Issue Fourteen — Winter 2021/22

Borderline Derbyshire

Newsletter of the

Derbyshire Borderline Personality Disorder

Support Group

For anyone affected by

Borderline Personality Disorder (BPD)

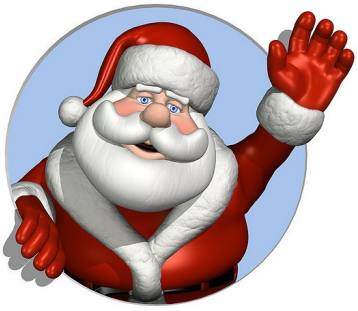
also known as

Emotionally Unstable Personality Disorder (EUPD)

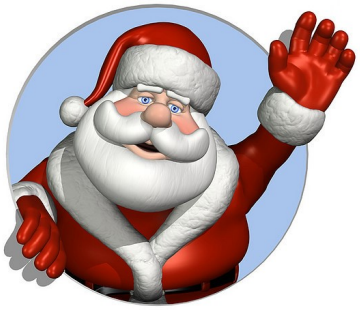
For those in Derbyshire and beyond!

SUPPORT

Group



News



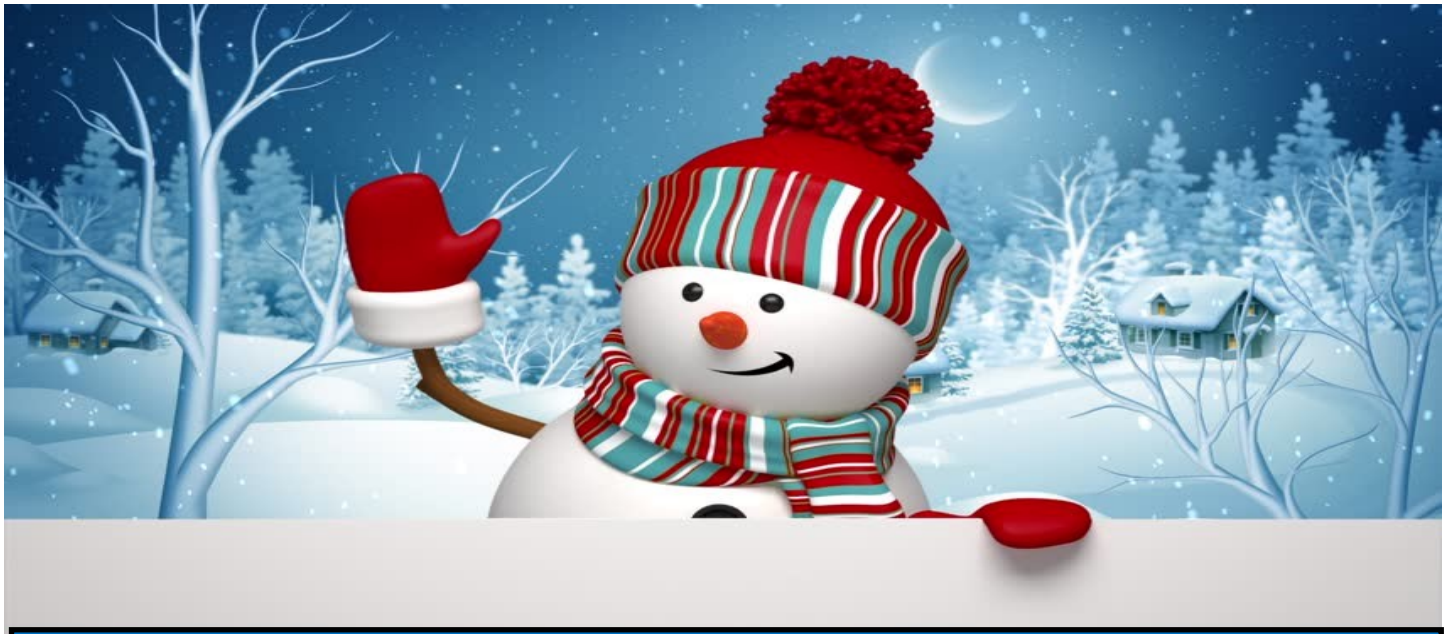
As 2021 comes to a close, and our membership continues to grow, we are busier than ever. The Emotion Regulation Pathway (ERP), that we (along with others) campaigned so long for and was finally established in January 2020, is struggling to keep it's promises, and we continue to struggle to find help.

However, as we enter 2022, we may have something to look forward to. The Community Mental Health Framework for Adults and older Adults will be rolled out from April 2022, thanks to new money provided by NHS England. Personality Disorders are mentioned specifically and for the first time, we can see a light. In the next issue of *Borderline Derbyshire* we will explain more on how the new framework should affect us.

