



UNIVERSITY OF WALES
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Assessment 1

Supporting Paper

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Introduction

Personalities are a combination of different traits in other words personality makes up how an individual understands and relates to the world they live in as well as, how the individual sees oneself (Cherry, 2023).

Definition of paranoid personality disorder also known as PPD is known to be a mental health condition characterized by schizophrenia. Individuals with PPD often show signs of suspicion and distrust of other people over a long period without adequate reasons to have any suspicions. What's more people with PPD often feel other people are there to demean, harm, or threaten them therefore, they are always on guard (Cleaveland Clinic, 2017).

Paranoid Personality Disorder within the ICD-10 Manual

Paranoid personality disorder is found in the World Health Organization in the ICD-10 manual under classification F60.0 pages F60-F69 grouped under Disorders of Adult Personality and Behaviours. It is a requirement by professionals to diagnose an individual showing symptoms of PPD using the ICD-10 manual ([Medicine: Paranoid personality disorder - HandWiki](#), n.d).

Data about PPD Disorder in the UK

Personality disorders affect between 2% to 30% of the UK population which is around 1 in 20 people (Winter, 2022). Personality disorders appear to be higher in the United States than in other countries (Quirke et al, 2016).

Causes

Personalities form from a young age and are shaped through genes and environment, for example, the surroundings and events that have happened to the individual (Mayo Clinic, 2016). Moreover, PPD emerges, as a result of traumatic and stressful situations in the person's life events, family causes, and genetic factors. For example, individuals who suffered childhood trauma as a child such as child abuse and neglect can lead the individual to distrust as they reach adulthood. Similarly, Arikan, 2016 noted child abuse can cause several personality disorders such as insecurity and unable to trust in their relationships. Additionally, Mandal, 2014 acknowledged that PPD can occur in families with a history of

psychotic disorders such as schizophrenia. It is also noted that PPD is more common in men than women.

Symptoms/signs

Personality disorders are characterized by 3 clusters A, B, and C. Paranoid personality disorder is in cluster A. Individuals with paranoid personality disorder find it difficult to express how they think and feel about themselves and other people. In contrast, these issues affect their well-being, and mental health as well as difficulty forming relationships with other people, for example, their partner, families, and their social community (Mayo Clinic, 2016).

Furthermore, according to Royce, 2016 paranoid personality disorders in the forensic realm express that this mental disorder can cause aggressive behavior for example violence and stalking. Caporuscio, 2019 noted that PPD can trigger individuals to become isolated because of their behaviors among other people. With that said people with PPD often suffer from mood disorders such as depression and anxiety. Moreover, because PPD often shows other comorbid personality disorders individuals are at higher risk of suicide. Not to mention, substance abuse such as alcohol and drugs. Similarly, individuals who display eccentric personality disorders have an intense suspicion of other people and, therefore, tend to mistrust the motives of other people.

Diagnosis

Martel, 2012 noted it can be difficult for a GP or other mental health professionals to help and diagnose an individual with PPD as the individual believes the other person is there to harm and demean them as well as share information about them. what is more, the individual does not see themselves as having a problem.

However, GPS and mental health specialists have a range of different tools to diagnose a person with PPD such as physical examinations, a range of interviews, and assessment tools to rule out other psychotic disorders. PPD is identified by long-term eccentric behaviours and events that have happened in a child's life therefore, it has been noted children are not diagnosed at this age (Paranoid Personality Disorder Counselling - Counselling Directory, n.d.).

Historical view and treatments for PPD

During medieval times people believed that individuals showing signs of abnormality and strange behaviors were possessed by demons, and witchcraft (OpenStaxCollege, 2014). People believed individuals displaying eccentric behaviours were attention-seeking and dramatic. In other words, people were misunderstood for this reason individuals were often placed in asylums. Furthermore, practices such as Exorcism and trephining were used to treat individuals displaying odd behaviors.

Current treatments (NHS)

According to the NHS, 2021 individuals with personality disorders can recover over time with the correct treatment however, this can take weeks, months even years. With that said treatments such as Talking therapy, this is usually one-to-one due to the person's means to distrust people. The aim is to help the individual understand themselves by having the opportunity to discuss their experiences and life events that the person has been through similarly this can help to understand where the issues stemmed from. Another treatment offered is Cognitive behavioural therapy which can help with tips and techniques to improve an individual's health. Lastly, medication although, there is no medication to cure PPD medication can, however, treat other mental disorders that the individual might experience such as depression and anxiety.

Principles when working with people with PPD

Healthcare professionals such as psychiatrists, counsellors, and GPs support individuals in various ways including; social care, housing, education, justice, and physical healthcare (Armstrong, et al, 2021). Healthcare professionals must ensure healthcare is delivered in a person-centered, supportive way as well as promoting the individual's safety and well-being. Moreover, ensures equality and fairness among the people, as well as support for families (NHS England, 2018).

The issue in the provision is there are not many skilled health specialists to support PPD. Duggan et al, 2022 express there are not many skilled specialists to treat individuals with PPD also, the referral process is long therefore, individuals are being neglected.

Recommendations/ Conclusion

It is recommended individuals learn about their condition and follow up with their appointments. Furthermore, an individual must take better care of their health, for example, by staying active and staying away from alcohol and drugs as this has proven to improve personality disorders (Mayo Clinic, 2016).

