

Challenges in Physical Healthcare for Individuals with Personality Disorders

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DESCRIPTION

Living with a diagnosis of a personality disorder often impacts not only mental health, but also one's access to and quality of physical healthcare. According to a recent systematic review and meta synthesis of qualitative research, individuals diagnosed with a personality disorder frequently experience significant barriers when seeking physical healthcare services, compared with the general population. The review incorporated three qualitative studies that explored the lived experiences of people with personality disorder diagnoses attempting to access physical health services after receiving such a diagnosis. From these studies, four main "meta themes" emerged, together highlighting the pervasive difficulties faced by this population. Firstly, many individuals reported general disregard from physical healthcare professionals.

Patients recounted that their physical symptoms and health complaints were often minimized or dismissed, seemingly viewed as secondary to or blamed on their mental health diagnosis rather than treated as legitimate physical issues. This kind of dismissiveness can lead to inadequate medical assessment, delays in diagnosis, or refusal of treatment even when serious physical health problems are present. Secondly, the identity and self perception of having a personality disorder itself often acted as a barrier. Some individuals internalized stigmatizing attitudes, resulting in self-doubt about the legitimacy of their physical health complaints or hesitancy to seek help. A diagnosis that may already feel stigmatizing could make people reluctant to assert themselves or advocate for their physical health needs, fearing they will be judged or disbelieved.

Barriers to accurate diagnosis and treatment

Thirdly, stigma and lack of awareness around personality disorder within healthcare settings emerged as a significant obstacle. The review highlights that many healthcare providers lack training or understanding about personality disorders, often perceiving patients through stereotypes viewing behavioral symptoms as "difficult" or "manipulative," rather than as part of a legitimate condition. Such negative attitudes contribute to diagnostic overshadowing, where physical complaints are

attributed incorrectly to the mental health condition. Fourthly, the phenomenon of physical problems being viewed through the lens of the patient's personality disorder rather than as standalone medical issues was identified as a recurring concern. In practice, this means that even when patients describe real physical symptoms, clinicians may interpret them as psychosomatic or as manifestations of mental illness, rather than investigating objectively. This overshadowing can result in under diagnosis, mismanagement of physical health issues, or refusal to treat, deepening health inequalities for people with personality disorders.

Across all included studies, the tone of experience was predominantly negative; the review found no clear facilitators that consistently helped people with personality disorders to access quality physical healthcare. This lack of positive experiences suggests a systemic problem affecting not just individuals' attitudes or behaviours, but the broader structure of healthcare systems, provider training and societal stigma. These findings align with broader research on healthcare access for people with Serious Mental Illnesses (SMI), which documents similar barriers: stigma, fragmented care, poor communication and insufficient continuity of care.

Erosion of trust in the healthcare system

For example, individuals with SMI often report that their physical health needs are neglected, clinical appointments are too brief, or mental-health providers focus solely on psychiatric issues while downplaying physical complaints. The implications of these findings are serious. People with personality disorders may at times avoid seeking medical help due to fear of being disbelieved or dismissed. When they do seek care, they may not receive proper assessment, diagnosis, or treatment—potentially leading to worsening physical health, cumulative neglect and health inequities compared to the general population. Moreover, such negative experiences can erode trust in the healthcare system, discouraging future help seeking and further compromising overall well-being.

To address this, the authors of the review call for systemic changes: improved training for physical healthcare professionals to raise awareness about personality disorders, explicit policies to

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prevent diagnostic overshadowing and integrated healthcare models where physical and mental health services are coordinated. Multidisciplinary teams involving mental health specialists, general physicians and allied health professionals may help ensure that physical symptoms are taken seriously and treated appropriately, independent of mental health diagnoses.

CONCLUSION

In conclusion, for individuals with a diagnosis of a personality disorder, accessing physical healthcare remains fraught with

obstacles rooted in stigma, misperception and systemic neglect. The limited qualitative literature available paints an overwhelmingly negative picture, with few identified facilitators and many stories of dismissal and neglect. To promote health equity and improve outcomes, healthcare systems need to acknowledge these challenges and adopt targeted reforms from provider education to integrated care models that respect both the mental and physical health needs of people with personality disorders. Enhancing sensitivity, awareness and accountability in physical healthcare provision is not only a matter of better treatment it is a matter of justice and human dignity.