



Personality disorders

Explains personality disorders, including possible causes and how you can access treatment and support. Includes tips for helping yourself, and guidance for friends and family.

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What are personality disorders?

Our personality is the collection of thoughts, feelings and behaviours that makes each of us the individuals we are.

We don't always think, feel and behave in exactly the same way – it depends on the situation we are in, the people with us and many other interconnecting factors. However, if you experience significant difficulties in how you relate to yourself and others and have problems coping day to day, you may receive a diagnosis of personality disorder.

"Everyone is shouting at me, 'why do you find things so difficult? Why can't you just be normal?' and I try and explain that I'm on a tightrope way in the air, and they all have their feet on the ground, but they all just laugh."

What are the signs of a personality disorder?

You might be given a diagnosis of personality disorder if **all** of these apply:

- The way you think, feel and behave causes you **significant problems in daily life**. For example, you may feel unable to trust others or you may often feel abandoned, causing you or others distress in day-to-day relationships.
- You experience these problems **across different aspects of your life**. For example, you may struggle to start or keep friendships, to control your feelings and behaviour, or get on with people. There may be an intensity to your emotions that makes them feel frightening and overwhelming sometimes.
- These problems **continue for a long time**. These difficult patterns may have started when you were a child or teenager and can carry on into your life as an adult.
- These problems are **not solely caused by a substance or a medical condition**. For example, using drugs or medication can cause changes in people, as can the physical effects of experiences like head trauma.

Does it mean there's something wrong with who I am?

No. We all have parts of our personality that can cause us or others difficulties. What is different for people with personality disorders is the intensity of these difficulties and the fact that you might need extra support. See our page on [self-care](#) for tips on how to help yourself now and in the longer term.

"The important thing to remember is that we're not broken, we just think differently and experience the world in a different way... there's no shame in doing whatever we need to do to cope with our emotions in a safe and supportive way."

Who can diagnose me with a personality disorder?

You can only be diagnosed with a personality disorder by a mental health professional experienced in diagnosing and treating mental health problems, such as a psychiatrist or psychologist – not by your GP.

If you speak to your GP about your mental health and they think you might have a personality disorder, they can refer you to your local [community mental health team \(CMHT\)](#) who will be able to assess you.

"Initially I took this diagnosis of BPD as an insult, a criticism of my whole being, but then I began to understand that it is just a diagnosis, an explanation of why I feel as I do. Just as in a medical situation the pain in my stomach being diagnosed as appendicitis means that I am ill, there is a reason for the pain and I can get treatment."

What types of personality disorder are there?

Currently psychiatrists tend to use a system of diagnosis which identifies ten types of personality disorder. These are grouped into three categories.

Suspicious:

- [Paranoid personality disorder](#)
- [Schizoid personality disorder](#)
- [Schizotypal personality disorder](#)

Emotional and impulsive:

- [Antisocial personality disorder \(ASPD\)](#)
- [Borderline personality disorder \(BPD\)](#)
- [Histrionic personality disorder](#)
- [Narcissistic personality disorder](#)

Anxious:

- [Avoidant personality disorder](#)
- [Dependent personality disorder](#)
- [Obsessive compulsive personality disorder \(OCPD\)](#)

Each personality disorder has its own set of diagnostic criteria. To get a specific diagnosis you must meet some of these criteria. The minimum amount you need to meet is different for different types, but it should always be more than one or two. If you meet criteria for more than one type this may be called **mixed personality disorder**.

It is also possible to get a diagnosis without meeting the full criteria for a specific type. This is known as [personality disorder not otherwise specified \(PD-NOS\)](#) or [personality disorder trait specified](#).

A wide range of people may get the same diagnosis, despite having very different personalities and different individual experiences. Your experience of living with a personality disorder will be unique to you.

A controversial diagnosis

Our understanding of what it means to experience a personality disorder is constantly evolving. It is a [controversial diagnosis](#). People have different views about these terms, and not everyone agrees with using them.

The important thing to remember is that the feelings and behaviours associated with personality disorders are very difficult to live with. However you understand your diagnosis, and whatever terms you prefer to use, you deserve understanding and support.

Paranoid personality disorder

The thoughts, feelings and experiences associated with paranoia may cause you to:

- find it hard to confide in people, even your friends and family
- find it very difficult to trust other people, believing they will use you or take advantage of you
- have difficulty relaxing
- read threats and danger (which others don't see) into everyday situations, innocent remarks or casual looks from others.

This might become such a big problem in your life that you are given a diagnosis of paranoid personality disorder. See our page on [paranoia](#) for more information.

"I suffer from extreme paranoia and most people find this extremely irritating and become angry with me when I'm paranoid."