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Appendix: PowerPoint Presentation



Prifysgol Cymru
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Assessment Component 1 Presentation
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Mental Disorders and Psychopathology
Topic: Paranoid personality disorder
(BMHP6006_LON)
Lecture: Bianca Sanfilippo

Trawsnewid Addysg; Trawsnewid Bywydau
Transforming Education; Transforming Lives


www.uwtsd.ac.uk

Paranoid Personality disorder within the ICD-10 Manual

Group: Disorders of adult personality and behaviour

F60-F69

Classification: F60.0

Definition of Paranoid Personality disorder

Paranoid Personality disorder, also known as ppd is known to be a mental health condition.

This condition is marked by patterns of suspicion and distrust of others, but without any adequate reasons to have these suspicion

People who have ppd are always on guard, believing that other people are constantly wanting to demean, harm or threaten them (Cleaveland Clinic, 2017).



- Around one in 20 people in the UK has a personality disorder or 2% to 30% of the population (Winter, 2022).
- United States appear to have higher PD than other countries, ranging from 9.0% and 21.5% (Quirk et al, 2016).

Causes of Paranoid Personality disorder

- Biological and environmental factors
- Childhood trauma
- Family history of mental health such as, schizophrenia
- Physical and emotional abuse
- Paranoid personality disorder is most common in men than women (Winter, 2022).



Figure 1
(Gender symbol man, 2013).

Symptoms/signs Paranoid Personality disorder

- **Suspicious** worried other people are there to harm them.
- **Suspecting** without prove
- **Trust issue** leading the individual to isolate from others
- **Interpreting** other people motives
- **Sensitive** to criticism
- **Hostile/Angry**
- **Mood disorders** such as, depression and anxiety (CleavelandClinic, 2017).



Figure 2
(10.2: Basic Concepts 2022).

Diagnosis Paranoid Personality disorder

A mental health practitioner (psychologist/ psychiatrist) uses specially designed diagnostic tests and clinical interviews to assess the individual and diagnose a paranoid personality disorder (*Paranoid Personality Disorder*, n.d).

An individual with paranoid personality disorder needs to meet more than one criteria.

Symptoms need to have lasted more than 1 year.

The three Ps

- ❖ Problematic
- ❖ Persistent
- ❖ Pervasive

Historical view and treatments for Paranoid Personality disorder

During the medieval times people believed that individuals showing signs of abnormality and strange behaviours were possessed by demons, witchcraft or angry gods (OpenStaxCollege, 2014).

- Practices such as, Exorcism/ trephining were carried out.
- During the 18th century, people were misunderstood and placed in asylum.
- 1900s Lobotomy/ Electroconvulsive therapy.
- Late 1900s drugs were introduced.

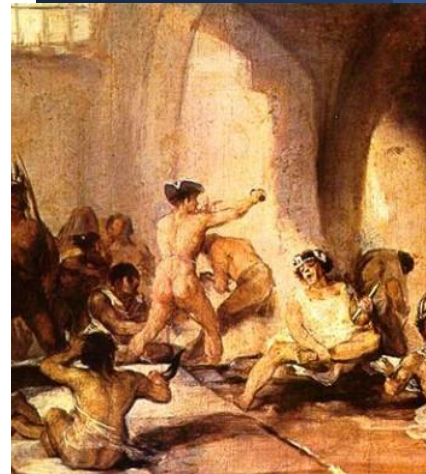
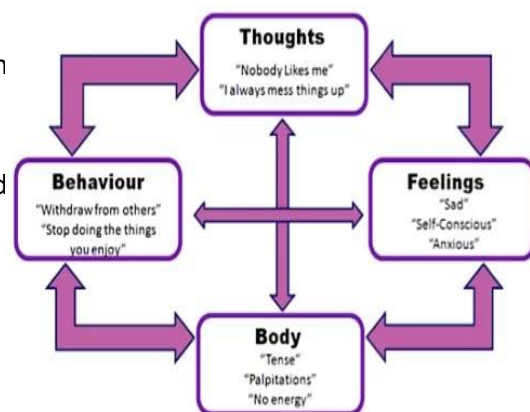


Figure 3
(OpenStaxCollege, 2014).

Current treatments (NHS)

- Talking therapies aims to get a better understanding of the individuals' thoughts, feelings and behaviours (*Personality disorders*, 2021).
- Cognitive behavioural therapy consists of tips and techniques to improve mental health.
- Care plans include short and long-term goals.
- Medicines to treat problems associated with ppd like depression and anxiety.



www.harleytherapy.co.uk (Diagram adapted from Westbrook, Kennerley and Kirk, 2007)

Principles when working with people with Paranoid Personality disorder

- **Build trust** in an engaging and nonjudgemental way
- **Engage** in open communication
- **Share decision making**
- **Advice family/ friends**
- **Compassionate** and caring approach
- **Clear, consistent and reliable**
- **Offer encouragement** (Sachs, 2013).

Recommendations and Conclusion

To conclude paranoid personality disorder is a chronic mental health condition and from research there is a clear gap for more research into Paranoid personality disorder unlike other personality disorders like BPD.

Individuals are diagnosed with appd in adulthood and are offered help there is support in the UK for adults that want the help but, would recommend there being more services for the adolescence.

On a good note, most personalities can improve with age.