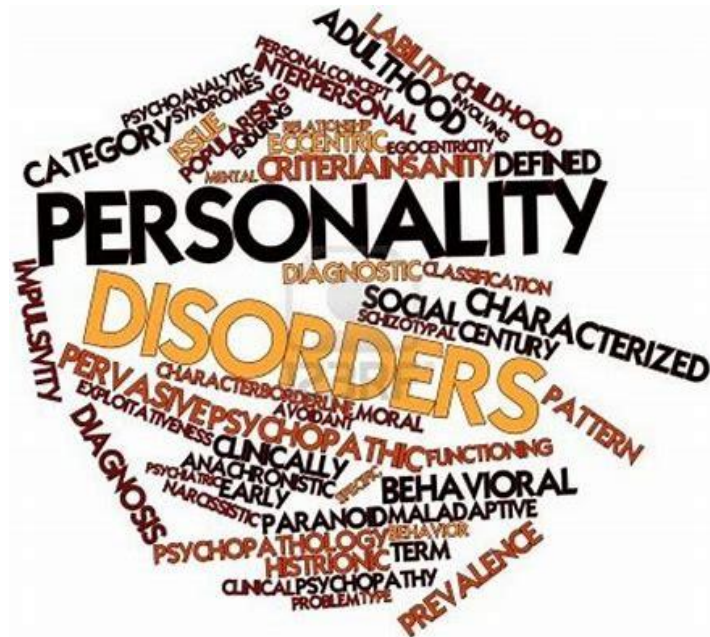


“Can personality be *dis/ordered* ?

Steph de la haye
Stephanie Guidera



The Label of Personality Disorders is Controversial and Needs to Change

Ref consensus statement -
shining a light

What we mean when we say Personality Disorder

- ▶ The diagnosis of Personality Disorder can be described as a long standing pattern of emotional and cognitive difficulties which interferes with many parts of a person`s everyday life including their relationships, work and social situations

The Key Challenges People Face

↑ Likelihood of physical health problems

↓ Lower life expectancy

↑ Risk of unnatural death

↑ Risk of natural death

Stigma and Labelling

The Facts

- ▶ 1:16 people worldwide
- ▶ 60-70% of the Prison population
- ▶ 52% of Psychiatric outpatients

- ▶ could be given the diagnosis of Personality Disorder



DIAGNOSIS BINGO

Female	Has multiple emotions	Smuggled since adolescence	Emotions change
Disorientation under stress	Sometimes questions identity	Self-harm	Suicidal thoughts
Changes mind sometimes	Suicide attempt(s)	Does not enjoy reflection	Sometimes impulsive

Art work by
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PRACTICAL SUGGESTIONS

What can help?		Now		In the Future
Shared ownership	→	Interagency Concordat	→	Mental health dashboard to record effectiveness of communications
Shared understandings	→	Trauma informed formulation	→	Personal Passports
Relational Practice	→	Multi agency guide to support relational practice Psychological informed environments	→	Performance measures
Long term planning	→	Pathways for wellbeing spanning prevention and interventions	→	Cross party focus on pathways aligned to long term government strategies re workforce etc

PRACTICAL SUGGESTIONS

What can help?		Now		In the Future
Evidence based treatments	➔	Delivery of evidence based relational practice monitoring of iatrogenic harm	➔	Staff skills and competences increased Reduction of iatrogenic harm
Competent and supportive Staff	➔	Staff more self reflective and supported by Supervision	➔	Compassionate Services
Culture Change	➔	Respectful treatment Review of the diagnostic label	➔	Increased understanding by the General Public and Services

Steps individuals can take today

- ▶ Co-produced Staff Training to increase staff competence
- ▶ Better communication and Pathways across agencies
- ▶ Strong Clinical Leadership
- ▶ Opening discussions regarding the label

A simple guide to avoid receiving a diagnosis of
'Personality Disorder' – extract from recovery in the bin!

- 1) Try not to be female (for BPD).
- 2) Do not argue your point of view with the professionals.
- 3) You cannot be seen to like some staff members more than others (this is SPLITTING behaviour).
- 4) Do not under any circumstances harm yourself. (This will more than likely be seen as a) manipulative b) attention seeking c) a communication of your distress caused by your underlying PD).
- 5) Do not make statements, which can be interpreted as black and white thinking. For example, the nurses all hate me. Try instead to make unrealistic, robot like, rational statements such as 'Enid, Mary, Silvia, John, Mark and Boteng have all shown epic disdain at my presence on the ward, but an agency nurse once smiled at me in 1992.'
- 6) Do not admire or pin any hope to a professional who appears to understand the social context of your distress (this is idealization, my dear).
- 7) Do not complain about anything. Ever.

TYPES OF PERSONALITY DISORDERS



1. Paranoid Personality Disorder
2. Schizoid Personality Disorder
3. Schizotypal Personality Disorder
4. Antisocial Personality Disorder
5. Borderline Personality Disorder
6. Histrionic Personality Disorder
7. Narcissistic Personality Disorder
8. Avoidance Personality Disorder
9. Dependent Personality Disorder
10. Obsessive-compulsive Personality Disorder
11. Passive-aggressive Personality Disorder

ICD 11 revised definitions !

Level	Main features
No Personality Disorder	No personality disturbance
Personality difficulty	Some personality problems in certain situations but not universally Personality difficulty is not a mental disorder <i>per se</i> but rather included in the ICD-11 chapter on 'Factors influencing health status and encounters with health services' and may be coded when it is of clinical relevance
Mild Personality Disorder	There are notable problems in many interpersonal relationships and the performance of expected occupational and social roles, but some relationships are maintained and/or some roles carried out Mild Personality Disorder is typically not associated with substantial harm to self or others
Moderate Personality Disorder	There are marked problems in most interpersonal relationships and in the performance of expected occupational and social roles across a wide range of situations that are sufficiently extensive that most are compromised to some degree Moderate Personality Disorder often is associated with a past history and future expectation of harm to self or others, but not to a degree that causes long-term damage or has endangered life
Sever Personality Disorder	There are severe problems in interpersonal functioning affecting all areas of life. The individual's general social dysfunction is profound and the ability and/or willingness to perform expected occupational and social roles is absent or severely compromised Severe Personality Disorder usually is associated with a past history and future expectation of severe harm to self or others that has caused long-term damage or has endangered life

Butthey have still kept “Borderline”

Critical analysis -

- ▶ Does the new revised guidelines make it worse for people?
- ▶ Are we going to pathologise people more ?
- ▶ Does this mean new treatments ?
- ▶ How does a health system in crisis deal with potential uplift in demand?

Thank you
questions & discussion

