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FOI REQUEST NUMBER 320 2015

Request

1. Does your Trust provide psychological interventions to patient diagnosed with personality disorders including schizoid personality disorder and antisocial personality disorder?
2. Same Question in 1. but where these disorders cause patients distress and ill-effects and in addition where they are suicidal and have made suicide attempts?
3. Does the Trust agree if there are any evidence based treatments for schizoid personality disorder or not. The same question for antisocial behaviour?
4. How many people have the Trust diagnosed and treated with schizoid personality disorder in the last year (or shorter periods if such a search is too onerous). The same question for anti-social behaviour?
5. If the Trust don't agree that there is any evidence based treatments in question 1) and 2) does this automatically preclude any interventions at all, including psychotherapy and other types of mental health treatment(s). If the Trust agree there are evidence based treatments for these two disorders what types of treatment are available for each?
6. Does the Trust have any type of service for treating patients suffering schizoid personality disorder or antisocial behaviour personality disorder, at any degree of severity, and if so where are these services based?
7. Does the Trust accept guidance from outside bodies including the Royal College of Psychiatrists where for instance recommendation are made around all personality disorders being treated? Please see attached the Royal College leaflets on PD. NICE guidelines say:
8. Does the Trust adhere to rigid timescales around diagnosis of these two conditions and are safeguards put in place to ensure that sufficient time is given to diagnosis to avoid mis-diagnosis. If so what number of sessions or assessments is typical to reach a diagnosis of these two disorders?

Request

1. Yes
 - a. Usually the patient receiving treatment is diagnosed with a number of Personality Disorder (PD) traits and diagnoses of which Anti-social (AS) and Schizoid may be included.
 - b. There is an assessment of the motivation to engage with therapies. Specific structured diagnostic tools are utilised where appropriate and formulations used to identify treatment needs and relationship with risk issues.
2. Yes
3. There is a limited evidence base for treatment of Schizoid and Anti-social PD in secondary mental health services. Particularly ASPD the evidence base is around mentally disordered offenders. This is not to say that all ASPD people are currently offending. Most ASPD patients under the Trust's care have other mental health or addiction conditions.
4. The Trust may hold this information however the clinicians will tend to record the primary PD diagnosis – usually Emotionally Unstable F60.3 – and not comorbid PD diagnoses and traits therefore any data that the Trust records may not specifically breakdown into the level of detail you are requesting due to how we record this information.
5. As for question 1.
6. Community teams, Secure Services and In-patient services don't exclude PD and plan care around individual needs. WAVES and RIPPLES are services we support although some may only support certain types of PD.
7.
 1. Mental health professionals use a structured clinical assessment to diagnose borderline or antisocial personality disorder.
 2. People with borderline personality disorder are offered psychological therapies and are involved in choosing the type, duration and intensity of therapy.
 3. People with antisocial personality disorder are offered group based cognitive and behavioural therapies and are involved in choosing the duration and intensity of the interventions
 4. People with borderline or antisocial personality disorders are prescribed antipsychotic or sedative medication only for short term crisis management or treatment of comorbid conditions.
 5. People with borderline or antisocial personality disorder agree a structured and phased plan with their care provider before their services change or are withdrawn.
 6. People with borderline or antisocial personality disorder have their long term goals for education and employment identified in their care plan.
 7. Mental health professionals supporting people with borderline or antisocial personality disorder have an agreed level and frequency of supervision

8. The Trust adopts patient centered approaches.

- Where possible the Trust would adhere to the NICE guidelines and work is underway within the Suffolk The Trust does not provide full NICE compliant PD treatment across all services, but each individual has their needs assessed and will have a care plan put into place for needs which the Trust are able to manage. Locality to develop this. On occasion some services are unable to offer treatment to all people with these diagnoses and some services may only take certain types of personality disorders. The Trust is commissioned to provide certain services within block contracts which are agreed with Clinical Commissioning Groups. On occasion Commissioners do not ask us to do anything specific other than not exclude people with personality disorders. Therefore it may mean that that we do not have sufficient funds to provide psychological therapies to all, including people with personality disorders; and that what we do offer to all referred is advice, signposting and assessments of risk. To people who meet mental health service criteria we offer a range of interventions based on need, the evidence base and capacity.

