Preface

In the UK, recent government proposals have emphasised that people with personality disorder are seen as ‘legitimate business’ for generic mental health services and, therefore, for community mental health teams (CMHTs). These proposals have been welcomed by many working in the field, and should in time help to prevent people with such difficulties being excluded from mental health services.

However, many practitioners working in CMHTs are currently unsure how best to support patients with these types of problem. The idea for this book came from observing and experiencing the struggles that CMHTs can go through when trying to develop effective care plans for people with personality disorder.

It is our hope that the book accurately conveys a sense of the considerable distress that is often associated with personality disorder—distress not only for the patient, but also for their friends and family, and for those working in services trying to help them. We then hope to provide useful ideas about how CMHT practitioners can work more effectively, to support each of these groups. The book has deliberately been aimed at the ‘non-specialist’ CMHT practitioner, i.e. someone who does not already have a detailed knowledge of the literature relating to these patients. For those who do wish to read further, however, each chapter also provides an overview of key references contained in the wider literature.

The book is divided into two sections. In the first section, recent government initiatives relating to personality disorder are outlined, and ideas underlying psychological and biological treatments are introduced. The second section focuses specifically on the particular roles and functions of the CMHT, in trying to support patients with these disorders.

Figuratively speaking, the ‘tent’ for personality disorder is set up in Chapters 1 and 2, and the theoretical concepts pinning it to the ground (by not particularly sturdy guy ropes) are described in Chapters 3 and 4. Each
guy rope relates to a specific treatment or group of treatments, and the nature of each is set out in Chapters 5–7. It is important for the reader to realise that the accounts contained in these chapters present their ‘product’ in the best possible light, and do not always take account of the problems that are encountered in practice. These problems are illustrated in Section Two, which emphasises the importance of the fundamental concepts of ‘engagement’ and ‘alliance’ and that there is no simple formula or protocol that provides all the answers.

This book does, however, contain a framework around which CMHTs are able to structure their thinking. The evidence base for many of the interventions used for personality disorder is at present a small and unstable one. Because we have so little that is really solid—there is, for example, no intervention effective enough to be published in a NICE guideline—it is tempting to clutch at the favourable results that are published and make as much of them as we can. In such a climate, there can be an incentive to exaggerate the evidence for certain approaches. This would be unfortunate and, ultimately, unhelpful. While we should not be pessimistic about our efforts in CMHTs to tackle personality disorder effectively, we should acknowledge that much of what we describe is ‘patient-based evidence’. This is useful, but it is only a beginning. There is an old Ghanaian proverb, ‘a man does not know how far he has to go until he starts walking’; this book represents the start of what is likely to be a long march.

Some comments should also be made regarding the terminology used in this book. While acknowledging the difficulties associated with a diagnostic approach and the term ‘personality disorder’, this terminology is at present the one most widely used and most readily understood, and as such allows for the clearest communication of ideas. We have also chosen to use the term ‘patient’ rather than, for example, ‘client’ or ‘service user’. While this might seem peculiar—especially when many of the challenges for services arise because people with these difficulties do not easily fit with an ‘illness’ model of care—we do believe it is helpful to be reminded that CMHTs operate in a psychiatric system heavily influenced by a medical model of ‘illness’.

Personality disorder has been largely ignored or denied in much of psychiatric practice, which has typically hidden behind terms such as ‘resistant depression’ and ‘simple schizophrenia’, instead of acknowledging that it is personality factors that are responsible for much of the variation in clinical response and outcome that we see in practice. Practitioners who have been puzzled by this variation (often to the point of questioning their own competence) will hopefully be encouraged to realise that much of this variation can be put down to personality in all its aspects and that these
factors can be amenable to intervention. In our view, patients with personality disorder are an extremely rewarding group of people to work with. We hope this book will help to inspire interest and confidence in such work among CMHT practitioners.

Mark Sampson
Remy McCubbin
Peter Tyrer