Rethink Policy Statement 16

Personality disorders

Rethink Policy

People must not be rejected by mental health services solely because of a diagnosis of personality disorder. Instead, innovative models of provision should be developed for them to provide a safe and effective response to their needs. **Rethink** is concerned about the Government's proposals to introduce powers to detain people with Dangerous Severe Personality Disorder (DSPD) who have not been convicted of a serious crime even where no treatment is available which would be of benefit to them. **Rethink** believes that such powers should be restricted to people already convicted of a serious crime and belong in criminal justice, not mental health, legislation.

Policy development

1 A diagnosis of *personality disorder*, must not be used by mental health services to reject people seeking help or to discontinue providing health and social care because:

- some people in the early stages of a psychosis are prematurely and wrongly diagnosed as having a personality disorder, and as a result, may be denied the early treatment and care they need
- some people with a personality disorder may also have a severe mental illness
- a person's needs do not depend on their medical diagnosis
- most people who are diagnosed as having a personality disorder can be helped to manage the effects of their disorder, eg they are well known to GPs and casualty departments for bouts of depression, anxiety, suicide attempts.

2 Society has a duty of care towards its damaged members. Every avenue should be explored to help people with a personality disorder. They should have ready access to schemes that provide them with support.

3 People who have been assessed as being DSPD, including those with a dual diagnosis with a severe mental illness, should receive effective care and support from health and social services to alleviate their suffering and minimise any risk of their offending.

4 The Government's proposals relating to people who have a DSPD would tend to stigmatise all people with a personality disorder and consequently add to the difficulties they face.

5 Research into personality disorder, its diagnosis, treatment and management is a priority.

Action

Rethink is pressing for

- people not to be excluded from vital early treatment and care for a severe mental illness through an incorrect diagnosis of personality disorder
- people who have a dual diagnosis of severe mental illness and personality disorder not to be excluded from mental health services
- more schemes to help people with a personality disorder lead less disruptive lives in the community
- the welfare of people who have a DSPD to be given importance when decisions are made about them.

Questions and Answer

Q **Is a personality disorder a mental illness?**

A *Personality disorder* refers to a cluster of personality traits. It is called a mental disorder rather than a mental illness.

Q **Is personality disorder medically treatable?**

A On the whole it is not treatable by medication but there is evidence to suggest that some people can be helped by group or family psychotherapy, behavioural and cognitive therapies. Services for people with personality disorders are widely regarded as inadequate.

Q **Can people with an anti-social personality disorder be helped even if they are not treatable?**

A Yes. They can be helped to live less disruptive lives through the provision of regular supervision and social support. Much more research is needed into effective ways of helping these people.

Background

1 The USA National Mental Health Association (NMHA) define *Personality* as a distinctive set of traits, behaviour styles and patterns, derived from a person's genetic inheritance, upbringing and social background. Personality like physique can be undermined by illness. Those with *personality disorder* have great difficulty in dealing with other people. They tend to be inflexible, rigid and unable to respond to the demands of life, have a narrow view on the world and find it difficult to participate in social activities. When these traits are particularly marked, they may disrupt a person's family and social life and bring them into contact with health or social services or, in a minority of cases, the law.

2 NMHA list the following main types of personality disorder with indications of traits:

a <u>odd or eccentric</u>

- *Schizoid* - introverted, withdrawn, solitary, emotionally cold and distant
- *Paranoid* - untrusting, unforgiving, prone to unjustified anger and aggression
- *Schizotypal* - having odd or eccentric manners of speaking or dressing;

b dramatic, emotional or erratic

- *Antisocial* – a callous lack of concern for the feelings of others, gross and persistent attitude of irresponsibility and disregard for social norms, incapacity to maintain enduring relationships, very low tolerance to frustration, a low threshold for discharge of aggression; inability to experience guilt, a marked tendency to blame others
- *Borderline* - instability in inter-personal relationships, behaviour, mood, self-image
- *Narcissistic* – an exaggerated sense of self-importance;

c anxious or fearful

- *Avoidant* – excessive social discomfort, timidity, fear of criticism, avoidance of activities involving interpersonal contact
- *Dependent* – relying on others to make decisions for them
- *Compulsive* – highly cautious, pay attention to every detail, difficulty in making decisions.

