Management*. Clinical Guidance 78. London: National Institute for Health and Clinical Excellence; 2009. Introduction, para 5

<sup>10</sup> NHS. *Borderline personality disorder – Associated mental health problems*. [www.nhs.uk/conditions/borderline-personality-disorder/](http://www.nhs.uk/conditions/borderline-personality-disorder/) (accessed 5<sup>th</sup> May 2023).

<sup>11</sup> National Institute for Health and Clinical Excellence. *Borderline Personality Disorder: Recognition and Management*. Clinical Guidance 78. London: National Institute for Health and Clinical Excellence; 2009. See 'Introduction' para 2

<sup>12</sup> NHS. *Overview - Borderline personality disorder - Treating borderline personality disorder (BPD)*

[https://www.nhs.uk/mental-health/conditions/borderline-personality-disorder/overview/#:~:text=Borderline%20personality%20disorder%20\(BPD\)%20is,most%20commonly%20recognised%20personality%20disorder](https://www.nhs.uk/mental-health/conditions/borderline-personality-disorder/overview/#:~:text=Borderline%20personality%20disorder%20(BPD)%20is,most%20commonly%20recognised%20personality%20disorder) (accessed 5 June 2023)

<sup>13</sup> National Institute for Health and Clinical Excellence. *Borderline Personality Disorder: Recognition and Management*. Clinical Guidance 78. London: National Institute for Health and Clinical Excellence; 2009. See 'Introduction' para 4

<sup>14</sup> National Institute for Health and Clinical Excellence. *Borderline Personality Disorder: Recognition and Management*. Clinical Guidance 78. London: National Institute for Health and Clinical Excellence; 2009. Para: introduction.

<sup>15</sup> National education alliance for borderline personality disorder. *Overview of BPD - What does 'Borderline personality disorder' mean?*

<https://www.borderlinepersonalitydisorder.org/what-is-bpd/bpd-overview> (accessed 21 June 2023)

<sup>16</sup> National education alliance for borderline personality disorder. *Overview of BPD - What does 'Borderline personality disorder' mean?*

<https://www.borderlinepersonalitydisorder.org/what-is-bpd/bpd-overview> (accessed 21 June 2023)

<sup>17</sup> National education alliance for borderline personality disorder. *Overview of BPD - What does 'Borderline personality disorder' mean?*

<https://www.borderlinepersonalitydisorder.org/what-is-bpd/bpd-overview> (accessed 21 June 2023)

<sup>18</sup> Royal College of Psychiatrists. *Personality Disorder: different kinds of personality disorder*. [www.rcpsych.ac.uk/mental-health/problems-disorders/personality-disorder](http://www.rcpsych.ac.uk/mental-health/problems-disorders/personality-disorder) (accessed 5<sup>th</sup> May, 2023).

<sup>19</sup> Korzekwa MI, Dell PF, Links PS, Thabane L, Fougere P. Dissociation in borderline personality disorder: a detailed look. *J Trauma Dissociation*. 2009;10(3):346-67. doi: 10.1080/15299730902956838.

<sup>20</sup> National Institute for Health and Clinical Excellence. *Borderline Personality Disorder: Recognition and Management*. Clinical Guidance 78. London: National Institute for Health and Clinical Excellence; 2009. Introduction, para 2

<sup>21</sup> NHS. *Overview - Borderline personality disorder*. Para 1 [https://www.nhs.uk/mental-health/conditions/borderline-personality-disorder/overview/#:~:text=Borderline%20personality%20disorder%20\(BPD\)%20is,most%20commonly%20recognised%20personality%20disorder](https://www.nhs.uk/mental-health/conditions/borderline-personality-disorder/overview/#:~:text=Borderline%20personality%20disorder%20(BPD)%20is,most%20commonly%20recognised%20personality%20disorder) (accessed 5 June 2023)

