

Borderline Derbyshire

Newsletter of the
Derbyshire Borderline Personality Disorder
Support Group

Accounts
from those
with
BPD/EUPD



Info
for
group
meetings

For anyone affected by
Borderline Personality Disorder (BPD)
also known as
Emotionally Unstable Personality Disorder (EUPD)



Find out what's new in Derbyshire for those with
Personality Disorders

Who we are...

Committee—core members

Sue—chair/founder

Vicky—secretary

John—treasurer

Other committee members

Jodie—activities co-ordinator

Ryan—volunteer

In May this year, I was invited to write a blog about services for those with a personality disorder in Derbyshire, by CLINKS, the infrastructure body supporting voluntary organisations in the criminal justice system in England and Wales. The blog can also be read in this issue of Borderline Derbyshire, on pages 6 and 7.

We are told that here in Derbyshire, unlike in many other counties, services for personality disorder have never been considered a priority. We are convinced this will change one day but in the meantime, and as part of our campaign for a personality disorder pathway, we have included an example of services available in Oxfordshire (pages 8 and 9).

Our member's story this issue is on the subject of self-harm and A&E (page 10), followed by a few of the more enlightened comments made about us and our diagnosis, from Psychology Today.

Sue

Welcome to *Borderline Derbyshire*...

Derbyshire Borderline Personality Disorder

SUPPORT

Group



News

Thank you

to the



United Reform Church, Little Eaton,
who invited us to their church to speak about BPD,
and who, so kindly, have made us their
charitable cause of the year

In July, we were pleased to welcome back our friend
and NHS Governor, Lynda Langley. This time,
she brought her colleague Rob. We hope to see you
both again soon.





Bryony

The group is fantastic! I meet new friends, have a laugh and get lots of information.

I'm Bryony's mum, and I enjoy the support and friendship of the group.



Annie

DERBYSHIRE

BORDERLINE PERSONALITY DISORDER SUPPORT GROUPS

Chesterfield

Meets on the 1st and 3rd Monday of the month between 7-9pm above the Saints Parish coffee shop, Church Way

Ilkeston

Meets on the 1st Monday of the month between 1-3pm at the Fire Station Community Room, Derby Road

Matlock

Meets on the 2nd Monday of the month between 1-3pm, Imperial Rooms, Town Council Building, Imperial Road

Also known as Emotionally Unstable Personality Disorder, or EUPD



Jodie

I get the support I need at the group. It makes me feel comfortable and safe.

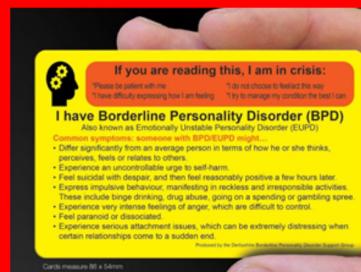
I'm Jodie's partner. I get a better understanding of what BPD is and make new friends in the same position.



Ryan

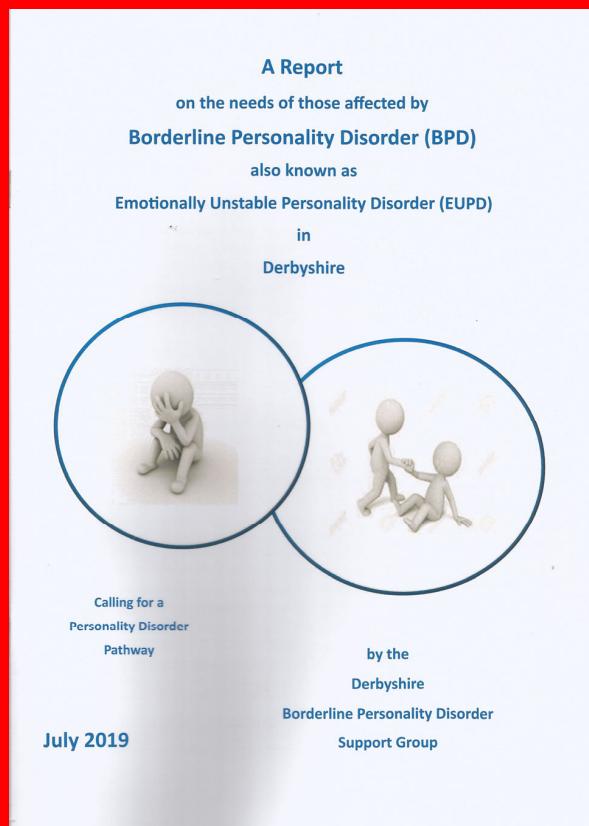
If you would like to know more, please email Sue on derbyshireborderlinepd@gmail.com, or phone/text 07597 644558

Designed and produced by us...



