



Families and Carers

The Basics

Sometimes there is an initial shock when you first learn of their problem and you may find it difficult to make sense of your own feelings. Other times it is a relief to know what the problem is, because it has been around for a long time without proper treatment. In fact, the whole experience can be overwhelming and may bring up many questions and sometimes even fewer answers. This is not an unfamiliar experience. Many others have described feeling this way.

What is a personality disorder and how is it treated?

Personality disorder is a name used to describe a pattern of traits that affect people's inner experiences, behaviours and relationships. Personality traits are 'disordered' when they become extreme, inflexible, and maladaptive. This tends to create a pattern of problems that cause the person and those around them significant distress over a period of time. A personality disorder often leads to significant disruption to a person's capacity to work, study and maintain good relationships. It is a recognised diagnosed mental disorder and specific psychological therapies have been shown to be effective treatments. Personality disorder usually starts in adolescence or early adulthood, although features can also be present in children or emerge in older adults, and can go on for a number of years. It is estimated that around 1 in 10 people experience a personality disorder at any given point in time and both men and women can be affected.

Personality is shaped by a combination of factors including characteristics we are born with, such as our interpersonal sensitivity and capacity to regulate emotions, and our life experiences. Difficult life experiences such as losses, abuse or trauma are common to some personality disorders. The combination of factors that lead to a personality disorder differs for each person, and more scientific research is needed to help understand the causes. There are several different types of personality disorder, including avoidant, borderline, antisocial, narcissistic, obsessive-compulsive and schizotypal.

What can I do to help?

As a family member, partner or carer, one of the first questions you may have is "What can I do to help?". Below are some things that people who have been supported by someone like you have said helped the most:

- Look after yourself – it is important that you make sure you are healthy and safe and have good supports around you
- Provide a listening ear – just being there, without judgement, to provide a space to talk and share concerns
- Practical support – helping with financial, housing and transportation problems
- Instil hope – encourage the person to believe that recovery is possible
- Help the person find value – help the person realise that although they may have problems these can be treated and it does not define who they are as a person
- Encourage self-care – such as healthy eating, adequate sleep, exercise and engagement in enjoyable activities
- Encourage treatment – such as attendance at individual and group therapy appointments

As caring people, we naturally don't want the people we love to make mistakes. We may feel a need to protect them from the stress that this may cause. While this is understandable, it is also important to allow the person to take some level of responsibility. This also means allowing them to live with the consequences of their decisions and behaviors.