3 It's important to recognise that, of these types of personality disorder, only a minority has an association with offending, particularly anti-social personality disorder; others may even prevent it.

4 A person assessed as having a personality disorder may later be diagnosed as having a severe mental illness, eg there is a similarity between schizoid and schizotypal personality disorders and schizophrenia.

5 Some forms of personality disorder are treatable through psychotherapy, eg schizotypal, avoidant and borderline personality disorders.

6 *Psychopathic disorder* is a legal term, defined in the *Mental Health Act, 1983* as "a persistent disorder or disability of mind (whether or not including significant impairment of intelligence) which results in abnormally aggressive or seriously irresponsible conduct". The Act can only be used to detain people with a psychopathic disorder if they are considered medically treatable.

7 In *Reid v Secretary of State for Scotland* (1998), the House of Lords held that the meaning of medical treatment, in the *1983 Act*, was wide enough to include treatment which alleviated or prevented a deterioration of the symptoms of mental disorder rather than the disorder itself. A lawyer told the Select Committee for Home Affairs (2000) that this was an incredibly broad definition which included any kind of care, not necessarily therapeutic care at all.

8 At present, most secure therapeutic communities for people with a personality disorder only admit male offenders. HM Prison at Grendon in Buckinghamshire is the only entirely secure therapeutic community. The NHS Centre for Reviews and Dissemination at the University of York report. *A systematic international review of therapeutic community treatment for people with personality disorders and mentally disordered offenders* (1999) concluded that further research on the effectiveness of therapeutic communities for personality disorders is warranted.

9 Effective management, support and damage-limitation are ways of helping people with a personality disorder that are worth developing. More schemes providing such support are needed to complement the provision of mental health services.

10 In *Modernising Mental Health Services* (1998), the Government acknowledged that shortcomings in the *Mental Health Act, 1983,* coupled with failures to provide proper continuity of care after hospital discharge, have led to terrible consequences in some tragic cases involving people who have a DSPD.

11 In July 1999, the Home Secretary put forward two options for indefinite detention of people with a DSPD, whether or not they have been convicted of a serious crime:

- option A involved retaining the current statutory framework but changing the structure of prison and hospital services
- option B involved introducing new powers for the indeterminate detention of people assessed as DPSD, who would be managed by a specialist service.

12 The White Paper, *Reforming the Mental Health Act* (2000) makes proposals for high risk patients, including those who have a DSPD. The *draft Mental Health Bill* (2002) does not, however, make specific provision for people who have a DSPD. Instead, the definition of mental disorder has been widened significantly and brings these people within its scope.

13 The Government has decided to pilot and evaluate the assessment process and treatments available for people who have a DSPD before taking final decisions. Pilots are already underway at Rampton Hospital, Whitemoor Prison and Frankland Prison; a fourth pilot at Broadmoor Hospital will begin by April 2004. £5.3 million was allocated to these pilots in 2001/02. In 2002, the prison governor heading the Whitemoor scheme said that the assessment process lasts for 17 weeks. Only 13 of the 32 inmates who completed the assessment were assessed as having a DSPD.

14 In *Personality Disorder and Human Worth* (Church of England, 2001), Professor Nigel Eastman referred to serious professional ethical concerns where the purpose of carrying out an assessment might sometimes be solely the determination of risk and the protection of the public. He said that psychiatrists are united in the view that prediction of serious offending is technically impossible at an acceptable success rate.

15 The **Rethink** Mentally Disordered Offenders Service in Brighton provides advocacy support and supported access to services to those with a personality disorder.

Other related Rethink policies

1 Diverting people with a severe mental illness from the criminal justice system to health and social services care.
2 Stigma.
3 Psychological treatments for people with a severe mental illness.

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