Schizoid personality disorder

Many people with schizoid personality disorder are able to function fairly well. Unlike in [schizophrenia](#) or [schizoaffective disorder](#), you would not usually have [psychotic symptoms](#). However, as a result of the thoughts and feelings associated with this diagnosis you may:

- find difficulty forming close relationships with other people
- choose to live your life without interference from others
- prefer to be alone with your own thoughts
- not experience pleasure from many activities
- have little interest in sex or intimacy
- have difficulty relating to or are emotionally cold towards others.

Schizotypal personality disorder

Everyone has their own eccentricities or awkward behaviours. But if your patterns of thinking and behaving make relating to others very difficult, you may receive a diagnosis of schizotypal personality disorder.

Unlike in [schizophrenia](#), you usually would not experience [psychosis](#). However, you may:

- experience distorted thoughts or perceptions
- find making close relationships extremely difficult
- think and express yourself in ways that others find 'odd', using unusual words or phrases, making relating to others difficult
- believe that you can read minds or that you have special powers such as a 'sixth sense'
- feel [anxious](#) and tense with others who do not share these beliefs
- feel very anxious and [paranoid](#) in social situations, finding it hard to relate to others.

See our pages on [schizophrenia](#) or [schizoaffective disorder](#) for more information on the feelings and symptoms associated with schizoid and schizotypal personality disorders.

"I always feel rather 'thrown' when someone doesn't do what I expect them to do. Knowing there are lots of ways in which the problem could be approached would have made me feel a lot more prepared for what came next."

Antisocial personality disorder (ASPD)

It is natural to sometimes put our own needs, pleasure or personal gain before those of others around us. However, if these actions occur very frequently and you struggle to

keep stability in your life, or you regularly act impulsively out of anger or lack of consideration for others, this could lead to a diagnosis of antisocial personality disorder.

You may:

- put yourself in dangerous or risky situations, often without thinking about the consequences for yourself or other people
- behave dangerously and sometimes illegally (you may have a criminal record)
- behave in ways that are unpleasant for others
- feel very easily bored and act on impulse – for example, you may find it difficult to hold down a job for long
- behave aggressively and get into fights easily
- do things even though they may hurt people – to get what you want, putting your needs and desires above other people's
- have problems with empathy – for example, you may not feel or show any sense of guilt if you have mistreated others
- have had a diagnosis of conduct disorder before the age of 15.

This diagnosis includes 'psychopathy' and 'sociopathy'. These terms are no longer used in the [Mental Health Act](#) but a 'psychopathy checklist' questionnaire may be used in your assessment.

"As a child anger seemed to be my only way to express how I felt."

Borderline personality disorder (BPD)

Borderline personality disorder (BPD) is also known as emotionally unstable personality disorder (EUPD).

We can all experience difficulties with our relationships, self-image and emotions. But you might get a diagnosis of BPD/EUPD if these feel consistently unstable or intense and cause you significant problems in daily life.

You may:

- feel very worried about people abandoning you, and either do anything to stop that happening or push them away
- have very intense emotions that can change quickly (for example, from feeling very happy and confident in the morning to feeling low and sad in the afternoon)
- not have a strong sense of who you are or what you want from life, with your ideas about this changing significantly depending on who you're with
- find it very hard to make and keep stable relationships or friendships
- act impulsively and do things that could harm you (such as binge eating, using drugs or driving dangerously)
- have [suicidal thoughts](#)
- [self-harm](#)
- feel empty and [lonely](#) a lot of the time
- get very angry, and [struggle to control your anger](#)
- struggle to trust other people
- experience other mental health problems alongside BPD, including [anxiety](#), [depression](#), [eating problems](#) and [post-traumatic stress disorder](#).

When very stressed, sometimes you might:

- feel [paranoid](#)
- have [psychotic experiences](#), such as seeing or hearing things that other people don't

- feel numb or 'checked out' and not remember things very well after they've happened (known as [dissociation](#)).

BPD is currently the most commonly diagnosed personality disorder. You can read more about it on our pages on [borderline personality disorder \(BPD\)](#).

"BPD is like having no emotional buffer. I can go from nothing to suddenly extremely overwhelming emotions and I struggle with expressing them healthily."

Histrionic personality disorder

Most people enjoy being given compliments or positive feedback about their actions. But if you depend very heavily on being noticed, or are seeking approval so much that this affects your day-to-day living, you might get a diagnosis of histrionic personality disorder.

You may:

- feel very uncomfortable if you are not the centre of attention
- feel that you have to entertain people
- constantly seek, or feel dependent on, the approval of others
- make rash decisions
- flirt or behave/dress provocatively to ensure that you remain the centre of attention
- get a reputation for being dramatic and overemotional
- be easily influenced by others.

"After being told my diagnosis I was then able to understand how and why I behaved the way I did: my life made a little bit more sense."