A two-sided, credit card-sized crisis card, for use when faced with the police, paramedics and others, as an aid in explaining our crisis

Written and produced by us...



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A report containing many quotes from those affected by BPD, as an aid to understanding the condition, and to highlight the need for better services for all those with a PD.

Derbyshire Personality Disorder Pathway:

Prison v Community

Sue Wheatcroft

It is a sad and worrying fact that, as it stands, the best place in Derbyshire to get help for someone with a personality disorder (PD) is in HMP & YOI Foston Hall. Since 2013, the prison's CAMEO* unit has provided Intervention and treatment pathways for women in prison, with all types of PD, in a therapeutic environment. However, strict criteria mean that only those who have at least two years left on their sentence (meaning that they must have received a sentence of four years or more) can be admitted to the unit. For others, with a less serious offense, treatment must come from the over-stretched In-Reach team, who deal with the rest of the prison population. In the community, programmes exist in Approved Premises. For those who have not offended, however, specialised help for people with a PD is virtually non-existent.

Prison (specialist services)

The CAMEO service is part of the Offender Personality Disorder (OPD) Pathway, which is co-commissioned and managed by NHS England and HMPPS in response to the knowledge that approximately two-thirds of prisoners meet the criteria for at least one type of personality disorder. As well as initiatives such as the CAMEO Unit, various courses have been established around the secure estate to help people in prison, including those with a PD, to interact with others in a safe and productive way. This includes the various hostels in the community, operating as Approved Premises. The *Pathway Press*, the newsletter of the OPD programme, offers more information.

Prison (without specialist support)

There is a serious lack of training for prison staff in the symptoms of PD. Too often, those with a personality disorder are seen as attention-seekers and/or trouble-makers. It is very often the case that an individual with a PD spends a longer time than normal locked in their cell and, as in my case, this could be in segregation, alone for up to twenty-three hours a day. This exacerbates the condition, leading to even more time in segregation. For those lucky enough to be referred to In-Reach, there is inevitably a long waiting list and even then, treatments for personality disorders, outside the specific units, are difficult to source.

With a lack of resources, members of In-Reach face an uphill struggle to cope with the number of prisoners with a PD. In addition, making a diagnosis whilst in custody can be unreliable because the individual is away from their usual environment. People very often act differently in prison; they may be putting on a brave face or become anti-social in order to survive. With regard to triggers, those in the community will merely be replaced with new or similar ones in prison. For example, a common symptom of BPD is sudden endings. Relocating an individual into another cell, or even prison, without prior knowledge, can be immensely traumatic.

In-Reach may not be able to offer a tailor-made service and the individual may be left despondent, angry and potentially dangerous. However, being in an insular environment, they are more likely to see a member of the same team than if in the community.

Arguably, one of the most effective systems in prison is the ACCT **book. Once an individual is seen as having a mental health condition which could lead to self-harm or suicide attempts, they are placed on an ACCT book, which offers on-going monitoring during and after, any treatment. Significantly, the book will not be closed until a team of healthcare professionals, prison officers and the individuals themselves agree that it should.

The Derbyshire Community

It is not realistic to expect a service such as the CAMEO unit to be available to everyone with a PD in the community. However, at the moment, there are many out there who are subject to a poor, or even non-existent, service. PDs continue to be misunderstood and highly stigmatised. Consequently, people are more at risk of offending, and those in prison are more at risk of re-offending, once released. The proposed Derbyshire Personality Disorder Pathway model addresses issues of education and training; assessment; referral and re-referral; treatment; and follow-up. It focuses on bringing awareness to all professionals who are likely to come into contact with someone with a PD, with a particular emphasis on eliminating offensive terminology. It recommends the inclusion of people with lived experience wherever possible, and warns against excluding those with complex needs, who may be thought to be a potential danger to themselves or others. Finally, it highlights the importance of a person-centred care/treatment plan and the inclusion of long-term follow-up.

