

Addressing Stigma in Borderline Personality Disorder Requires Ongoing Support for Nurses

Dear Editor,

This letter is in response to the article written by Meshkinyazd, Bordbar and Heydari.^[1] Through qualitative research with caregivers of people diagnosed with borderline personality disorder, the authors demonstrate the distressing experiences of stigma and discrimination both clients and caregivers endure in relation to a diagnosis of borderline personality disorder. Within their discussion, the authors pose that nursing education should include training about social stigma to support caregivers of those with mental illness. This proposed approach is a critical first step: yet potentially not fully adequate to address stigma in borderline personality disorder.

Meshkinyazd *et al.*^[1] provide evidence regarding stigma experienced by clients from healthcare professionals; experiences that are, unfortunately, commonplace for clients across the world.^[2] While social stigma from the general population can be related to any psychiatric label, stigma from healthcare professionals is more specific to borderline personality disorder as a diagnosis itself.^[3] Indeed, there are higher rates of stigma and discrimination from health professionals than from the general public in relation to borderline personality disorder, likely due to the interpersonal elements of the disorder and inadequate support for staff.^[3]

Despite extensive research demonstrating the positive effects of staff training programs and support when caring for clients diagnosed with borderline personality disorder, access to such resources remains limited internationally due to funding and other constraints.^[4] These deficiencies impede health professionals' empathetic development and clients' access to adequate support, thereby compounding social and institutional stigma and discrimination of those with the disorder.^[5] While providing specific education regarding borderline personality disorder, treatment options and stigma should be a focus of educational and health institutes, this approach requires reinforcement with ongoing follow-up support through clinical supervision to reduce the likelihood of staff reverting to their previous practices and attitudes.^[5] Only through this ongoing support will we see a shift in staff attitudes and ability to support caregivers and clients with borderline personality disorder, including their experiences of social stigma.

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Conflicts of interest

Nothing to declare.

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