

Abstract

Depression and personality disorders often coexist in clinical population. The comorbidity affects treatment and mental health care service use. Its impact on the local public psychiatric care setting is not well understood. A cross-sectional study was set out in a local tertiary psychiatric clinic. 174 patients with a diagnosis of depressive illness were assessed for DSM-IV Axis II diagnosis by SCID-II. Service use parameters and Beck Depression Inventory were measured and compared between the groups with and without co-morbid personality disorders. The results were generally in agreement with previous overseas studies. 55.2% of the participants had at least one personality disorder diagnosis on SCID-II. The personality disorder group had higher attendance to the Accident and Emergency department, higher frequency of missing psychiatric outpatient appointments, and higher rate of receiving social subsidies and disability allowances. The BDI score in the personality disorder group was significantly higher. Patient with Borderline personality disorder and those with history of suicide had higher referral to Community Psychiatric Nursing service. Cluster B and C personality disorder were associated with more frequent prescription of hypnotics. The difference in service use inferred higher social burden and reflected the difficulty of this group of patient in engaging in routine public psychiatric care system. Future research possibilities and possible implication on service development

were addressed.

Keywords: mental health services, depression, personality disorders, comorbidity, prevalence