The Trust provides a complaints procedure to deal with complaints about the Trust's handling of requests for information. If you feel you need to make a complaint, in the first instance, you should contact a Non-Executive Director via the Chair of the Trust. If you feel you have exhausted our internal complaints procedure, you also have the right and may feel you wish to write to the Information Commissioner who can be contacted on telephone number 01625 545740 or at www.ico.gov.uk.

Personality Disorder: key facts

How does it feel to have this disorder?



- Our 'personality' is the collection of ways that we think, feel and behave that makes us all individuals.
- Most of the time, our personality allows us to get on reasonably well with other people, but for some of us, this isn't true.
- If you have a personality disorder, parts of your personality make it hard for you to live with yourself and/or other people.
- You often feel unhappy or distressed and/or find that you upset or harm other people.
- You may experience severe difficulties over a long period of time in several of these areas:
 - making or keeping relationships and friendships
 - getting on with people at work or with friends and family
 - keeping out of trouble
 - controlling your feelings or behaviour

How common is PD?

Probably about 1 in 10 people has a PD, but many will not be severe.

Personality disorders tend to fall into three groups according to the aspect of personality which seems to cause the main problems:

Cluster A: 'Suspicious' - includes

Paranoid

- You are suspicious of other people - you feel that they are being nasty to you.
- You are sensitive to rejection and tend to hold grudges

Schizoid

- You don't have strong emotions, don't like contact with other people and prefer your own company.

- You have a rich fantasy world.

Schizotypal

- You have odd ideas and difficulties with thinking. Other people may see you as eccentric.
- You may see or hear strange things.

Cluster B: 'Emotional and Impulsive' - includes

Antisocial

- You don't care about the feelings of others, get easily frustrated, fight, commit crimes and find it hard to have close relationships.
- You do things on the spur of the moment, don't feel guilty and don't learn from unpleasant experiences.

Borderline, or Emotionally Unstable

- You do things without thinking, find it hard to control your emotions, and feel empty.
- You feel bad about yourself and often self-harm.
- You make relationships quickly, but easily lose them.
- You often feel paranoid or depressed and, when, stressed, may hear noises or voices.

Histrionic

- You over-dramatise events and tend to be self-centered.
- Your emotions are strong, but change quickly.
- You worry a lot about your appearance and crave excitement.

Narcissistic

- You feel very important and dream of success, power and status.
- You crave attention, tend to exploit others and ask for favours that you don't return.

Cluster C: 'Anxious' - includes

Obsessive-Compulsive (aka Anankastic)

- You are perfectionist, worry about detail and are perhaps rigid.
- You are cautious and find it hard to make decisions.
- You have high moral standards, tend to judge other people and worry about doing the wrong thing.
- You are sensitive to criticism and may have obsessional thoughts and behaviours.

Avoidant or Anxious

- You are very anxious and tense, you worry a lot, feel insecure and inferior.
- You want to be liked and accepted, and are sensitive to criticism.

Dependent

- You rely on others to make decisions for you and do what others want you to do.
- You find it hard to cope with daily tasks, feel hopeless and incompetent, and easily feel abandoned by others.

Treatments that can help

Psychologists and psychiatrists can help. You can learn to control aspects of your emotions and behaviour which cause these problems.

Our personalities tend to stay constant over a long period of time, so the treatment will often be long-term.

The main treatments for Personality Disorder are based on talking therapies, behavioural therapies and regular contact with support services. For most people treatment is most effective in a community setting. Drug treatments can also help in a small number of people.

Medications

It has been difficult to study the benefits of medications in Personality Disorder, which means evidence for their effects is limited. Medication may be used to manage distressing and severe symptoms in some people, usually in the short-term. They are also used to treat other mental disorders, such as depression which people with Personality Disorders may also suffer with at times. Most drug trials are based on Borderline Personality Disorder.

Antipsychotic drugs can help if people feel paranoid, or are hearing noises and voices.

Antidepressants can help treat depressive and anxiety disorders in people with Personality Disorders. There is some evidence to suggest they may also help with reducing aggressive, impulsive and self-harming behaviours.

Mood stabilisers such as lithium, carbamazepine and sodium valproate may also reduce impulsiveness and aggression in some people.

How effective is treatment?

The evidence is weak because treatments are usually quite complicated, so it is hard to know what part actually worked. The studies are also usually small and rather too short, and the ways of measuring improvement are poor. However, there is growing and encouraging evidence to show that symptoms of Borderline Personality Disorder can improve and even resolve over time.

