

UK-wide study of suicide (deaths occurring in 2013) and homicide (convictions between 2010-2013)

154

patients given a diagnosis of personality disorder died by suicide

41

patients given a diagnosis of personality disorder were convicted of homicide

Patient characteristics

55%
who died by suicide were



female

40%



used self-poisoning method in suicide

80%



duration of diagnosis of > 5 years

11

contacts with mental health services per year (on average)

patients frequently used mental health services



66%

alcohol misuse (suicide)



92%

drug misuse (homicide)

co-morbid alcohol & drug misuse common

Care and treatment



4% of clinicians used a **standardised structured approach** for diagnosing personality disorder



81% were prescribed **psychotropic drugs** at their last contact with services



75% of patients did not receive **DBT** & many were not receiving **psychological treatment consistently**



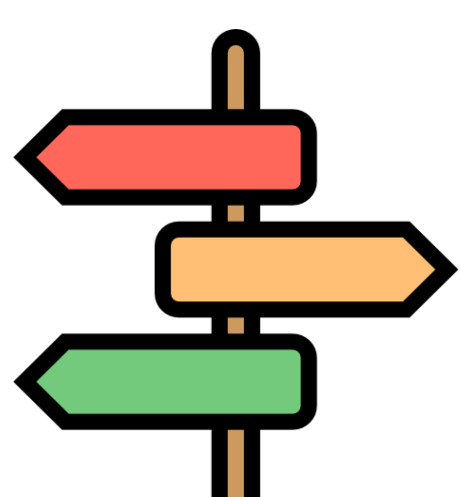
8 **patients** were seen by specialist personality disorder services - these services are good but **hard to access**



51% were **admitted to hospital** in the year before death or the homicide



65% of patient's last contact with services **followed a crisis**



Often **no clear pathway** for patients to access care



Staff need more **training** to understand personality disorder

"A lot of this has just been learning on the job" (Nurse in focus group)

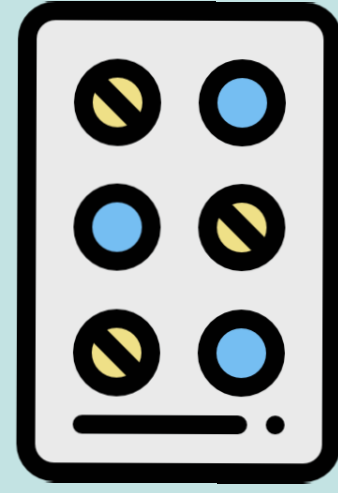
Safer care for patients given a diagnosis of personality disorder

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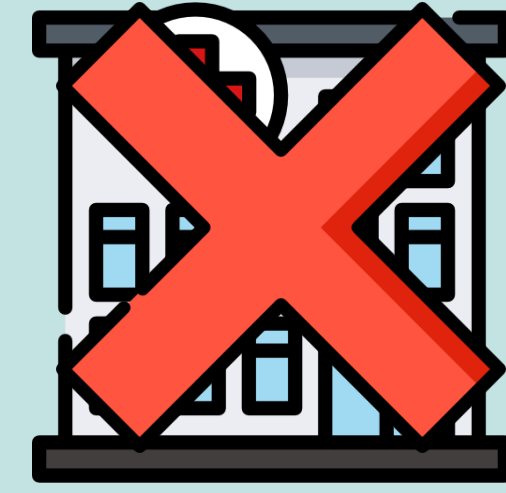
Patients were not receiving care **consistent with NICE guidelines**:



Psychological interventions



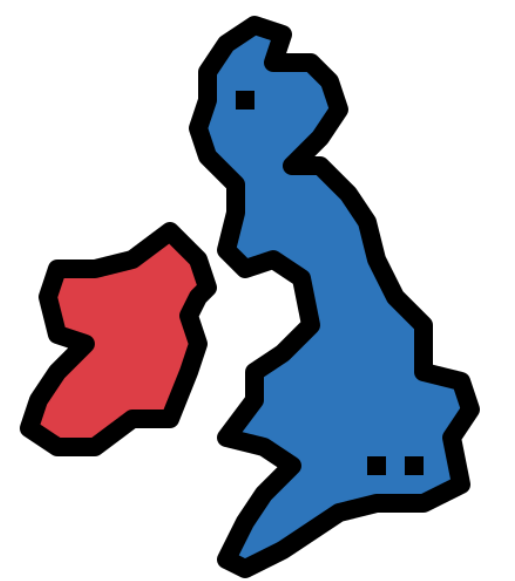
Short-term prescribing



Avoiding hospital admission



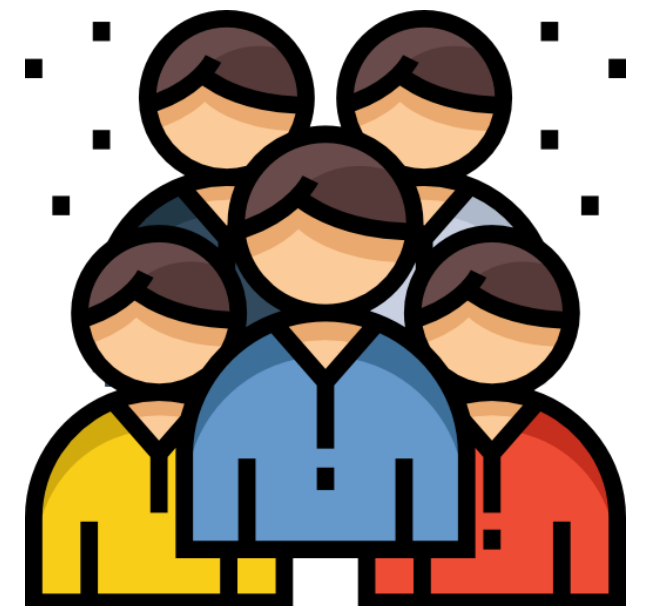
Survey and focus groups with staff and patients suggested these problems may be more **widespread**



Therefore...

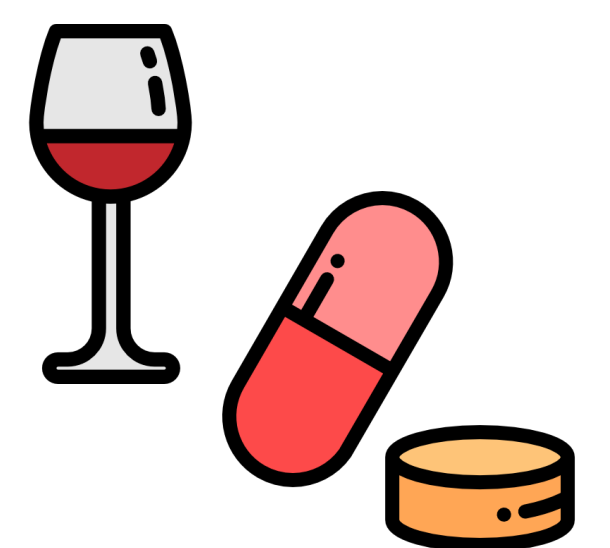
an **examination of personality disorder services** is needed

Working with patients to understand their traumatic experiences would help reduce stigma



Safer prescribing of psychotropic drugs is needed to avoid fatal overdose

Risk is linked to co-existing drug and alcohol use; **dual diagnosis services** should be available



Former patients should be **involved** in staff training, advocacy and peer support