



Personality Disorder

A briefing for people working in the criminal justice system

Introduction

Personality disorder is a difficult and emotive topic. It is surrounded by confusion, myth and misinformation. This briefing is designed to raise awareness about what is meant by personality disorder, to dispel some of the myths, and to give some interesting facts about this important and hotly disputed area. It is not a toolkit for diagnosing personality disorder but an introduction to help people working in the criminal justice system in their jobs.

What is meant by personality?

We all have a personality and this refers to a distinctive set of qualities, behaviour styles and patterns that determine our individuality. Our personality shapes how we perceive the world, interact with others and understand their feelings (empathy). Our attitudes, thoughts, emotions and feelings are all part of our personality. People with normal healthy personalities are able to cope with many of the stresses of life. They do not generally have trouble forming relationships with family, friends, and colleagues and are capable of operating within the laws, social norms and parameters of society.

What is a personality disorder?

People with a personality disorder can have difficulty dealing with other people. They tend to be unable to respond to the changes and demands of life. Although they feel that their behaviour patterns are perfectly acceptable, people with personality

disorders tend to have a narrow view of the world and find it difficult to participate in normal social activities. Consequently their behaviour deviates markedly from the expectations of their culture. It is persistent and inflexible, and can often lead to distress for themselves or others.

What is regarded as normal, of course varies between different cultures. When doctors diagnose personality disorder they do it within the context of the rules, obligations and expectations held within their community. For example, behaviours valued by soldiers fighting in wars are not appropriate in any other circumstance (Mind, 2005).

Are there different types of personality disorder?

Doctors have described a range of different personality disorders, and there is considerable debate about the different types and descriptions. Broadly, there are 10 kinds of disorder. A number of them are more prevalent in criminal justice settings. These disorders rarely appear in isolation, and are often seen together with other mental illnesses and alcohol or drug abuse. These are two disorders that are most common in the criminal justice system:

Borderline Personality Disorder (BPD)

This is seen most often among young women. People with the condition often have difficulty in forming relationships and can be particularly vulnerable. They sometimes carry out rash acts, including attempts at serious self harm. There are a high proportion of young women with BPD in prison, often serving short sentences. Because of

the self damaging nature of this condition busy A&E Departments frequently see people with it and some people with the more severe cases may be well known to hospital staff.

MYTH Borderline Personality Disorder means on the borderline of having a personality disorder.

FACT This is not true – it is a specific, often debilitating condition.

Antisocial Personality Disorder (ASPD)

This is the personality disorder most usually associated with the classic ‘psychopathic personality’. People with this condition tend to have very little concern for the gravity of what they do, or the impact it has on other people (empathy) and emotionally they may seem ‘scripted’; as though they are repeating another person’s descriptions of feelings. They may be dependent upon substances or sexually promiscuous. They are often violent and have poor control of their emotions – snapping at the slightest provocation. People with ASPD can be impulsive and reckless and frequently end up in contact with the police and the prison service.

MYTH Schizophrenia and bipolar disorder are personality disorders.

FACT These conditions are mental illnesses and they are very different from personality disorders. However, many prisoners will have a personality disorder as well as a number of different problems, including alcohol and drug addiction as well as other mental health problems such as depression, anxiety, or schizophrenia (this is often called ‘co-morbidity’).

Media representations of personality disorder

We are bombarded by inaccurate language, images and interpretations of personality disorder. Films probably provide us with some of the most vivid and memorable examples, Hannibal Lecter in *Silence of*

the Lambs, Anton Chigurh in *No Country for Old Men*, to name but two. These are Hollywood extremes, and are rarely seen in reality.

Newspaper and TV headlines are also peppered with inaccurate and sensationalist terms such as ‘psycho’ and ‘psychopath’ when referring to anyone with the possibility of a mental health problem. This is not helpful and leads to misunderstanding, stigma and discrimination.

Personality disorders and criminal justice

It is inevitable that staff working in the criminal justice system will meet people who have personality disorders.

MYTH All offenders have a personality disorder

FACT Not all offenders have a personality disorder and there are many people with personality disorders who never come into contact with criminal justice.

There is a lot of research on the prevalence of personality disorders in prisons. It is estimated that 60-80% of male prisoners and 50% of female prisoners have a personality disorder compared with 6-15% of the general population.

Of those identified with personality disorder in prison, antisocial personality disorder represents by far the highest prevalence of any category with 63% of male remand prisoners, 49% of male sentenced prisoners and 31% of female prisoners.

Mental health services in the community may seem reluctant to maintain responsibility for people once they are imprisoned, even if they were involved with them before – this may be due to arguments about the ‘treatability’ of people with personality disorders. Recent changes in legislation (the introduction on the Mental Health Act 2007) will have an impact in this area. Prison inreach teams are not always informed about whether a new inmate was previously in the care of a community mental health team. It has also been reported that mental health services are reluctant to accept

people released from prison, especially those with substance misuse problems or a personality disorder (Durcan & Knowles, 2006).