Which approach is best for me?

This depends on what approach and setting you prefer, as well as the type of problem that you have. However, a lot depends on what is available in your area. The choice of treatment should be discussed with your psychiatrist or care coordinator.

How to help yourself

There are lots of things you can do to help you manage and reduce your difficulties. Some of these things may sound obvious, but they can make a big difference. For example:

- **Develop a hobby or interest.** This can help you deal with stress. Any activity or interest can help, from knitting to reading to watching football, so long it is something you enjoy doing.
- **Regular exercise.** Although this can be difficult to do in stressful times, it can be a very good stress-reliever. Any sort of exercise can help, such as a brisk walk for 30 minutes a day - whatever you feel most comfortable with.
- **Reduce alcohol use.** When we're feeling low or stressed, alcohol can provide some temporary relief. However, more often it makes us feel even more stressed and angry. Avoid alcohol in stressful times and this can greatly reduce the chance of you coming to any harm (from other people and from yourself).
- **Avoid any illicit drugs.** Like with alcohol, drugs can seem like they help relieve stress, but in reality they make situations much more difficult to deal with, and make people much more vulnerable to developing even more negative feelings.
- **Regulate your sleep.** Irregular or lack of sleep can leave us feeling tired which makes most people vulnerable to becoming more irritable and stressed. Regular sleep can make us better prepared to face challenges which life can throw at us.
- **Engage with your mental health team.** Sticking with your treatment plan can, over time, provide a helpful routine and allow you develop better ways of coping. Seeking help from your team at times of crisis can also help you avoid coming to harm in difficult times.

How other people can help?

Some people think it can be helpful to let those around you know about your mental health problems, whether they are family, friends or colleagues at work. This may help people know what things can help you, especially during times of crisis.

It is not easy to be open with people about these issues. It may help to discuss this with your doctors or mental health team to decide if this is the right approach for you.

Helping someone else

It can be difficult to understand why someone might be behaving in a certain way. Their behaviour may be difficult and even dangerous. It is important to try to understand things

from their perspective, however difficult that may be at times. If you are concerned about someone with a Personality Disorder, it may be useful to encourage them to adopt some of the simple, 'healthy-living' measures outlined above. You may also find it helpful to get advice from your local doctor.

For more in-depth information see our main leaflet: [Personality Disorders](#)

This leaflet reflects the most up-to-date evidence at the time of writing.

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Please note that we are unable to offer advice on individual cases. Please see our [FAQ](#) for advice on getting help

Personality Disorder

About this leaflet

This leaflet is for anyone who has been given a diagnosis of personality disorder and



for their family and friends.

Introduction

It's not easy to pin down exactly what we mean by the word 'personality'. It seems obvious, but it can be hard to put into words. This can be because the words we use to describe people tend to have wide meanings – and these meanings often overlap. These words can also cover more than one kind of experience. For example, 'shyness' describes the feeling of awkwardness with other people, but also how we behave by being rather quiet in company.

It is also difficult because the way we behave - and appear to other people - can be very different in different situations. You can know a person well at work, but find that they behave quite differently in their private life.

In mental health, the word 'personality' refers to the collection of characteristics or traits that we have developed as we have grown up and which make each of us an individual. These include the ways that we:

- think
- feel
- behave

By our late teens, or early 20s, most of us have developed our own personality. We have our own ways of thinking, feeling and behaving. These stay pretty much the same for the rest of our life. Usually, our personality allows us to get on reasonably well with other people.

Personality disorder

For some of us, this doesn't happen. For whatever reason, parts of your personality can develop in ways that make it difficult for you to live with yourself and/or with other people. You don't seem to be able to learn from the things that happen to you. You find that you can't

change the bits of your personality (traits) that cause the problems. These traits, although they are part of who you are, just go on making life difficult for you - and often for other people as well.

Other people will often have noticed these traits from your childhood and early teens. For example, you may find it difficult to:

- make or keep close relationships
- get on with people at work
- get on with friends and family
- keep out of trouble
- control your feelings or behaviour
- listen to other people

If this makes you

- unhappy or distressed

and/or

- often upset or harm other people

then you may have a personality disorder (see below for descriptions of the different types).

