

Where can I get more information?

Further information about personality disorder can be found on the NHS, Mind and Time to Change websites.

www.nhs.uk/conditions/personality-disorder/

www.mind.org.uk/information-support/types-of-mental-health-problems/personality-disorders/

www.time-to-change.org.uk/about-mental-health/types-problems/personality-disorders

“Meeting the Challenge, Making a Difference” is an in depth guide on working with people with personality disorder, which has been coproduced by staff and service users:

www.newhamlscb.org.uk/wp-content/uploads/2016/11/Meeting-the-Challenge-Making-a-Difference.pdf

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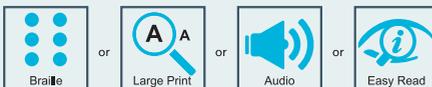
Treat me like a person

Guidance for physical healthcare professionals working with people with a diagnosis of personality disorder



Would you like this information in an alternative format?

For a translation of this document, an interpreter, a sign language interpretation or a version in:



please contact the Interpretation and Translation Support Team on 0113 85 56418/9 or translation.lypft@nhs.net

This leaflet has been co-produced by service users and staff at Leeds Personality Disorder Managed Clinical Network.

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Why has this document been developed?

People with a diagnosis of personality disorder are more likely to have issues with their physical health. However, research suggests that they receive a lower standard of care.

This document, jointly developed with service users, aims to provide guidance for healthcare staff on how best to work with people with a diagnosis of personality disorder, whether this is for a one-off assessment or treatment appointment, or for staff offering regular treatment or care.

People with a diagnosis of personality disorder are not all the same, and each service user should be treated as an individual. **Remember:** people with the same diagnosis are different, and may respond to us differently.

What is personality disorder?

Personality disorder affects how people think, feel and behave. People with a diagnosis of personality disorder can experience very strong emotions which they find difficult to manage. This can affect their behaviour and how they relate to others.

People with a diagnosis of personality disorder have often had difficult childhood experiences and their distress and associated difficulties are understandable responses to these experiences. They are how the person has learnt to cope.



How do I work with people with personality disorder?

The NHS values should underpin everything we do:



Working together for patients

We all collaborate and work together to provide joined up care and to put the needs of patients first.



Respect and dignity

Everyone who uses NHS services is respected as an individual and treated with dignity.



Commitment to quality of care

We aspire to deliver high quality care that is safe, effective and focusses on patient experience. We welcome feedback from patients and staff to help us identify areas of improvement.



Compassion

Compassion is central to the care we provide. We respond with humanity and kindness to people's pain and distress.



Improving lives

Our services seek to improve both the health and the wellbeing of our patients, communities and staff.



Everyone Counts

We make sure that nobody is excluded, discriminated against or left behind. We accept that some people need more help than others.

These values are important in our work with everyone, including people with a diagnosis of personality disorder.

Specific guidance for working with people with a diagnosis of personality disorder

- 1) We should remember that any behaviour we may find challenging is likely to come from a place of pain and distress. We should remain compassionate and validate the difficult emotions the service user may be experiencing.
- 2) Self-harm is usually an attempt to manage strong, overwhelming feelings. Although it can be risky, the person is doing the best they can to cope with the skills that they have available. We should not respond punitively, e.g. by refusing or withdrawing care or treatment.
- 3) It is important to ask about the service user's preferences at the start of treatment. They may find certain treatments or questions distressing due to difficult past experiences. It will be important to know about this in advance. We can then speak with the service user about how they would like this to be managed.
- 4) Develop a shared agreement for working together at the start of treatment. Ensure that the aims of appointments are clear and that boundaries are implemented consistently, sensitively and compassionately.
- 5) Physical health complaints may be related to mental health, but this should not be our first assumption. We should take people seriously and properly assess them, as we would anyone else. If physical symptoms are related to mental health problems, e.g. panic attacks, these are real and distressing and should be treated with compassion.

I can see that things seem difficult right now. I wonder if you are feeling upset? This is understandable

Does it feel ok for us to continue with our appointment today? I think it is important we stick to our plan so that our meetings are a safe experience, where we both know what to expect



That might have been a lot to take in. Would you like me to repeat or clarify anything? Do you have any questions?

- 6) People living with personality disorder are more likely to experience anxiety. This may affect how much they are able to take in during appointments. Taking things slowly, checking understanding and giving opportunities to ask questions will be useful.
- 7) Relationships and trust are an important part of working effectively with people with a diagnosis of personality disorder. It is helpful for service users to have a consistent healthcare worker. Changes in workers may bring up strong emotions that feel difficult to manage, as transitions and change can be particularly difficult. Extra care and preparation should be taken at these times.
- 8) Communication between staff from different teams will be an important part of the work. This will help us to deliver a consistent and cohesive treatment plan.
- 9) Where appropriate, we should offer regular and time-limited appointments, which are not dependent on the person being in crisis. This can help the service user feel safe and supported, and avoid feeling the need to prove their distress to us in potentially harmful ways.
- 10) We should treat all service users in the same way that we would like to be treated, ensuring that service users feel listened to and respected.