The police are commonly a first point of contact for a person in a mental health crisis. Every year, for example, some 11,000 people are taken to a police station as a 'place of safety' under the Mental Health Act. Up to 15% of incidents with which the police deal are thought to have some kind of mental health dimension (Sainsbury Centre, 2008). Many of these incidents will involve people with personality disorders.

MYTH Once you've got a personality disorder you'll have it forever

FACT There is a lot of evidence that shows that some personality disorders 'burn out' over time and some people can get better.

Following a number of high-profile tragedies (particularly the Russell murders committed by Michael Stone), the Government has attempted to manage people with personality disorders more effectively. This includes the establishment of Dangerous and Severe Personality Disorder (DSPD) units in a number of prisons and high security hospitals. DSPD is a highly contentious concept and is not a medical diagnosis; it refers to the perceived levels of dangerousness of the individual. The effectiveness of these units is being monitored and reviewed.

Personality disorders and younger people

It is now recognised that some young people going through the criminal justice system may have what is referred to as an emerging personality disorder. However, in practical terms, it is very difficult for a lay person, or even psychologists and psychiatrists, to distinguish this from the more usual label of 'conduct disorder' (i.e. severely disruptive, disobedient and aggressive behaviour that doesn't diminish over time), or just bad behaviour. This is because current behaviours need to be seen in the context of the young person's history.

Staff in Youth Offending Teams and Young Offender Institutions should be aware of personality disorders so they can make referrals to appropriate services (such as prison inreach or Child and Adolescent Mental Health Services) for assessment and advice on management of these young people.

So how should staff work with people with personality disorders?

Staff at HMP Whitemoor in Cambridgeshire work with some of the most challenging prisoners in England. Psychotherapist and ex-prison governor Mary Haley helps to train staff in dealing with inmates with personality disorders. She has a number of top tips that apply equally to people working across the criminal justice system:

- Treat with respect – don't expect to like people with personality disorders or be liked by them
- Consistency – in how staff work with people with personality disorders, and in which staff are doing the job
- Fairness and honesty – staff should do what they say they will do
- Staff should stay calm and not take things personally
- Clear boundary management – restrict personal knowledge so as not to become 'special'
- Small goal setting – try to give a sense of achievement not failure
- Team approach – agree ways of working and ways of mutual support
- Staff should look after themselves – ensure good support mechanisms

Using some of the tips set out above can have a really positive impact. It may help in the reduction of stress and burn-out for staff dealing with offenders with complex personality disorders. Working in these ways also gives the opportunity for joined-up problem solving leading to improved levels of care and offender management.

Being aware of personality disorders and the language that is used by clinical staff is very important. People with personality disorders tend to take up a disproportionate amount of time and resources, especially in prisons. Working with offenders with these conditions can be very emotionally draining and stressful. Staff who are finding it difficult should raise this with their superiors. Forensic psychologists have supervision

where they discuss the personal impact of cases. It is sometimes difficult for other staff to recognise when they are becoming too involved. Discussing this with more experienced colleagues is very important and could potentially avert problems in getting the desired outcomes and in the management of this difficult group.

When working with people with very complex needs any concerns should be raised and thorough assessments carried out. Generally, there is very little medication available to treat personality disorders. Medication is often used to help calm or sedate the person (dealing with the effects rather than the condition itself). Some types of psychological therapy may be effective, and it is important that these talking therapies are undertaken by someone who is trained and competent.

Want to know more?

There are a number of publications and web-based resources that give more information about personality disorders.

Dr Robert Hare, author of the Psychopathy Checklist: www.hare.org

Mind information booklet on personality disorders: www.mind.org.uk/Information/Booklets/Understanding/Understanding+personality+disorders.htm

Rethink information about personality disorders: www.rethink.org/about_mental_illness/mental_illnesses_and_disorders/personality_disorders/

Mental Health Foundation information on personality disorders: www.mentalhealth.org.uk/information/mental-health-a-z/personality-disorders/

UK network for people who have Borderline Personality Disorder: www.borderlineuk.co.uk

NIMHE's National Personality Disorder Programme: www.personalitydisorder.org.uk

References

Mind (2005) Understanding personality disorders. London: Mind [<http://www.mind.org.uk/InformationBooklets/Understanding/Understanding+personality+disorders.htm>]

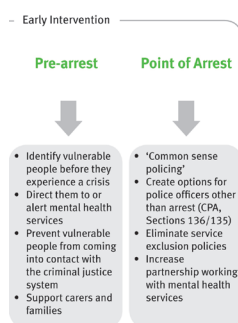
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Sainsbury Centre (2008) Briefing 36: The Police and Mental Health. London: Sainsbury Centre for Mental Health. [http://www.scmh.org.uk/publications/police_and_mental_health.aspx?ID=583]

Our criminal justice work

Sainsbury Centre works on mental health and criminal justice inside and out of prison.

For more information and relevant publications, such as the Police and Mental Health briefing paper, please visit our website at www.scmh.org.uk/criminal_justice/.



Sainsbury Centre for Mental Health, 134-138 Borough High Street, London SE1 1LB
T 020 7827 8300 F 020 7827 8369 www.scmh.org.uk

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