Life is more difficult if you have a personality disorder, so you are more likely to have other mental health problems such as depression or drug and alcohol problems.

How common are personality disorders?

There have been difficulties in clearly defining personality disorders. Previous research studies have suggested that up to 1 in 5 people might have a personality disorder. However, a larger and more rigorous UK study in 2006 suggested that, at any given time, about 1 in 20 people will have a personality disorder.

Personality disorder – treatable or untreatable?

People with a diagnosis of personality disorder have not, in the past, had enough help from mental health services. These services have been more focussed on mental illnesses like schizophrenia, bipolar disorder and depression. There have been arguments about whether mental health services can offer anything useful to people with personality disorders. Recent research makes it clear that mental health services can, and should help people with personality disorders.

Do personality disorders change with time?

Yes. There is evidence that they tend to improve slowly with age. Antisocial behaviour and impulsiveness, in particular, seem to reduce in your 30s and 40s.

It can, however, sometimes work in the opposite direction. For example, schizotypal personality disorder can develop into the mental illness '[schizophrenia](#)'.

Different kinds of personality disorders

There are different ways to describe mental disorders, and to put them into categories. The first step is to see if there are patterns, or collections of personality traits that are shared by a number of people. Once these patterns have been identified, we can start to find effective ways of helping.

Research suggests that personality disorders tend to fall into three groups, according to their emotional 'flavour':

Cluster A: 'Odd or Eccentric

Cluster B: 'Dramatic, Emotional, or Erratic'

Cluster C: 'Anxious and Fearful'

As you read through the descriptions of each type, you may well recognise some aspects of your own personality. This doesn't necessarily mean that you have a personality disorder. Some of these characteristics may even be helpful in some areas of your life. If you do have a personality disorder, some of these traits will be spoiling your life - and often the lives of those around you.

A person can have the characteristics of more than one personality disorder.

Cluster A: 'Odd and Eccentric'

Paranoid

- suspicious
- feel that other people are being nasty to you (even when evidence shows this isn't true)
- feel easily rejected
- tend to hold grudges

Schizoid

- emotionally 'cold'
- don't like contact with other people, prefer your own company
- have a rich fantasy world

Schizotypal

- eccentric behaviour
- odd ideas
- difficulties with thinking
- lack of emotion, or inappropriate emotional reactions
- see or hear strange things
- sometimes related to schizophrenia, the mental illness

Cluster B: 'Dramatic, Emotional and Erratic'

Antisocial, or Dissocial

- don't care much about the feelings of others
- easily get frustrated
- tend to be aggressive
- commit crimes
- find it difficult to make close relationships
- impulsive - do things on the spur of the moment without thinking about them
- don't feel guilty about things you've done
- don't learn from unpleasant experiences

Borderline, or Emotionally Unstable

- impulsive - do things on the spur of the moment
- find it hard to control your emotions
- feel bad about yourself
- often self-harm, e.g. cutting yourself or making suicide attempts
- feel 'empty'
- make relationships quickly, but easily lose them
- can feel paranoid or depressed
- when stressed, may hear noises or voices

Histrionic

- over-dramatise events
- self-centered
- have strong emotions which change quickly and don't last long
- can be suggestible
- worry a lot about your appearance
- crave new things and excitement
- can be seductive

Narcissistic

- have a strong sense of your own self-importance
- dream of unlimited success, power and intellectual brilliance
- crave attention from other people, but show few warm feelings in return
- take advantage of other people
- ask for favours that you do not then return

Cluster C: 'Anxious and Fearful'

Obsessive-Compulsive (aka Anankastic)

- worry and doubt a lot
- perfectionist - always check things
- rigid in what you do, stick to routines
- cautious, preoccupied with detail
- worry about doing the wrong thing
- find it hard to adapt to new situations

- often have high moral standards
- judgemental
- sensitive to criticism
- can have obsessional thoughts and images (although these are not as bad as those in obsessive-compulsive disorder)

Avoidant (aka Anxious/Avoidant)

- very anxious and tense
- worry a lot
- feel insecure and inferior
- have to be liked and accepted
- extremely sensitive to criticism

Dependent

- passive
- rely on others to make decisions for you
- do what other people want you to do
- find it hard to cope with daily chores
- feel hopeless and incompetent
- easily feel abandoned by others

But I don't fit any of these ...

