

Data supplement

Table DS1 Consensus items

	Items where consensus was reached (survey round in which consensus was reached)	Median score (interquartile range)
Organisation of services	It is unacceptable for community mental health teams to have a policy of not working with people with a primary diagnosis of personality disorder (2)	9 (8 to 9)
	When mental health services refer someone to a dedicated personality disorder service it is important for a member of the referring team to remain in regular contact with them (3)	8 (7 to 8)
	Most people with personality disorder do not require dedicated services to help them cope with their problems (3)	2 (2 to 3)
	Dedicated personality disorder services should be open to self-referral (3)	8 (7 to 9)
	Dedicated personality disorder teams should provide services for people who have personality disorder and sometimes hear voices or experience other psychotic symptoms (1)	8 (7 to 9)
Service delivery	Interventions aimed at helping people with personality disorder to develop better coping strategies need be delivered over years not months (1)	8 (7 to 9)
	Care plans with short- and long-term treatment goals agreed by the client are important if progress in treatment is to be both achieved and recognised (1)	8 (7 to 9)
	Limits on the availability of staff and other boundaries need to be made clear to service users at the start of treatment and stuck to throughout treatment (1)	8 (7 to 9)
	Responsibility for client welfare should be shared by a team and/or the community, rather than by individual staff members (1)	9 (8 to 9)
	Dedicated services for people with personality disorder should be able to arrange more intensive support at times of crisis such as home treatment or residential care (1)	8 (7 to 9)
	Some clients with personality disorder cannot cope with groups or environments where people have to interact (1)	8 (7 to 9)
	Risk management for people with personality disorder involves placing a high degree of choice and responsibility with the person who is harming her/himself (1)	8 (7 to 9)
	Users and their carers should be involved in making decisions about service development (1)	8 (7 to 9)
	Services for people with personality disorder should try to obtain users' consent to contact, support and inform carers (2)	8 (7 to 9)
	Services for people with personality disorder should provide care coordination under the care programme approach (3)	8 (7 to 8)
Staffing issues	The personal qualities of staff – such as self-awareness and ability to observe boundaries – are more relevant to working well with people with personality disorder than professional qualifications (2)	8 (7 to 8)
	It is essential for staff of personality disorder services to have a forum to come together to reflect on their practice, their relationships with clients and the impact their work has on team members (1)	9 (8 to 9)
	Teams delivering services to people with personality disorder need to consist of people with a range of professional and non-professional backgrounds (2)	8 (7 to 9)
	Training in personality disorder should ideally be given to teams, rather than individuals (2)	7 (7 to 8)
User and carer involvement	Teams delivering services for people with personality disorder should have regular input from an 'expert by experience' (a service-user worker) (3)	8 (7 to 8)
	Service users are able to successfully run groups for people with personality disorder as long as they are provided with training and support (3)	7 (7 to 8)

Table DS2 Items reaching consensus level in each of the three stakeholder groups		
Expert authors	Service providers	Service users
Most people with personality disorder do NOT require dedicated services	Consensus not reached	Most people with personality disorder do NOT require dedicated services
If providers of general services were properly supported dedicated personality disorder services would not be required	Consensus not reached	Consensus not reached
Consensus not reached	Dedicated personality disorder teams should work with people who sometimes experience psychotic symptoms	Dedicated personality disorder teams should work with people who sometimes experience psychotic symptoms
Dedicated personality disorder services should focus on people who are high users of in-patient and emergency services	Consensus not reached	Consensus not reached
Dedicated personality disorder services should be open to self-referral	Consensus not reached	Dedicated personality disorder services should be open to self-referral
Consensus not reached	Following referral, a member of the referring team should remain in regular contact with the person	Following referral, a member of the referring team should remain in regular contact with the person
It is unacceptable for CMHTs to have a policy of not working with people with a primary diagnosis of personality disorder	It is unacceptable for CMHTs to have a policy of not working with people with personality disorder	It is unacceptable for CMHTs to have a policy of not working with people with personality disorder
Consensus not reached	Interventions need be delivered over years not months	Interventions need be delivered over years not months
Services for people with personality disorder should provide care coordination under the care programme approach	Consensus not reached	Services for people with personality disorder should provide care coordination under the care programme approach
Care plans with short- and long-term treatment goals agreed by the client are important	Care plans with short- and long-term treatment goals agreed by the client are important	Care plans with short- and long-term treatment goals agreed by the client are important
Services should be able to arrange home treatment or residential care at times of crisis	Services should be able to arrange home treatment or residential care at times of crisis	Services should be able to arrange home treatment or residential care at times of crisis
Boundaries need to be made clear at the start and stuck to throughout treatment	Boundaries need to be made clear at the start and stuck to throughout treatment	Boundaries need to be made clear at the start and stuck to throughout treatment
Responsibility for each client should be shared by a team and/or the community, rather than by individual staff members	Responsibility for each client should be shared by a team and/or the community, rather than by individual staff members	Consensus not reached
Consensus not reached	Some clients with personality disorder cannot cope with groups or environments where people have to interact	Some clients with personality disorder cannot cope with groups or environments where people have to interact
Risk management involves placing a high degree of responsibility with the person who is harming her/himself	Risk management involves placing a high degree of responsibility with the person who is harming her/himself	Consensus not reached
Services should try to obtain users' consent to contact, support and inform carers	Services should try to obtain users' consent to contact, support and inform carers	Services should try to obtain users' consent to contact, support and inform carers
Users and their carers should be involved in making decisions about service development	Users and their carers should be involved in making decisions about service development	Users and their carers should be involved in making decisions about service development
<i>Services for people with a diagnosis of personality disorder should encourage users to decide the frequency of their contact with the service</i>	Consensus not reached	Consensus not reached
Personal qualities of staff are more relevant than professional qualifications	Personal qualities of staff are more relevant than professional qualifications	Personal qualities of staff are more relevant than professional qualifications
Teams need to consist of people with a range of professional and non-professional backgrounds	Teams need to consist of people with a range of professional and non-professional backgrounds	Teams need to consist of people with a range of professional and non-professional backgrounds
Consensus not reached	Teams should have regular input from an 'expert by experience' (a service user worker)	Teams should have regular input from an 'expert by experience' (a service user worker)
It is essential for staff to have a forum to come together to reflect on their practice	It is essential for staff to have a forum to come together to reflect on their practice	It is essential for staff to have a forum to come together to reflect on their practice
<i>It is more useful to train and support general services to manage difficult personality disorder clients than it is to directly manage them</i>	Consensus not reached	Consensus not reached
Training in this field should ideally be given to teams, rather than individuals	Training in this field should ideally be given to teams, rather than individuals	Training in this field should ideally be given to teams, rather than individuals
Consensus not reached	Service users are able to successfully run groups for people with personality disorder as long as they are provided with training and support	Service users are able to successfully run groups for people with personality disorder as long as they are provided with training and support
Consensus not reached	Participation in 'user-involvement' activities helps a person with personality disorder sustain their recovery	Consensus not reached
Consensus not reached	Consensus not reached	People with personality disorder should be employed to deliver direct service provision to other service users
CMHT, community mental health team. Statements have been abbreviated. Items in bold are those where the consensus was that the statement was opposed. Items in <i>italics</i> were those where consensus was in the 'neutral' range.		