Personality Disorder

This infographic is part of the Suffolk Mental Health Needs Assessment. Please see HealthySuffolk for more details.

Person
- Anti-Social Personality Disorder (ASPD) - may be known to the Police or have a criminal record due to anger / aggression
- May have high use of services (A&E, 111, GP, police) - highest rate of A&E use in Suffolk & North East Essex Sustainability and Transformation Partnership (STP)
- May be self-harming
- Women are more likely to be affected than men, although men are more likely to have antisocial personality disorder
- Increased risk of suicide and of psychosis

Family & Friends
- May have experienced domestic violence, trauma or abuse as a child
- May find it difficult to have close relationships, get on with and listen to other people
- May struggle to control feelings and behaviour
- May be socially excluded, or alienating friends and family through behaviour
- May have a family history of personality disorder
- Consider impact on, and support needed by, family or dependents (especially children)

Physical Health
- May be misusing drugs (often cannabis) or alcohol (dual diagnosis)
- May have co-morbid physical illnesses
- May have medically unexplained symptoms (MUS)
- May have other psychiatric disorders (e.g. Post Traumatic Stress Disorder, depression, anxiety, eating disorder) leading to more severe symptoms, longer duration, increased use of health services
- May have sleep problems

Environment
- At risk of targeting for “cuckooing”, sexual exploitation, gangs
- People with Anti-Social Personality Disorder (ASPD) are more likely to come into contact with the criminal justice system
- People with ASPD are more likely to be unemployed or homeless

Needs
- Recognition
- Open & trusting relationships
- Hope that the condition can be managed
- Clear referral pathways to specialist services
- To be given a full assessment
- Use the Care Programme Approach
- Community Mental Health Teams should be responsible for routine assessment, treatment and management for people with Borderline Personality Disorder
- Psychological therapies are recommended in appropriate circumstances, however brief (less than 3 months) interventions are unlikely to be effective
- An agreed crisis plan
- Medication should not be used for Borderline or Anti-Social Personality Disorder

Statistics
- c84,000 people in Suffolk aged 16+ with enough traits of a personality disorder to justify further investigation (from the Adult Psychiatric Morbidity Survey 2014)
- 15% people with a psychiatric disorder have 2 or more disorders (APMS 2015)

Gaps
- Existing services do not meet needs
- Develop specification that follows NICE guidance recommendations
- Clarify role of Integrated Delivery Teams & Enhanced Care Pathway
- Develop specialist multidisciplinary teams
- Raise awareness among clinicians of prevalence, features & risks
- Train in risk assessment & care in a crisis
- Sign-post to self-help groups
- Provide written information
- Crisis support
- Access to services such as: dialectical behaviour therapy, therapeutic communities, mentalisation-based therapy, art therapy, cognitive analytic therapy, schema therapy, eye movement desensitization and reprocessing (EMDR), inter-personal therapy
- Support for families

Current support
- Norfolk & Suffolk NHS Foundation Trust
- Primary Care - GPs
- Suffolk MIND: Waves service for Borderline PD
- Integrated Delivery Teams, Enhanced Care Pathway teams
- Suffolk Night Owls
- Survivors in Transition: PD group
- Cognitive behavioural therapy for PD
- Group-based cognitive and behavioural interventions
- Enigma peer support

Useful links
- Borderline Personality Disorder (CG78)
- Antisocial Personality Disorder (CG77)

Suffolk needs assessments & information
- Common Mental Disorders
- Personality disorder
- Physical health and mental health