Narcissistic personality disorder

It is human nature to be aware of our own needs, to express them, and to want others to be aware of our abilities and achievements. These are not bad traits. However, if these thoughts, feelings and behaviours are very extreme and cause problems in relating to others, you may get a diagnosis of narcissistic personality disorder.

You may:

- believe that there are special reasons that make you different, better or more deserving than others
- have fragile self-esteem, so that you rely on others to recognise your worth and your needs
- feel upset if others ignore you and don't give you what you feel you deserve
- resent other people's successes
- put your own needs above other people's, and demand they do too
- be seen as selfish and dismissive or unaware of other people's needs.

Avoidant personality disorder

We all have things, places or people we don't like, or which make us anxious. But if these things cause so much anxiety that you struggle to maintain relationships in your life, you may get a diagnosis of avoidant personality disorder (sometimes also called anxious personality disorder).

You may:

- avoid work or social activities that mean you must be with others
- expect disapproval and criticism and be very sensitive to it

- worry constantly about being 'found out' and rejected
- worry about being ridiculed or shamed by others
- avoid relationships, friendships and intimacy because you fear rejection
- feel lonely and isolated, and inferior to others
- be reluctant to try new activities in case you embarrass yourself.

See our pages on [anxiety and panic attacks](#) for more information on how to cope with anxiety.

Dependent personality disorder

It is natural to need other people to care for us or give us reassurance sometimes. A healthy balance involves being able to both depend on others as well as being independent from others sometimes. However, if feelings and thoughts about needing others become so overwhelming that they impact your daily life and relationships, you may get a diagnosis of dependent personality disorder.

You may:

- feel needy, 'weak' and unable to make decisions or function day-to-day without help or support from others
- allow or require others to assume responsibility for many areas of your life
- agree to things you feel are wrong or you dislike to avoid being alone or losing someone's support
- be very afraid of being left to fend for yourself
- have low self-confidence
- see other people as being much more capable than you are.

Obsessive compulsive personality disorder (OCPD)

Obsessive compulsive personality disorder (OCPD) is separate from [obsessive compulsive disorder \(OCD\)](#), which describes a form of behaviour rather than a type of personality.

However, similarly to OCD, OCPD involves problems with perfectionism, the need for control, and significant difficulty being flexible in how you think about things. You may:

- need to keep everything in order and under control
- set unrealistically high standards for yourself and others
- think yours is the best way of doing things
- worry about you or others making mistakes
- feel very anxious if things aren't 'perfect'.

See our page on [self-care for obsessive compulsive disorder \(OCD\)](#) for information about managing the symptoms of OCD. You can also find more information about OCPD on the [OCD UK website](#).

Personality disorder not otherwise specified (PD-NOS)

Everybody is individual and behaves in unique ways, so it is only natural to not fit neatly into the categories described above.

If you experience a number of personality disorder traits but not enough to fully meet the criteria of a specific type, you may receive a diagnosis of personality disorder not otherwise specified (PD-NOS). This diagnosis may also be known as personality disorder trait specified.

What causes personality disorders?

Just as everybody's experience of a personality disorder is unique to them, the causes will be unique as well.

There's no clear reason why some people develop the feelings and behaviours associated with personality disorders, and others don't. Most researchers believe that a complex mix of factors seems to increase the risk of developing or triggering these experiences, including:

- [environment and social circumstances](#)
- [early life experiences](#)
- [genetic factors](#).

Environment and social circumstances

The environment and social circumstances we grow up in and the quality of care we receive can affect the way our personality develops. You may experience difficulties associated with personality disorders if you've experienced:

- an unstable or chaotic family life, such as living with a parent who is an alcoholic or who struggles to manage a mental health problem
- little or no support from your caregiver – this may be especially hard if you've experienced a traumatic event or situation
- a lack of support or bad experiences during your school life, peer group or wider community, such as bullying or exclusion
- poverty or discrimination
- some form of dislocation, such as migration from abroad.

"I have narcissistic borderline personality disorder. At first it was difficult to accept that the problem was essentially me, my personality. But then being able to put it into perspective as a developmental flaw was much easier to accept – that it was simply the way I'd developed in response to my environment and the situations I'd experienced."

Early life experiences

Our experiences growing up can affect our personality in later life. If you had a difficult childhood, you might have developed certain beliefs about the way people think or act and how relationships work. This can lead to developing certain strategies for coping which may have been necessary when you were a child, but which aren't always helpful in your adult life.

If you have been given a personality disorder diagnosis you are more likely than most people to have experienced difficult or traumatic experiences growing up, such as:

- neglect
- losing a parent or experiencing a sudden [bereavement](#)
- [emotional, physical or sexual abuse](#)
- being involved in major incidents or accidents
- often feeling afraid, upset, unsupported or invalidated.

