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Special Edition

Working with people with personality disorder

Editorial Comment

Personality disorder in offenders then and now

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In the early days forensic psychologists in prisons taught social skills to offenders or set up encounter groups with staff in the belief that interaction with pro-social models would automatically render them less anti-social. Of these naïve beginnings, the best that can be said is that it taught us what we did not know, part of which concerned the prevalence of personality disorder amongst offenders and the treatment challenge this embodied. In fact very little was known of the psychiatric profile of offenders; forensic psychologists did not use clinical diagnostic models and the definitive psychiatric morbidity study that established that almost two thirds of the offender population had some form of personality disorder was not undertaken until 1997.[1] But this revelation alone changed little because at that time personality disorder was a 'diagnosis of exclusion' across the NHS. There were no services in place and personality disordered patients were largely deemed to be untreatable.

It took a series of events for this to change. Firstly the 1990 riots in Manchester's Strangeways prison exposed the lack of treatment for sex offenders in custody and their vulnerability when order and discipline broke down. This proved to be a catalyst for the development of treatment programmes for sex offenders, followed soon after for violent offenders, informed by the new 'what works' literature and developed to a standard that could be accredited by an international panel of experts. Secondly, 1996 saw the brutal attacks against Lin, Megan and Josie Russell by Michael Stone, a diagnosed psychopath who did not satisfy the treatability criteria of the 1983 Mental Health Act and who could not therefore be detained indefinitely, constituting an unacceptable risk to the public. In 1999 a public consultation was launched into the better management of offenders with personality disorder, and in 2001 the first dangerous and severe personality disorder (DSPD) services in prisons and special hospitals were implemented.

Also in 2001 the NHS took over responsibility for providing health care to prisoners, and this involved providing a secondary mental health in-reach service to prisons, addressing severe and enduring mental illness. This was a significant breakthrough, but it failed to sufficiently address primary mental health needs and personality disorder, the products of the pains of imprisonment on top of the ravages of troubled lives, criminality, trauma and substance misuse. The inadequacy of this early mental health in-reach service was exposed by the Prison Reform Trust in their three year campaign 'Troubled Inside' between 2004 and 2007[2], by HM Inspectorate in a Thematic Report of the Mental Health of Prisoners in 2007[3] and by the Bradley Report in 2009.[4]

By this time DSPD services had been in place for several years and the UK was plunged into recession and the necessity of making financial savings. There was a need for a formal review of the performance of the four different treatment approaches operating in two different settings, as well as a need for step down services to support the progression of those nearing the end of their treatment. Emerging learning suggested that other personality disordered offenders not reaching the criteria for DSPD but nonetheless at risk of re-offending might also benefit from environments that could support pro-social change. All these events signposted the need for a new comprehensive strategy for the treatment and management of personality disordered offenders at all levels of security, in custody and through into the community. With the coming together of the Prison and Probation services into a single correctional service (NOMS) and with the NHS committed to National Standards for mental health care it became possible for best practice to be identified within a national strategy that spanned two government departments and three previous services, resulting in the Offender Personality Disorder Pathway (OPD Pathway), articulated in 2011 and currently being implemented. This is no mean achievement and one that needs to be celebrated. It promises to better meet the criminogenic and mental health needs of a significant proportion of the offender population and deliver considerably improved levels of public protection.

1. Psychiatric Morbidity among Prisoners: A summary report. (1997) Nicola Singleton et al. Government Statistical Service.
2. http://www.prisonreformtrust.org.uk/ProjectsResearch/Mentalhealth/TroubledInside accessed 02.02.2015
3. The Mental Health of Prisoners: A thematic review of the care and support of prisoner with mental health needs. HM Inspectorate of Prisons, 2007.
4. The Bradley Report, 2009. London: Department of Health.

This special edition is intended to draw attention to this significant development which has ramifications for prison, probation and healthcare staff across England and Wales, and explain its progress and purpose. Nick Benefield and colleagues describe the new strategy and track the journey from the first DSPD units, through a review of DSPD policy to the present landscape of developing OPD services. The first indications are that there are likely to be 20,000 offenders eligible for the OPD strategy. Derek Perkins, Cath Farr, Jose Romero, Tim Kirkpatrick and Anisah Ebrahimjee review the learning from Broadmoor's DSPD service and its ongoing legacy within the hospital after the service ended; Lawrence Jones reviews the learning from Rampton's former DSPD service and charts its progress from a pilot for untreatable psychopaths to milieu informed trauma therapy; Faye Wood reviews treatment issues with DSPD prisoners in the ongoing Westgate unit at HMP Frankland and Christine Bull with Jenny Tew describe in more detail the elements of the Chromis programme that provide them with a level of choice and control over their options for change. Des McVey, Naomi Murphy and Jacqui Saradjian describe the ongoing therapeutic milieu approach to treating DSPD in the Fens unit at HMP Whitemoor and Kirk Turner and Lucinda Bolger describe the therapeutic features of the new Psychologically Informed Planned Environments (PIPEs) that are designed to support change along the OPD Pathway. Laura d'Cruz describes the pathway for women offenders with PD that promises a gender specific service from diagnosis through treatment, advocacy and support into the community, and Julia Blazdell and Lou Morgan from 'Emergence' bring the important perspective of female service users to the development and delivery of training for the staff working with women PD offenders.

There is a striking consensus of opinion among these articles, with all authors stressing the importance of providing treatment that is responsive to the particular needs of offenders with PD, its delivery within a therapeutic environment that supports change, consistent training and support for all disciplines of staff involved in treatment, and systems for managing staff that are able to prevent schisms developing within the treatment team. This edition contains some breakthrough learning and presents a developing strategy informed by this learning that has the capacity to deliver a quantum leap in service delivery and the potential to reverse a pervasive pessimism concerning the treatability of personality disorder.

This special edition has been jointly edited by Monica Lloyd from the PSJ Editorial Board and Dr Rachel Bell from HMP Holloway.