Personality Disorder in Young People:
Recognition and Management

Evidence-based Framework 2026

Executive Summary

There is growing global consensus that Borderline Personality Disorder (PD) needs to be better addressed in youth mental health. While Borderline PD remains the most recognised term within the literature, the current landscape of conceptualising PDs has shifted from a categorical to a dimensional understanding of personality difficulties. Accordingly, this Framework uses the broader term 'PD' throughout.

The need to better recognise and respond to PD in young people has also been identified as a priority within Western Australia (WA), including by the WA Chief Psychiatrist and the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0–18 years in WA. In response, the Child and Adolescent Health Service (CAHS) Child and Adolescent Mental Health Services (CAMHS) initiated the development of a comprehensive framework on best practice in service delivery, clinical practice, and workforce capability to support the management of PD in young people aged 12-18. The Framework was developed through a rigorous process overseen by a panel of national experts, incorporating extensive evidence reviews and consultation with a broad range of stakeholders, including CAMHS staff, people with lived experience, relevant external stakeholders such as the WA Country Health Service, and PD experts from mature PD services.

At the core of the Framework are 32 evidence-informed clinical recommendations, which were developed first and provided the foundation for the subsequent chapters. Developed through a process informed by established clinical guideline development methods, the recommendations emphasise formulation-driven assessment, good clinical care beyond single-modality therapy, dynamic risk management and governance, strong collaboration with families and broader support systems, routine outcome measurement, and tailored approaches for out of home care contexts. Building on these recommendations, the Framework identifies additional considerations for key populations groups, including young people with co-occurring conditions, LGBTIQA+ young people, culturally and linguistically diverse people, Aboriginal young people, and young people living in regional and remote areas.

A central recommendation emphasises Good Clinical Care as the universal standard of care that should be provided to every young person with PD, regardless of which psychotherapeutic modality, if any, they are receiving. Underpinning Good Clinical Care is the idea that PD is everybody's business and that working effectively with young people with PD does not require specialist training or expert status. A dedicated Chapter therefore describes the principles of Good Clinical Care, including person-centred care, collaboration with families, trauma-informed care, recovery-oriented care, a strengths-based approach, relational care, formulation and psychoeducation, handover and transition between services, care coordination, and reflective practice.

The Framework then introduces a novel Integrated Clinical Staging-Tiered Care Model, linking a young person's clinical stage with the tier of service best matched to their needs. The model provides clinicians with a shared reference point, accompanied by guidance on clinical decision thresholds for movement between tiers. The model is emphasised as being illustrative, rather than exhaustive, with clinical judgement remaining central to decisions about care.

The final chapters address the workforce and organisational capabilities required to deliver and monitor effective PD care. Specifically, the Framework outlines how core clinical competencies can be developed and sustained over time, the value of having access to additional specialist consultation and structured reflective practice, as well as appropriate support for the Lived Experience peer workforce. The Framework also emphasises the value of embedding routine outcome monitoring (ROM) within clinical care to support clinical decision-making and continuous improvement, with consideration given to developing a clinical quality registry to leverage ROM data to answer important research questions.