Not everyone who experiences a traumatic situation will develop these problems however. Your unique reactions, as well as the consistency and quality of support and care you received, will make a difference.

Similarly, not everyone who develops a personality disorder will have had a traumatic experience.

Genetic factors

Personality is very complex and researchers currently don't know much about what makes up our personalities and to what extent genes play a part in this.

Some elements of our personality are likely to be genetic. We are born with different temperaments – for example, babies vary in how active they are, their attention span and how they adapt to change.

While some experts believe genetic inheritance may play a part in the development of personality disorder, others point out that it is difficult to know whether similarities in temperament and behaviour have been handed down the generations genetically or through the behaviour children were modelled as they grew up. More research needs to be done in this area.

Why is it controversial?

Our understanding of mental health problems is constantly evolving. So is the language we use when talking about them. The diagnosis of 'personality disorder' can be controversial because:

- [specialists disagree about how to understand personality disorders](#)
- [it doesn't take social context into enough account](#)
- [the term itself can be stigmatising.](#)

Some people with this diagnosis hold the view that their feelings and behaviours are a reasonable, human reaction to going through difficult life experiences. So it's unhelpful and upsetting to call it an illness or 'disorder' in their personality. They argue that professionals should consider what in their life may have contributed to their difficulties, and help with these. Not focus on finding problems in them as an individual.

On the other hand, some people find that getting this diagnosis helps them to name and understand their experiences, to explain themselves to other people, and sometimes get treatment and support they otherwise might not.

Mind is committed to ensuring that voices on all sides of this debate are heard. This includes those who:

- understand their experiences and behaviours as a disorder
- think of them as a natural reaction to adversity
- reject the personality disorder label
- do not fully agree with the label but accept it being as a way to access support.

If you have been diagnosed with a personality disorder but you're concerned that this isn't right for you, we have information on [what you can do if you think your diagnosis is wrong](#).

Specialists disagree about how to understand personality disorders

The system of personality disorder diagnosis we list on our page on [types of personality disorder](#) is the one psychiatrists tend to use in the UK. However, some psychiatrists disagree with its use and find it unhelpful because:

- Most people who are diagnosed with a personality disorder do not fit any one category, and may be diagnosed with more than one.
- Some people believe the focus should instead be on what each person needs in order to deal with their problems and discover new ways of living, not what category they are in.

It doesn't take social context into enough account

People are complicated. There are many social factors that can affect our capacity to cope, to relate to others and to respond to stress. For example:

- Experiencing trauma in childhood (such as abuse or neglect), or trauma that lasted for a long time.
- Issues to do with your situation and environment, such as poverty and social deprivation, or having to move home to a totally new place or culture.
- Experiencing stigma and discrimination, like racism, sexism, homophobia, biphobia or transphobia.
- If people have treated you badly in past relationships (including your parents or carers).

Any of these can lead to you often feeling overwhelmed with unbearable feelings. This can make it very difficult to deal with the daily challenges of adult life.

For more information on how traumatic experiences may affect your mental health, see our pages on [trauma](#).

The term itself can be stigmatising

Some people feel that the term 'personality disorder' can sound very judgmental. Being given a diagnosis or label of personality disorder can feel as if you're being told there's something wrong with who you are. You may feel upset, insulted and excluded. Language evolves and it may be that a different term will be used by professionals in future.

"Stigma can sometime come from the professionals themselves, whether intentionally or not."

It's important to remember that you're not alone – there are other people out there experiencing what you are. However you choose to make sense of your difficulties, you deserve to be treated fairly. Here are some options you can consider:

- **Show people this information** to help them understand more about what your diagnosis really means.
- **Get involved in your treatment** – our pages on [seeking help for a mental health problem](#) and [advocacy](#) provide guidance on having your say in your treatment, making your voice heard and steps you can take if you're not happy with your care.
- **Know your rights** – our pages on [legal rights](#) provide more information.
- **Take action with Mind** – see our [campaigning page](#) for details of the different ways you can get involved in helping us to challenge stigma.

That said, it takes energy to challenge stigma. When you are particularly unwell you may not have the capacity to do any of these things. Be kind to yourself and try not to put yourself under pressure to do anything other than rest and recover when that is what you need.

See our [advocacy](#) page and [useful contacts](#) page for more information if you need support with having a say in your treatment.

"The stigma of being violent and dangerous is the worst for me. I am a caring and empathetic soul who would do anything for the people I love."

Could my diagnosis be wrong?

Some symptoms of personality disorder can be very similar to, or appear alongside, [other mental health problems](#). Depending on your mood and what's happening in your life when you speak to mental health professionals, they might find it hard to identify the diagnosis that best fits your experiences.

If you're worried that your diagnosis doesn't reflect the way you feel, it's important to discuss it with a mental health professional so you can make sure you're getting the right treatment and support to help you.