- 
- <sup>22</sup> National Institute for Health and Clinical Excellence. *Borderline Personality Disorder: Recognition and Management*. Clinical Guidance 78. London: National Institute for Health and Clinical Excellence; 2009. Introduction, para 5
- <sup>23</sup> National Institute for Health and Clinical Excellence. *Borderline Personality Disorder: Recognition and Management*. Clinical Guidance 78. London: National Institute for Health and Clinical Excellence; 2009. Introduction, para 5
- <sup>24</sup> NHS. *Borderline personality disorder - Causes*. [www.nhs.uk/conditions/borderline-personality-disorder/causes/](http://www.nhs.uk/conditions/borderline-personality-disorder/causes/) (accessed 5<sup>th</sup> May 2023).
- <sup>25</sup> NHS. *Psychiatry*. <https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/medicines-and-psychiatry/psychiatry> (accessed 27 June 2023)
- <sup>26</sup> National Institute for Health and Clinical Excellence. *Borderline Personality Disorder: Recognition and Management*. Clinical Guidance 78. London: National Institute for Health and Clinical Excellence; 2009. Para: 1.3.1.2.
- <sup>27</sup> American Psychiatric Association. *Diagnostic and statistical manual of mental disorders (DSM V) (5<sup>th</sup> ed.)*. US: American Psychiatric Association: 2013. Para: 301.83 (F60.3). P663
- <sup>28</sup> National Institute for Health and Clinical Excellence. *Borderline Personality Disorder: Recognition and Management*. Clinical Guidance 78. London: National Institute for Health and Clinical Excellence; 2009. Para: 1.3.5.1.
- <sup>29</sup> National Institute for Health and Clinical Excellence. *Borderline Personality Disorder: Recognition and Management*. Clinical Guidance 78. London: National Institute for Health and Clinical Excellence; 2009. Para: 1.3.5.3.
- <sup>30</sup> National Institute for Health and Clinical Excellence. *Borderline Personality Disorder: Recognition and Management*. Clinical Guidance 78. London: National Institute for Health and Clinical Excellence; 2009. Para: 1.3.5.4.
- <sup>31</sup> National Institute for Health and Clinical Excellence. *Borderline Personality Disorder: Recognition and Management*. Clinical Guidance 78. London: National Institute for Health and Clinical Excellence; 2009. Para: 1.3.4.2.
- <sup>32</sup> National Institute for Health and Clinical Excellence. *Borderline Personality Disorder: Recognition and Management*. Clinical Guidance 78. London: National Institute for Health and Clinical Excellence; 2009. Para: 1.3.4.1.
- <sup>33</sup> National Institute for Health and Clinical Excellence. *Borderline Personality Disorder: Recognition and Management*. Clinical Guidance 78. London: National Institute for Health and Clinical Excellence; 2009. Para: 1.3.4.4.
- <sup>34</sup> NHS. *Borderline personality disorder: treatment*. [www.nhs.uk/conditions/borderline-personality-disorder/treatment/](http://www.nhs.uk/conditions/borderline-personality-disorder/treatment/) (accessed 5<sup>th</sup> May 2023).
- <sup>35</sup> National Institute for Health and Clinical Excellence. *Borderline Personality Disorder: Recognition and Management*. Clinical Guidance 78. London: National Institute for Health and Clinical Excellence; 2009. Para: 1.3.4.5.
- <sup>36</sup> NHS. *Treatment - Borderline personality disorder - See Mentalisation-based therapy*. [www.nhs.uk/conditions/borderline-personality-disorder/treatment/](http://www.nhs.uk/conditions/borderline-personality-disorder/treatment/) (accessed 16 June 2023).
- <sup>37</sup> NHS. *Borderline personality disorder: treatment – See Arts therapies* [www.nhs.uk/conditions/borderline-personality-disorder/treatment/](http://www.nhs.uk/conditions/borderline-personality-disorder/treatment/) (accessed 29<sup>th</sup> January 2021).
- <sup>38</sup> NHS. *Borderline personality disorder: treatment*. See therapeutic communities [www.nhs.uk/conditions/borderline-personality-disorder/treatment/](http://www.nhs.uk/conditions/borderline-personality-disorder/treatment/) (accessed 29<sup>th</sup> January 2021).
- <sup>39</sup> Royal College of Psychiatrists. *Services for people diagnosable with personality disorder: Position statement Jan 2020*. Page 7 [www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/ps01\\_20.pdf](http://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/ps01_20.pdf). & <https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/position-statements/position-statements-2020> (accessed 5<sup>th</sup> May 2023).
- <sup>40</sup> Royal College of Psychiatrists. *Services for people diagnosable with personality disorder: Position statement Jan 2020*. Page 6, see last para [www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/ps01\\_20.pdf](http://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/ps01_20.pdf). & <https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/position-statements/position-statements-2020> (accessed 5<sup>th</sup> May 2023).