For more details, please email: Sue at derbyshireborderlinepd@gmail.com

And finally,

It is, perhaps, ironic that, although diagnosed with BPD in the community, the only help I received was in prison. It was refused in the community on the basis that my symptoms were too complex. However, receiving a sentence under four years meant that I could not access the services of a PD unit and I, like many others, was forced to rely on the over-stretched In-Reach team.

Nevertheless, we still felt that we were better off than those in the community, especially in Derbyshire. For this to change, it is vital that a community pathway is established.

*Coping with complex needs, Aiming for a better understanding of self through Motivation to change, Engaging with others, and Optimism for the future

**Assessment, Care in Custody, and Treatment

Latest update on services in Derbyshire...

I have been told that services in Derbyshire will improve, in that there will be more access to DBT treatment. However, there is still a resistance to calling it a pathway. We hope to have a further update in the next issue.

An example of a personality disorder service in another county...

Oxford Health NHS Foundation Trust

Our Complex Needs Services are specialist services for people who have long-term emotional difficulties, trouble coping, or mental health difficulties sometimes described as a 'personality disorder' or 'complex needs'. Such difficulties may be due to early experiences and they can be treated. Patients who live on the borders between Oxfordshire and Buckinghamshire can receive treatment in either county.

What you can expect from us

Following referral to our service, you will be invited to an information/engagement session with other newly referred people. These sessions give those attending the opportunity to meet one of our therapists, as well as service users who have completed one of our therapy programmes. If you would like to take your referral further, the next step will be a careful assessment of your needs. If both you and your assessor believe that our service is going to be suitable, we will work with you towards starting one of our group therapy programmes. Our therapeutic services offer open communication and the chance to examine problems with others in a safe and supportive environment.

Service mission outline

Those using our services may have experienced abuse, neglect, trauma, deprivation or loss. They may find it difficult to value themselves and to form satisfying relationships. We aim to enable people to take full responsibility for themselves whilst being mindful of their interactions with others. Our supportive groups facilitate self awareness and can lead to a more fulfilling future. As a group therapy service, we understand how daunting groups can be for some people. We will make sure we support you with this.

What we expect of you

Our service is recovery-model focussed treating people as individuals. We encourage service users to actively participate in their therapeutic journey while helping them to achieve their potential and work towards recovery. Engaging in our group therapy programme requires commitment. You should be motivated, willing to look at how you interact with others and open to exploring your feelings. You should also be interested in finding out more about yourself, your relationships, your thoughts and your actions.

General information

Although you may be unsure about joining a group, the group environment is designed to enable you to explore your problems and gain support. Group members have the opportunity to practise new ways of relating to others that are not possible through individual therapy. Some people with longstanding and severe emotional problems may recognise they have a problem and may have assumed that nothing can make a significant difference. We will help you to work towards recovery. Our services are an integral part of the NHS and as such they are free of charge.

Oxford...

What it will be like

To start any kind of therapy, you must be willing and ready to change. You may need to make personal arrangements to enable you to attend appointments (e.g. childcare, time off work). Our higher intensity therapy groups run as Therapeutic Communities (TC's), where members are encouraged to take responsibility for themselves and to develop awareness of their interactions with others. In this context members can develop increased self-esteem and self-knowledge. The group/s that you are to attend will be agreed during the assessment process. In addition to the medium and high intensity groups, we also offer low intensity groups that work within a single therapeutic model.

Available services

We offer a variety of group therapy services at locations throughout Buckinghamshire and Oxfordshire:

- Low Intensity Introductory Groups:*** Mentalisation Based Therapy Groups are suited to those who might benefit from an introductory therapy group which helps them to manage their emotions.

X

- Low Intensity Groups:*** Emotional Skills Groups will allow you to explore aspects of yourself you may want to develop. The groups will help you prepare for future therapy, should you decide to pursue it. These groups meet once a week for approximately two hours in Adderbury, Aylesbury, Oxford, High Wycombe and Witney.

X

- Medium Intensity - Therapeutic Communities (TCs):*** These 18 month part time programmes take place in Adderbury, High Wycombe and Witney for approximately six hours a week over one day. They accommodate service users who may wish to continue working part time, have family commitments and/or are assessed as not needing or wanting the more intensive services in Aylesbury and Oxford.

X

- High Intensity - Therapeutic Communities (TCs):*** These 18 month programmes (accredited by the Community of Communities) employ a range of therapy models and provide a living learning experience for members over two or three days a week in Aylesbury and Oxford. These are non residential TCs.