See our pages on [seeking help for a mental health problem](#), [advocacy](#) and [complaining about health and social care](#) for information on how to make sure your voice is heard and what you can do if you're not happy with your doctor.

How can I help myself?

If you experience a personality disorder, every day might feel like a struggle and there may be times when everything seems too much to cope with. There are coping strategies that can help though. Below are some ideas of things you can do to help yourself both now and in the longer-term.

Different things work for different people at different times so try to be kind to yourself if some things don't work for you. We are all unique so things you find helpful when you are struggling may be really personal to you, and may change over time.

- [What can I do now?](#)
- [What can I do in the longer-term?](#)

What can I do now?

If you're experiencing lots of difficult feelings and are particularly overwhelmed it can be useful to break things down and focus on one thing at a time. Below is a list of tips and techniques which might help you through difficult periods and over time you might develop your own techniques to add to this list.

If you're feeling angry, frustrated or restless

What you could do to get through it:

- try a breathing exercise
- turn up your favourite music, and dance or sing
- do something with your hands, like fixing something or making something
- do something creative like colouring, drawing, creative writing or making music
- write in a journal
- take a shower - some people find trying a cold shower in particular can help.

See our page on [how to manage anger](#) for more tips.

If you're feeling depressed, sad or lonely

What you could do to get through it:

- get comfy and watch your favourite TV show
- read a favourite book
- write all your negative feelings on a piece of paper and scrunch or tear it up
- listen to a song or watch a video you find uplifting
- write a comforting letter to the part of yourself that is feeling sad or alone
- cuddle a pet or a soft toy.

See our page on [self-care for depression](#) for more tips.

If you're feeling anxious, panicky or tense

What you could do to get through it:

- make yourself a hot drink and drink it slowly, noticing the taste and smell, the shape of the mug and its weight in your hand
- take ten deep breaths, counting each one out loud
- write down everything you can think of about where you are right now, such as the time, date, colour of the walls and the furniture in the room
- take a warm bath or shower – this can help change your mood by creating a soothing atmosphere and a distracting physical sensation.

See our page on [self-care for anxiety and panic attacks](#) for more tips.

If you're feeling dissociative or spaced out

What you could do to get through it:

- breathe slowly
- listen to sounds around you
- walk barefoot
- wrap yourself in a blanket and feel it around you
- eat or sniff something with a strong taste or smell.

See our page on [self-care for dissociative disorders](#) for more tips.

If you want to self-harm

What you could do to get through it:

- stick sellotape or a plaster on your skin and peel it off
- hold ice cubes where you want to hurt yourself
- have a very cold shower.

See our page on [helping yourself cope with self-harm](#) for more tips.

"Not everyone finds the same things helpful. It's possible for people to find their own coping methods. Using techniques I don't find helpful is actually very distressing, as is being told I have to do them."

What can I do in the longer-term?

Taking some time to make your wellbeing a priority can make a big difference to how you're feeling. Here are some ideas:

Talk to someone

It can be hard to reach out to people when you are not feeling well, but sharing difficult thoughts can often make them seem a little easier to handle. If you don't feel comfortable talking to people around you, you could try contacting a helpline.

For example, you can talk to Samaritans for free on 116 123 or email jo@samaritans.org about anything that's upsetting you. See our page on [telephone support](#) for more information about different helplines.

Keep a mood diary

Monitoring your moods will help you understand more about yourself and your mood patterns, and to recognise changes which might be hard to spot otherwise. Many people use mood diaries to do this.

It's also helpful to identify the good things that you've done or have happened to you. It's important to be practise being kind to yourself and note the positive steps you've taken or techniques that help.

"Sometimes I have good periods where my symptoms don't really trouble me – at other times, they can be overwhelming. It's sometimes hard not to beat myself up for the relapses, but that's something I need to keep working on. It's ok to struggle sometimes."

Plan for difficult times

You might not always feel able to tell people how you're feeling or what help you need so it's a good idea to create a crisis plan that explains what you would like to happen in an emergency.

This could include:

- who to contact
- what treatments you would like to have or avoid
- at what point you would like people to consider hospital treatment as an option.

There are many different types of crisis plan. See our information on [planning for a crisis](#) and [making a support plan](#) for more information.

Contact an advocate

If you feel like you're not being listened to or treated fairly (such as when talking to doctors or accessing treatment) an advocate can help you have your voice heard. See our pages on [advocacy](#) for more information.

For more ideas about caring for yourself when you're feeling unwell, see our pages on [self-care for a mental health problem](#).

Make a self-care box

You might find it helpful to have some things that help you when you're struggling that you can access easily – a bit like making a first-aid kit for your mental health.

For example:

- favourite books, films or CDs
- a stress ball or fiddle toy for releasing agitation
- helpful quotes or notes of encouragement
- pictures or photos you find comforting
- a soft blanket or cuddly toy

- a nice-smelling candle or lavender bag.

