

The Girona declaration on borderline intellectual functioning

With the development of the latest DSM and ICD classifications, borderline intellectual functioning has ceased to be conceptualised as a diagnostic code and is increasingly less a focus of clinical attention. Even though DSM 5 does not provide a specific recommendation for identification of borderline intellectual functioning, unlike the ICD, it advocates an innovative non-Gaussian neurodevelopmental approach to differential diagnosis between mild intellectual disability/intellectual developmental disorder (ID/IDD) and borderline intellectual functioning. The absence of a definition of borderline intellectual functioning therefore begs the question as to how such a differential diagnosis can be made between mild ID/IDD and borderline intellectual functioning in the absence of any specified criteria—an obvious contradiction in terms.

Compared with the general population, people with borderline intellectual functioning have a greater risk of cognitive impairment and neurodevelopmental problems, increased vulnerability to poor physical and mental health, and higher risk of social exclusion.¹⁻³ They also face greater difficulties in meeting developmental milestones, environmental challenges, and complex social demands and transitions.¹ However, there is no consensus on terminology and definition for borderline intellectual functioning, and its absence in the main diagnostic classifications makes borderline intellectual functioning an invisible clinical entity. In most of the world, people with borderline intellectual functioning are not granted eligibility to access specialised health care, social services, disability benefits, or any protection services they might need.¹

In 2009, a Spanish group of experts promoted consensus guidelines and a

specific scheme of public interventions for borderline intellectual functioning. This initiative was followed by the creation of an international group of experts: The Borderline Intellectual Functioning Consensus Group, also including members of the World Psychiatric Association Scientific Section on ID/IDD, and members of the Fogarty/NIMH NCD-LIFESPAN Program. The aim of this international group is to promote worldwide awareness of and support for borderline intellectual functioning as a health meta-condition with considerable impact on society.

The Consensus Group held a first International conference on borderline intellectual functioning in Girona in 2017. Based on its previous experiences,^{1,4} debates, and agreements, the Consensus Group produced the Girona declaration on borderline intellectual functioning. This declaration includes a comprehensive definition and description of borderline intellectual functioning and calls for action to promote policies and practices for improving the quality of life and health of people with this condition. The Girona Declaration invites stakeholders related to borderline intellectual functioning, including professional, educational, non-governmental, and governmental organisations, to join and collaborate on enhancing the wellbeing of people with borderline intellectual functioning worldwide.

A full copy of the Girona Declaration is in the appendix (pp 3–6).

We declare no competing interests.

*Rafael Martínez-Leal, *Annabel Folch, Kerim Munir, Ramon Novell, Luis Salvador-Carulla, on behalf of the Borderline Intellectual Functioning Consensus Group†*
anabel.folch@urv.cat

†Group members are listed in the appendix pp 1–2

Intellectual Disability and Developmental Disorders Research Unit, Fundació Villablanca, Institut d'Investigació Sanitària Pere Virgili, Departament de Psicologia, Universitat Rovira i Virgili, Reus 43206, Spain (RM-L, AF); Centro de Investigación

Biomédica en Red de Salud Mental, Madrid, Spain (RM-L); Developmental Medicine Centre, Division of Developmental Medicine, Boston Children's Hospital, Harvard Medical School, Boston, MA 02125, USA (KM); Mental Health and Intellectual Disability Specialized Service, Catalan Health Government, Martí i Julià Hospital, Girona, Spain (RN); Centre for Mental Health Research, Research School of Population Health, ANU College of Health and Medicine, Australian National University (LS-C)

- 1 Salvador-Carulla L, Ruiz Gutiérrez-Colosía M, Nadal Pla M. Consensus Manual on Borderline Intellectual Functioning. Madrid: Caja Madrid-Obra Social; 2011 (in Spanish).
- 2 Hassiotis A, Brown E, Harris J, et al. Association of borderline intellectual functioning and adverse childhood experience with adult psychiatric morbidity. Findings from a British birth cohort. *BMC Psychiatry* 2019; **19**: 387.
- 3 Barnevik Olsson M, Holm A, Westerlund J, Lundholm Hedvall A, Gillberg C, Fernell E. Children with borderline intellectual functioning and autism spectrum disorder: developmental trajectories from 4 to 11 years of age. *Neuropsychiatr Dis Treat* 2017; **13**: 2519–26.
- 4 BIF Consensus Group. Recommendations for caring for people with borderline intellectual functioning. Barcelona: Generalitat de Catalunya, 2017. https://presidencia.gencat.cat/web/.content/departament/plans_sectorials_i_interdepartamentals/funcionament_intel_lectual_limit/BIF-recommendations-GENCAT.pdf (accessed Oct 30, 2019).



See Online for appendix