



Richard Woods @Richard_Autism

Jul 30 · 13 tweets · [Richard_Autism/status/1553336314300342272](#)

[@Keirwales](#) I am increasingly thinking that mental Disorders should be viewed as long term interventions, due to how bestowing someone a mental Disorder, like autism, BPD changes a person life...

[@Keirwales](#) ... Giving some a mental Disorder diagnosis, can give them access to different strategies, treatments etc (although I find most treatments/ strategies are symptom/ issue specific). It can give people access to legal rights & protections & resources, e.g. PIP...

[@Keirwales](#) ... Often giving someone a mental Disorder diagnosis also bestows upon a person a substantial amount of stigma, as often is the case with BPD. It can sometimes allow people to be more compassionate to others...

[@Keirwales](#) ... I think that many mental Disorders, especially the highly contested & controversial ones, like BPD need evidence that overall bestowing a mental Disorder diagnosis, e.g., BPD helps those diagnosed with it. Very least it does not harm population of people diagnosed with it..

[@Keirwales](#) ... I think we need robust evidence to inform debates on mental Disorders, especially the controversial & contested ones, like BPD; do they actually help people, is bestowing a BPD diagnosis not harming a person...

[@Keirwales](#) ... Many of the debates surrounding BPD are also surrounding the proposed Disorder of "Pathological Demand-Avoidance", like PDA might be a pseudo-syndrome, its features should be attributed to accepted difficulties/ diagnoses & treated that way...

[@Keirwales](#) ... If one treats the act of giving someone a mental Disorder diagnosis as a long term intervention. It follows it can use same standards from intervention research to judge efficacy of mental Disorder diagnoses...

[@Keirwales](#) ... In case use RCTs to test which approach a mental Disorder is best to use, particular long-term RCTs, to generate evidence, which should show if particular mental Disorder diagnosis are either, benign, beneficial or harmful...

[@Keirwales](#) ... Some would suggest it is unethical to use long term RCTs to generate such evidence. I think that is nonsense, still there might be other ways of generating good quality evidence to suggest if a particular diagnosis is at least neutral in its affects on people...

[@Keirwales](#) ... Recently [@NICEComms](#) has released guidance for real world evidence, such as from clinical settings. See the link below:

<https://www.nice.org.uk/corporate/ecd9/resources/nice-realworld-evidence-framework-pdf-1124020816837>

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[@Keirwales](#) [@NICEComms](#) ... an example of real world evidence which basically removed autism subtypes from the DSM-5 is below:



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[@Keirwales](#) [@NICEComms](#) ... Which takes me back to my question to you.

What evidence would you recognise that BPD should be diagnosed (at the very least overall, a BPD diagnosis does not adversely affect a person)?

[@Keirwales](#) [@NICEComms](#) [@threadreaderapp](#) please could you unroll?

Thank you in advance.

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