"I learned distraction techniques. My favourite one was my Positivity Book, which is kind of like a scrap book filled with things which make me happy."

Find coping strategies for self-harm

If you have a personality disorder, you may be self-harming as a way of dealing with very difficult feelings or overwhelming situations and experiences.

See our pages on [self-harm](#) for other ways to help yourself cope.

Try mindfulness or relaxation exercises

This could help you to feel calmer and manage unhelpful thoughts. See our pages on [mindfulness](#) and [relaxation tips](#) for more information.

"I learnt to be kind to myself and that life can be different if I put the work in. Some days I forget what it feels like to be positive and hopeful for the future, but I know it won't last. I deserve to be happy and live a fulfilled life and I'm not about to let an illness take that away from me."

Try peer support

Talking to others with similar experiences to you can be helpful. [Peer support](#) gives people a chance to share their experience, give and receive support and hear and learn from others. There are lots of ways to find peer support. You could:

- see our [peer support directory](#)
- ask your [local Mind](#) about peer support
- try an online peer support community like [Elefriends](#) and have a look at our information about [staying safe online](#).

Look after your physical health

Your physical health can make a difference to how you feel emotionally so it's important to look after it wherever possible. For example, it can help to:

- **Try to get enough sleep.** Sleep can help give you the energy to cope with difficult feelings and experiences. Try to get to know and respect where your limits are and how much rest you need to feel well - take lots of extra rest if you need it. See our pages on [coping with sleep problems](#) for more information.
- **Think about your diet.** Eating regularly and healthily can make a difference to your mood and energy levels. See our pages on [food and mood](#) for more information.
- **Try to do some physical activity.** Exercise, including gentle exercise, can be really helpful for your mental wellbeing. It doesn't have to be anything vigorous, try a short walk or even some chair-based exercises. See our pages on [physical activity](#) for more information.
- **Spend time outside.** Spending time in green space can have lots of positive effects on your wellbeing. See our pages on [nature and mental health](#) for more information and [ideas to try in nature](#).
- **Avoid drugs and alcohol.** While you might want to use drugs or alcohol as a distraction from difficult feelings, in the long run they can make you feel a lot worse and can prevent you from dealing with any underlying problems that the drug or alcohol use may have been masking. See our pages on [recreational drugs and alcohol](#) or the [Talk to Frank](#) website for more information.

Find specialist support for any social issues contributing to your distress

Some people with personality disorders have had very difficult experiences which have contributed to their distress, such as abuse, bullying or discrimination. If you've experienced issues like these, it could be helpful to explore any help out there for these too.

For example, if you have been abused in childhood, the [National Association for People Abused in Childhood \(NAPAC\)](#) has some support services, and our pages on [abuse](#) and [PTSD](#) list many other organisations that could help.

What treatments are available?

There are a range of treatments that can help you if you experience a personality disorder. These include:

- [talking therapies](#)
- [therapeutic communities](#)
- [medication](#).

For information on how to access treatment for a personality disorder and how to have a say in your treatment, see our information on:

- [getting access to treatment](#)
- [having a say in your treatment](#).

Can things improve for me?

Sometimes people assume that it's impossible to change, especially when it comes to our personality. But research is showing that this isn't the case. With time and the right treatment for you, **it is possible** for things to change and improve.

"All my life I have felt different, alienated and completely alone. It is only since my diagnosis of BPD that I began to understand why and, with help, to realise that I could actually do something to change those feelings and feel that I can achieve a life worth living."

Talking therapies

More research needs to be done into which [talking therapies](#) can help people with personality disorders. The [National Institute for Health and Care Excellence \(NICE\)](#) – the organisation that produces guidelines on best practice in health care – suggests that the following kinds of talking therapies may be helpful:

- **Dialectical behaviour therapy (DBT)** – a treatment specifically developed for [borderline personality disorder \(BPD\)](#). It uses individual and group therapy to help you learn skills to manage your emotions. See our pages on [DBT](#) for more information.

"The one-to-one sessions I received were invaluable. My therapist was able to help me understand the DBT skills I was learning and help me to apply them to my life. My greatest lesson was to learn to fail and to accept that this and continued practise was the key to using DBT."

- **Mentalisation-based therapy (MBT)** – a long-term talking therapy which aims to improve your ability to recognise and understand your and other people's mental

states, and to help you examine your thoughts about yourself and others to see if they're valid.

"Mentalisation is best summed up as 'thinking about thinking'. It is being able to understand our own mental state and that of other people, and how this effects our behaviour. I identified with it immediately, as I really struggle with identifying what my emotions are and where they come from."

