Guide for first responders and health professionals in the hospital setting: Providing support for people living with personality disorders

Often people with personality disorder access care through emergency and hospital presentation. These steps outline best practice for health professionals to ensure people with personality disorders and their carers, family members and support persons receive appropriate and compassionate care.

General principles for compassionate responding

- Understand that mental health problems are as significant as physical health problems, and treat them appropriately.
- Respectfully inform the person that you are there to help and speak in a calm manner. Providing a positive experience at these stages can help the person feel safe.
- Understand the person is experiencing genuine distress and respect their rights to access health services, regardless of their history.
- Provide adequate medical care without judgement, and use respectful, non-judgemental language. Avoid phrases such as "attention seeking", replacing them with terms such as "needing support".
- Never refer to self-harm as "superficial". Recognise that self-harm is often an attempt to regulate emotion.
- Engage in professional development and education relating to understanding personality disorder and other complex mental health problems.

First responders: Police and ambulance

- Explain what you are doing, why you are doing it, and what will happen next. Include carers or support people in these discussions where appropriate.
- Provide medical care for self-harm in the same way you would for someone who is injured in other ways.
- Report any inappropriate behavior (eg. excessive force) from other first responders to the relevant governing body.

Emergency department

- Sitting in an emergency department can be distressing for people. Try to reduce waiting times, and ask if anything can be done to help them feel safe while they wait (eg. a person may request that health professionals regularly check on their feelings of safety).
- People with physical wounds should be given privacy, and their wounds immediately triaged.
- Try to reduce distress by explaining what to expect and describing the emergency department process to persons and their carer (if appropriate).
When a diagnosis is known and has been communicated with the person, provide written information about the diagnosis.

Upon leaving the Emergency Department, provide persons with tools and options about what to do next (eg. referrals and education about services and supports) and how to manage their distress. When appropriate, include carers in these discussions.

There are helpful factsheets on the Project Air Strategy website – use them and refer people to them. [www.projectairstrategy.org](http://www.projectairstrategy.org)

**Inpatient services**

- Provide crisis skills training and other therapeutic opportunities, including adjunct therapies where available.
- Write the discharge summary in collaboration with the person, confirm their medical contact details are correct, and ensure they have a copy before they leave.
- Before discharge provide treatment options and referral when appropriate.
- Ask the person how they want to be supported after their hospital discharge. For example, they may prefer a home visit, phone call or text message, or contact from a mental health professional.
- Ensure that discharge summaries are provided to all health professionals involved in the person’s care.
- Where appropriate, use the “Find a Service” Directory and let people know how to find it. [www.projectairstrategy.org/servicedirectory](http://www.projectairstrategy.org/servicedirectory)

**The Lived Experience Project:**
The information in these resources was provided by people with lived experience of personality disorder and carers supporting people with personality disorder through two focus groups carried out in May 2019. This set of resources were developed through co-design and consultation with people with lived experience and other peak Consumer and Carer bodies in NSW. This work was funded by the New South Wales Mental Health Commission.

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