X

- After Therapy - Moving on Group:*** This group comprises a graded disengagement programme and runs differently in Oxfordshire and Buckinghamshire. The Oxfordshire group runs alongside the last two months of therapy and for two months after leaving therapy. The Buckinghamshire group takes place alongside the second half of the 18 month programme.

X

- Carer support - family and friends group:*** We offer fortnightly groups in Oxford and Aylesbury providing support and education to carers. We also run a biannual psychoeducational weekend programme.

X

Member's story

I spent some time wondering whether I should reveal this, but I think it's important to say. Early hours of this morning, I was taken to Chesterfield hospital in an ambulance. I was petrified and ashamed, but the paramedics were comforting (despite having NO IDEA what BPD means) and honest. I arrived at A&E and the nurses were welcoming, friendly and had the horrific wounds on my arm patched up in no time at all. I had gone from a two hour long panic attack, high respiratory rate and temperature, hysterical crying and feeling sick to calm and talkative. Then started my wait to speak to the mental health team. I was placed in a cubicle on my own despite harming myself and previous attempts on my life and nobody came to speak with me or tell me how long I would be waiting to speak to the team. I battled horrible thoughts and the urge to run away whilst I was waiting. I find the environment of A&E impossible to manage and in that small room, I was shaking and hitting myself in the face. After three hours at the hospital, I was taken by the mental health team to a separate room. Here they asked why I wanted to speak with them when I have an appointment with my psychiatrist next week. I felt they were judging my actions and were unable to understand the challenges I face with contacting support such as the Samaritans. After some time, I was told they had exhausted all suggestions and that I should go home. This was despite me telling them that I did not feel safe to go home or to be on my own as the nature of my condition means I act impulsively and harm myself. I was told to return to A&E if I felt unsafe. It took my friend hours on the phone with me whilst I was having a panic attack, to convince me to let him ring an ambulance, let alone attend A&E and speak to the mental health team on my own. They suggested I get a taxi or a bus home (it was just coming light outside, before 6:00am). I explained I have a fear of both of these things due to my anxiety and told them I would rather walk. I began to have a meltdown again, rocking and hitting myself. They did not acknowledge me during this time other than to tell me there was nothing they could do as I was not accepting their suggestions. I told them I would ring somebody as I could not stand how worthless I was feeling and needed to get out of that room. I was therefore left alone once again, outside A&E with no support and no way of getting home. Luckily, I managed to contact someone and make it home to sleep as I had been awake all night due to not taking my medication (nobody asked if I needed any medication whilst I was waiting). At no point was I offered a meeting with the crisis team, not even a follow up phone call.

Name withheld

BPD and Stigma

A few of the honest and compassionate, comments made by professionals to describe how we feel, and how we are often portrayed:

The diagnosis of borderline, for all too many therapists, implies needy, manipulative people, drama queens who do not need or benefit from treatment. They frequently view BPD symptoms as signs of badness, not sickness.

People with BPD don't want to be treated like royalty. They just want to be loved, an emotion which many never experienced. There is strong biological vulnerability and often horrific abuse which results in this devastating condition. For BPD sufferers, dysphoria, or mental pain, is their baseline mood, which can feel unbearable. Their lives are hellish.

As a physician who has worked with borderline personality disorder patients myself, and a BPD sufferer personally, I want you to know that we are not manipulative. We are desperate.

BPD behaviours are nothing but inefficient ways to escape the pain. It is a vicious circle because these behaviours bring even more pain.

Pain distorts reality and results in what traditionally was called "borderline" psychosis. Our perception of reality is so distorted by intense emotion that we do not think straight. Only after recovery do we realise how we were wrong and how our perceptions were distorted by the illness.

Often described as "drama queens" or "abusive," they too frequently create chaos in situations where others would smoothly deal with the normal differences and disappointments that arise from time to time for all of us.

The fact that terms such as "bad", "sadistic," and "manipulative" are used to describe how the "normal" world perceives and judges BPD's desperate attempts to have their needs met is a sad testimony to the fact that the world is, in fact, more often than not hostile to these patients.

Source: *Psychology Today*

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Public Health

North Derbyshire CCG

Derbyshire County Council

Derbyshire Dales District Council

Foundation Derbyshire

Derbyshire Recovery and Peer Support Service

Derbyshire Voluntary Action

Lloyds Bank

We welcome ex-offenders, and are proud to be a member of...