The symptoms and difficulties may not fit exactly into any one of these categories. You may see aspects of yourself in more than one category. Professionals, too, may find it hard to give you a single diagnosis. This is not unusual. It is pretty hard to describe any personality clearly, and so it can be difficult to make a clear diagnosis of personality disorder. It may be more helpful to think of these diagnoses, not as clear categories, but as exaggerations of normal, overlapping personality types.

What causes personality disorder?

The answer is not clear, but it seems that like other mental disorders, upbringing, brain problems and genes can play a part.

Upbringing

Sometimes, but not always, people with personality disorder have experienced

- physical or sexual abuse in childhood
- violence in the family
- parents who drink too much

If children are taken out of this sort of difficult environment, they are less likely to develop a personality disorder.

Early problems

Severe aggression, disobedience, and repeated temper tantrums in childhood.

Brain problems

Some people with antisocial personality disorder have very slight differences in the structure of their brains, and in the way some chemicals work in their brains. However, there is no brain scan or blood test that can diagnose a personality disorder.

Triggers

- using a lot of drugs or alcohol
- problems getting on with your family or partner
- money problems
- anxiety, depression or other mental health problems
- important events
- stressful situations
- loss, such as death of a loved one

Help

With help, many people with personality disorder can start to lead a normal and fulfilling life. Most can, at least, cope more effectively with their difficulties.

Treatment for people with personality disorders can be psychological (talking therapies) and/or physical (medication).

The type of therapy or treatments offered depends on:

- what you want or prefer
- the type of difficulties you have
- what is available locally

1. Psychological: talking treatments or therapies

A number of psychotherapies seem to work well, particularly for cluster B personality disorders ('Dramatic, Emotional and Erratic'). They all have a clear structure and idea of how they work which must be explained to the patient.

Longer-term therapy can last for years, and may have to be more than once a week. They all involve different ways of talking with a therapist, but are all different from each other. Some have a clear structure to them, others are more flexible. They include:

- **Mentalisation Based Therapy (MBT)** - combines group and individual therapy. It aims to help you better understand yourself and others by being more aware of what's going on in your own head and in the minds of others. It is helpful in borderline personality disorder.
- **Dialectical Behaviour Therapy (DBT)** –this uses a combination of [cognitive and behavioural therapies](#), with some techniques from Zen Buddhism. It

involves individual therapy and group therapy, and is helpful in borderline personality disorder.

- **Cognitive Behavioural Therapy (CBT)** - a way to change unhelpful patterns of thinking.
- **Schema Focused Therapy** - a cognitive therapy that explores and changes collections of deep unhelpful beliefs. Again, it seems to be effective in borderline personality disorder.
- **Transference Focused Therapy** - a structured treatment in which the therapist explores and changes unconscious processes. It seems to be effective in borderline personality disorder.
- **Dynamic Psychotherapy** - looks at how past experiences affect present behaviour. It is similar to Transference Focused Therapy, but less structured.
- **Cognitive Analytical Therapy** - a way to recognise and change unhelpful patterns in relationships and behaviour.
- **Treatment in a therapeutic community** – this is a place where people with long-standing emotional problems can go to (or sometimes stay) for several weeks or months. Most of the work is done in groups. People learn from getting on – or not getting on - with other people in the treatment group. It differs from 'real life' in that any disagreements or upsets happen in a safe place. People in treatment often have a lot of say over how the community runs. In the UK, it is more common now for this intensive treatment to be offered as a day programme, 5 days a week.

2. Physical: medication

People with personality disorders are more likely to have another mental health difficulties, like [depression](#) and [anxiety](#). Medication is often prescribed to people with personality disorders to treat these difficulties, for which it can be very effective.

There has not been much research into whether medication can help with the symptoms of personality disorder themselves. Prescribing medication for this purpose is not advised by the National Institute for Care and Health Excellence (NICE - the leading medical guidance-producing organisation) and medication cannot 'cure' a personality disorder. However, many psychiatrists do prescribe medications to try to reduce individual symptoms.

[Antipsychotic drugs \(usually at a low dose\)](#)

- Can reduce the suspiciousness of the three cluster A personality disorders (paranoid, schizoid and schizotypal).
- Can help with borderline personality disorder if people feel paranoid, or are hearing noises or voices.