NICE says that other types of talking therapy could also potentially be helpful, including the following:

- **Cognitive behavioural therapy (CBT)** – aims to help you understand how your thoughts and beliefs might affect your feelings and behaviour. See our pages on [CBT](#) for more information.
- **Cognitive analytic therapy (CAT)** – combines CBT's practical methods with a focus on building a trusting relationship between you and your therapist who will help you make sense of your situation and find new, healthier ways to cope with your problems.
- **Other talking therapies** – such as schema-focused cognitive therapy, psychodynamic therapy, interpersonal therapy or arts therapies. See our pages on [talking therapies](#) and [arts therapies](#) for more information.

Therapeutic communities

Therapeutic communities are programmes where you spend time in a group supporting each other to recover, with the help of a facilitator. Most therapeutic communities are residential (often in a large house) where you might stay for all or part of the week. Activities can include different types of individual or group therapy, as well as household chores and social activities. [The Consortium for Therapeutic Communities](#) provides a directory of therapeutic communities in the UK.

"I spent 18 months as part of a Therapeutic Community, and I'm not exaggerating when I say it's changed my life. My mood swings are far less frequent, and it's rare that they reach the extremes that they used to."

Medication

There are no drugs specifically licensed for the treatment of personality disorders. Many people with personality disorders also have other mental health diagnoses though, such as [depression](#), [anxiety](#) or [psychosis](#), and may be prescribed medication for these. These medications could include [antidepressants](#), [antipsychotics](#) or [mood stabilisers](#).

Before you take any medication

Before deciding to take any medication, **make sure you have all the facts** you need to feel confident about your decision. For guidance on the basic information you might want, see our pages on:

- [what you should know before taking any psychiatric drug](#)
- [receiving the right medication for you](#)
- [your right to refuse medication.](#)

Where can I get treatment?

Whether a treatment is available in your area will depend on where you live. To get treatment through the NHS you should first visit your GP, who can refer you to your local community mental health team (CMHT) for an assessment.

In some areas there may be services that allow you to get in touch yourself and ask to be referred for treatment, which is called self-referral. You can talk to your CMHT for advice on self-referrals.

If you receive NHS treatment, it should be in line with [NICE guidelines](#). These say that:

- Anyone with possible personality disorder should have a structured assessment with a mental health specialist before being given a diagnosis.
- You should have a say in the type of treatment you're offered. If you're not getting the type of treatment you think would most help you, it could help to talk to an advocate. See our pages on [advocacy](#) for more information.

You can read the [principles of care](#) for people with a personality disorder and full guidelines and additional recommendations for BPD in English or Welsh on the [NICE website](#). For details of specialist services in the UK, see the [UK Department of Health's personality disorder website](#).

Will I get the help I need in a crisis?

Unfortunately, you might find that services in your area aren't always able to provide the type of care you might find most helpful straight away, due to pressure on services. We know how frustrating and difficult it can be to cope with services that don't provide the help you need, when you need it. That's why we're campaigning to improve crisis care across the country.

You can [learn more about our crisis care campaign here](#), and read about the [different ways you can take action with Mind](#).

Can I go private?

Waiting times for talking treatments on the NHS can unfortunately be long. If you feel that you don't want to wait and you can afford the expense, or would like to see a therapist who specialises in the types of experiences you have had, you may choose to see a counsellor or psychotherapist privately.

See our pages on [seeking private sector therapy](#) for more information.

How can I have a say in my treatment?

A really important factor in your treatment is the relationship you form with the professionals who are helping you – whether they are a social worker, psychiatric nurse, therapist or psychiatrist. Having good treatment also depends on you being actively involved in it and having your say. You should expect to:

- **Have your say in treatment** – your GP or psychiatrist should discuss all your treatment options with you, and your views and preferences should always be taken into account when making decisions about your treatment. See our pages on [seeking help for a mental health problem](#) for more information on having your say.
- **Be involved in your care plan** – a care plan is an agreement between you and the professionals you're working with, about what you want to get out of your

treatment. It should include the problems you want help with, any treatments you may need and planning for a [crisis](#).

"It was only when I met some dedicated professionals willing to go that extra mile that I started to change and believe in myself. I was able to begin therapy and develop a good trusting relationship which has been consistent and secure."

When don't I have a choice in my treatment?

You may not have a choice in your treatment if you:

- **do not have mental capacity** – this is where you are considered too unwell to make informed decisions about a specific situation – see our pages on the [Mental Capacity Act](#) for more information
- **are being kept in hospital under a section of the [Mental Health Act](#)** (sometimes called being [sectioned](#))
- **are being treated under a Community Treatment Order (CTO)** – this means you are given supervised treatment in the community
- **are being treated under a court order** – this may be if you have committed an offence.

See our pages on [seeking help for a mental health problem](#) for more information.

How can other people help?

This section is for friends and family who want to support someone with a diagnosis of personality disorder.