- 
- <sup>41</sup> Royal College of Psychiatrists. *Services for people diagnosable with personality disorder: Position statement Jan 2020*. [www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/ps01\\_20.pdf](http://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/ps01_20.pdf). Page 7 (accessed 5th May 2023).
- <sup>42</sup> S21 Health and Care Act 2022
- <sup>43</sup> Royal College of Psychiatrists. *Services for people diagnosable with personality disorder: Position statement Jan 2020*. [www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/ps01\\_20.pdf](http://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/ps01_20.pdf). Page 8 - table (accessed 5th May 2023).
- <sup>44</sup> National Institute for Health and Clinical Excellence. *Borderline Personality Disorder: Recognition and Management*. Clinical Guidance 78. London: National Institute for Health and Clinical Excellence; 2009. Para: 1.2.2.
- <sup>45</sup> National Institute for Health and Clinical Excellence. *Borderline Personality Disorder: Recognition and Management*. Clinical Guidance 78. London: National Institute for Health and Clinical Excellence; 2009. Para: 1.3.2.1.
- <sup>46</sup> National Institute for Health and Clinical Excellence. *Borderline Personality Disorder: Recognition and Management*. Clinical Guidance 78. London: National Institute for Health and Clinical Excellence; 2009. Para: 1.3.5.4.
- <sup>47</sup> NHS. *Borderline personality disorder – Associated mental health problems*. [www.nhs.uk/conditions/borderline-personality-disorder/](http://www.nhs.uk/conditions/borderline-personality-disorder/) (accessed 5<sup>th</sup> May 2023).
- <sup>48</sup> Oldham John M. Borderline Personality Disorder and Suicidality. *American Journal of Psychiatry* 2006;163(1):20. <https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.163.1.20> (accessed 5th May 2023).
- <sup>49</sup> NHS. *Borderline personality disorder: symptoms*. [www.nhs.uk/conditions/borderline-personality-disorder/symptoms/](http://www.nhs.uk/conditions/borderline-personality-disorder/symptoms/) (accessed 5<sup>th</sup> May 2023).
- <sup>50</sup> World Health Organisation. Preventing Suicide: A global imperative. Available at: <https://www.who.int/publications/i/item/9789241564779> page 40 (accessed 11<sup>th</sup> May 2023).
- <sup>51</sup> Sentencing Council. *Drug offences*. <https://www.sentencingcouncil.org.uk/outlines/drug-offences/#:~:text=Class%20A%20drugs%20are%20treated,minor%20tranquilisers%2C%20GHB%20and%20khat> (accessed 3 June 2023)
- <sup>52</sup> National Institute for Health and Clinical Excellence. *Borderline Personality Disorder: Recognition and Management*. Clinical Guidance 78. London: National Institute for Health and Clinical Excellence; 2009. Para: 1.3.6.3.
- <sup>53</sup> NHS. *Symptoms – Borderline personality disorder – Impulsive behaviour*. <https://www.nhs.uk/mental-health/conditions/borderline-personality-disorder/symptoms/> (accessed 3 July 2023)
- <sup>54</sup> National Institute for Health and Clinical Excellence. *Borderline Personality Disorder: Recognition and Management*. Clinical Guidance 78. London: National Institute for Health and Clinical Excellence; 2009. Para: introduction – para 6
- <sup>55</sup> National Institute for Health and Clinical Excellence. *Borderline Personality Disorder: Recognition and Management*. Clinical Guidance 78. London: National Institute for Health and Clinical Excellence; 2009. Para: 1.1.1.1.
- <sup>56</sup> National Institute for Health and Clinical Excellence. *Borderline Personality Disorder: Recognition and Management*. Clinical Guidance 78. London: National Institute for Health and Clinical Excellence; 2009. Para: 1.5.1.1.
- <sup>57</sup> General Medical Council. *Good Medical Practice*. Manchester: GMC; 2013. Para 16(e).
- <sup>58</sup> NHS. *Breathing exercise for stress*. [www.nhs.uk/conditions/stress-anxiety-depression/ways-relieve-stress/](http://www.nhs.uk/conditions/stress-anxiety-depression/ways-relieve-stress/) (accessed 11<sup>th</sup> May 2023).
- <sup>59</sup> Nottinghamshire Healthcare NHS Foundation Trust. *The Current State of Recovery Colleges in the UK*. See page 5 'Numbers of courses' [www.calderdalekirkleescr.nhs.uk/wp-content/uploads/2020/09/The-current-state-of-Recovery-Colleges-in-the-UK1.pdf](http://www.calderdalekirkleescr.nhs.uk/wp-content/uploads/2020/09/The-current-state-of-Recovery-Colleges-in-the-UK1.pdf) (accessed 22 September 2022).

© Rethink Mental Illness 2022

Last updated: July 2023 Next update: June 2026

Version: 6

This factsheet is available in large print.

### Rethink Mental Illness Advice Service

Phone 0808 801 0525  
Monday to Friday, 9:30am to 4pm  
(excluding bank holidays)

Email [advice@rethink.org](mailto:advice@rethink.org)

### Did this help?

We'd love to know if this Information helped you

Drop us a line at: [feedback@rethink.org](mailto:feedback@rethink.org)

or write to us at Rethink Mental Illness:

RAIS  
PO Box 18252  
Solihull  
B91 9BA

or call us on 0808 801 0525

We're open 9:30am to 4pm

Monday to Friday (excluding bank holidays)



**Equality, rights, fair treatment, and the maximum quality of life for all those severely affected by mental illness.**

For further information on Rethink Mental Illness Phone 0121 522 7007  
Email [info@rethink.org](mailto:info@rethink.org)



[rethink.org](https://rethink.org)



Patient Information Forum

### Need more help?

Go to [rethink.org](https://rethink.org) for information on symptoms, treatments, money and benefits and your rights.

### Don't have access to the web?

Call us on 0121 522 7007. We are open Monday to Friday, 9am to 5pm, and we will send you the information you need in the post.

### Need to talk to an adviser?

If you need practical advice, call us on: 0808 801 0525 between 9:30am to 4pm, Monday to Friday. Our specialist advisers can help you with queries like how to apply for benefits, get access to care or make a complaint.

### Can you help us to keep going?

We can only help people because of donations from people like you. If you can donate please go to [rethink.org/donate](https://rethink.org/donate) or call 0121 522 7007 to make a gift. We are very grateful for all our donors' generous support.