[Antidepressants](#)

- Can help with the mood and emotional difficulties that people with cluster B personality disorders (antisocial or dissocial, borderline or emotionally unstable, histrionic, and narcissistic) have.

- Some of the selective serotonin reuptake inhibitor antidepressants (SSRIs) can help people to be less impulsive and aggressive in borderline and antisocial personality disorders.
- Can reduce anxiety in cluster C personality disorders (obsessive-compulsive, avoidant and dependent).

Mood stabilisers

- Can help with unstable mood and impulsivity that people with borderline personality disorder may experience.

Sedatives

- The short-term use of sedative medication as part of a larger care plan can be useful during a crisis.

Support

Many people with personality disorder can lead full lives with support. This can be emotional - somebody to talk to - or practical - help with sorting bills out or arranging things. The support can be given by friends and families, self-help groups and networks, as well as your GP or [mental health team](#).

You might need such support occasionally, when things get particularly difficult, or you may need it regularly.

If you have a personality disorder, you may not need treatment at all - but you might find medication or talking treatments helpful, and sometimes both.

Admission to hospital usually happens only as a last resort (e.g. when a person with borderline personality disorder is harming themselves badly) and for a short time. A lot of help that was once only offered on hospital wards is now available in day centres and clinics.

Living with personality disorder

People with a personality disorder, just like anyone who has mental health difficulties, can be stigmatised because of their diagnosis. They can attract fear, anger and disapproval rather than compassion, support and understanding. This is both unfair and unhelpful. Personality disorder is a real problem that demands real help. We can all help by being friendly, supportive and understanding, rather than being judgemental.

Self-help

- Try to unwind when stressed - have a hot bath or go for a walk. You may find yoga, massage or aromatherapy useful.
- Make sure you get a good night's sleep - but don't get too upset if you can't sleep.
- Look after your physical health and what you eat. You'll feel better on a balanced diet, with lots of fruit and vegetables.
- Avoid drinking too much alcohol or using street drugs.

- Take some regular exercise. This doesn't have to be extreme. Even getting off the bus one stop early, and walking the rest of the way can make a difference.
- Give yourself a treat (although not drugs or alcohol!) when things are difficult or you have coped at a stressful time.
- Take up an interest or hobby. This is a good way to meet others and take your mind off the day-to-day stresses that we all face.
- Talk to someone about how you are feeling. This could be a friend or relative or, if preferred, a therapist or counsellor. If you don't have access to a counsellor or therapist, then try your GP.
- The internet is a good resource of information.
- If things get really tough, try phoning the Samaritans (see further information).

Living with someone who has a personality disorder

You may worry about the effects the personality disorder is having on them, and perhaps on your life too. How would they react if you talked to them about it?

If he or she is happy to talk about it, get some more information. Even if they don't see a problem at the present time, they may do in the future.

Day-to-day living with someone who has a personality disorder can be difficult - but it isn't always difficult. Giving people their own space, listening to and acknowledging their concerns, and involving others (friends, relatives and, at times, mental health professionals – nurses, therapists or doctors) can all be useful. It is also important to look after your own physical and mental health.

Further Information

Emergence

Emergence is a service user-led organisation supporting all people affected by a diagnosis of personality disorder, whether you are a service user, carer (which is a family member or friend of a service user) or a professional in the field.

Mind

Mind is a leading mental health charity in England and Wales and has extensive information on personality and personality disorder.

Personality disorder: no longer a diagnosis of exclusion

This provides information, resources and learning opportunities for those with a personality disorder and their carers.

Scottish Personality Disorder Network

Contains information about the network set up by the Mental Health division, and provides information about the services available for those with personality disorders in Scotland.

Samaritans

Helpline: 08457 90 90 90, R.O.I: 1850 60 90 90; email: jo@samaritans.org

Samaritans is available 24 hours a day to provide confidential emotional support for people who are experiencing feelings of distress or despair, including those which may lead to suicide. The website has helpful information about stress and self-harm.

Rethink Mental Illness

Rethink is a leading national mental health membership charity and works to help everyone affected by severe mental illness recover a better quality of life. Has information on personality and personality disorder.

Aware

Assists and supports those suffering from depression (which can occur in those diagnosed with a personality disorder) and their families in Ireland. A helpline is available as well as support groups, lectures, and current research on depression.

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Please note that we are unable to offer advice on individual cases. Please see our [FAQ](#) for advice on getting help.