"I have become very aware of my feelings and emotions but I often find it really hard to control them, like someone's taken over my head for a short time I then feel overwhelmingly embarrassed of my actions, and push people away to try and make myself feel better."

If somebody you know is diagnosed with a personality disorder, their thoughts, feelings and behaviour might make it hard for them to always maintain a good relationship with you. Sometimes you may find it hard to know what to say or how to help. But there are lots of positive things you can do to support them:

- **Try to be patient** – if your loved one is struggling to deal with their emotions, try not to get involved in an argument in the heat of the moment. It could be better to wait until you both feel calmer to talk things through.
- **Talk to them compassionately and calmly** – when someone is experiencing difficult thoughts and feelings, their behaviour may be unexpected or upsetting, and you may feel unsettled. Try to understand what they're experiencing and what's affecting their thoughts, feelings and behaviour – this can help you to stay calm.
- **Don't judge them** – try to listen to them without telling them they should feel the way they do or that they're being overly sensitive. You may not understand why they feel like this, but it can mean a lot to acknowledge and value how they're feeling.

"Validate and try to be understanding – don't question my thoughts or views. Put yourself in my shoes. If those were the thoughts and feelings you were experiencing, how would they make you feel?"

- **Remind them of other aspects of their personality** – a diagnosis of personality disorder doesn't stop someone being likeable, intelligent, funny, kind, highly motivated or creative. It can be reassuring to remind them of the other things you see in them, particularly if they struggle to see these themselves.
- **Try to both set clear boundaries and expectations** – it can be helpful to make sure you both know where the boundaries of your relationship are, and what you expect from each other. This can help you both manage difficult feelings and situations. Agreeing how you expect to speak to each other, be spoken to or what you are or aren't able to help with could be useful things to clarify.

"Tell me a problem you're having, let me be there for you for a change. Don't hold back sharing difficulties in your life, I am your friend after all. It will make me feel valuable and useful."

- **Plan ahead** – it can be scary if you're worried someone you care about is hurting themselves, or is struggling with suicidal thoughts. Ask them how you could help when things are difficult. See our pages on [supporting someone who is self-harming](#) and [supporting someone who feels suicidal](#) for more information.
- **Learn their triggers** – talk to your loved one and try to work out what situations or conversations make them think or feel negative thoughts and emotions.
- **Learn more about personality disorder, and help to challenge stigma** – personality disorder is a complicated diagnosis, and your loved one may have to deal with other people's misconceptions on top of coping with their own mental health problem. Our pages [about personality disorders](#) and [different types of personality disorder](#) contain more information.
- **Help them seek treatment and support** – see our pages on [how to support someone to seek help](#) for more information.
- **Help them find an advocate** – see our pages on [advocacy](#) for more information.
- **Take care of yourself** – supporting a loved one who is struggling can be really difficult. Try to remember that your own mental health is important as well. See our pages on [coping when supporting someone else](#), [managing stress](#) and [maintaining your wellbeing](#) for more information on how to look after yourself.

"Sometimes, when we don't know who we are, we don't know why we are doing what we are doing, it just takes a person with hope to see something behind those eyes, something we cannot see ourselves, to save us and tell us that we can be okay."

Useful contacts

Mind's services

- **Helplines** – all our helplines provide information and support by phone and email. Our Blue Light Infoline is just for emergency service staff, volunteers and their families.
 - Mind's Infoline – 0300 123 3393, info@mind
 - Mind's Legal Line – 0300 466 6463, legal@mind
 - Blue Light Infoline – 0300 303 5999, bluelightinfo@mind
- **Local Minds** – there are over 140 local Minds across England and Wales which provide services such as [talking treatments](#), [peer support](#), and [advocacy](#). [Find your local Mind here](#), and contact them directly to see how they can help.
- **Elefriends** is a supportive online community for anyone experiencing a mental health problem. See our [Elefriends page](#) for details.

Other organisations

The Consortium for Therapeutic Communities

therapeuticcommunities.org

Online directory of therapeutic communities across the UK.

FRANK

[0300 123 6600](tel:03001236600)

talktofrank.com

Confidential advice and information about drugs, their effects and the law.

The National Association for People Abused in Childhood (NAPAC)

[0808 801 0331](tel:08088010331)

napac.org.uk

A charity supporting adult survivors of any form of childhood abuse. Provides a support line and local support services.

National Institute for Health and Care Excellence (NICE)

nice.org.uk

Produces guidelines on best practice in healthcare.

NHS UK

nhs.uk

Information about health problems and treatments, including details of local NHS services in England.

The Prison Reform Trust

[0808 802 0050](tel:08088020050) (Prisoners helpline)

prisonreformtrust.org.uk

Charity working to create a just, humane and effective penal system.

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References are available on request.