Until then, our team would like to wish everyone a very Happy Christmas and a Healthy New Year!

XXX

Welcome to Borderline Derbyshire...



Development and Release of the ICD-11
(International Classification of Diseases, 11th revision)

The new version of the ICD was released on June 18, 2018, as a preliminary version. It was officially presented at the World Health Assembly in May 2019 and will be used as the official reporting system by member states beginning January 1, 2022.

The section on personality disorders has been completely overhauled. There is now one diagnosis of "personality disorder" as it was found that there was much overlap in clinical practice. This diagnosis is labelled as mild, moderate, or severe, and measured in terms of six trait domain areas to retain some of the earlier specificity of the diagnosis. This is a fairly significant departure from the original ICD personality disorder diagnosis.

6D10.0 Mild Personality Disorder

6D10.1 Moderate Personality Disorder

6D10.2 Severe Personality Disorder

Also listed in this grouping is:

QE50.7 Personality Difficulty. This is not classified as a mental disorder, but rather is listed in the grouping of Problems Associated with Interpersonal Interactions in the chapter on Factors Influencing Health Status or Contact with Health Services. Personality Difficulty refers to pronounced personality characteristics that may affect treatment or health services, but do not rise to the level of severity to merit a diagnosis of Personality Disorder.

For more information, go to:

ICD-11 Diagnostic Guidelines Personality Disorder and Related Traits 2020 12 29 (rcpsych.ac.uk)

Who we are...





Sue | Vicky | John | Jodie | Ryan

We all have a connection with BPD

What we do...

Our aim is simple…we want everyone who is affected by BPD to have a safe space in which they can come together to relax, chat, swop stories and discuss coping skills. An official diagnosis is not necessary.

Our meetings are also open to those who would like to know more about BPD, including students and support workers

You do not have to live in Derbyshire to join our support groups

What we offer...

ZOOM Meetings

BPD - every other Sunday @ 4pm

Parent/Carer – monthly

Face to Face Meetings

(Monthly on Mondays)

Matlock 1-3pm

Chesterfield 7-9pm

Therapy

Group DBT Sessions

with a private therapist

at a reduced cost

WhatsApp

BPD chat group

Positivity group

Parent/Carer group

An update on the Emotion Regulation Pathway (ERP) within Derbyshire Healthcare NHS Foundation Trust

Dr David Woods, Consultant Clinical Psychologist and Emotion Regulation Pathway Lead

For those of you who do not know, the ERP is a relatively new expansion of service for people with significant problems in managing emotions, impulsivity and relationship difficuties. Many of these people will have received diagnoses of Borderline Personality Disorder or Emotional Unstable Personality Disorder, although we do not require a diagnosis to access our service. The ERP is in addition to other existing offers within Derbyshire Healthcare including psychiatry, 'care coordination', occupational therapy, other psychological therapies etc.

The ERP is accessible to those open to our Community Mental Health Teams. Within ERP we offer two main therapeutic approaches: Structured Clinical Management and Dialectical Behaviour Therapy. These are both evidence based approaches that follow best practice guidance and have been shown to give good outcomes. They both use a time-limited and structured approach including an assessment phase where the practitioner and service user develop a shared understand of treatment goals and problem solve any difficulties accessing treatment; a group and individual treatment phase where we work on developing understanding and building skills in managing problems; and then a discharge phase to support the transition from the intensive contact offered and support ongoing use of skills.

Within ERP we have focussed on those people in greatest need and distress, including those at high risk of hospital admission. Currently, there are approximately 160 people in contact with our service across all Derbyshire CMHTs. At the same time, we are very aware that there are significant difficulties for many in accessing appropriate treatments, and we are constantly working at increasing access through ongoing staff recruitment to fill vacancies. Staff vacancies are unfortunately common across all NHS services! We are also supporting our CMHTs in developing shorter term group programmes using similar approaches and will be starting these groups in Erewash very soon.

As a new offer, we are developing and improving our services as we go, learning from our experiences and from our service users. We ran our first focus group recently, consulting with people accessing our services about the discharge phase offer which was a very Important step. We acknowledge that we can do much more in terms of involving users in designing and delivering our services: this is a priority for us in the year ahead.

One huge change in our ways of working over the last year and a half has been how our contacts have been largely remote (either using video-conferencing or telephone) unless there has been clear clinical reasons for face-to-face meetings. Our groups are all online using Microsoft Teams. This way of working has been a challenge for us as members of staff and we also understand that this has been difficult for many of our service users, and may have contributed to a significantly reduced experience. As a trust we will be increasing face-to-face contacts as the situation allows and we hope to offer face-to-face groups in the near future. Fingers crossed!

Thanks for your time in reading this update. I hope to meet many of you at future Derbyshire Borderline Personality Disorder Support Group meetings, and welcome feedback from your group about our services.

October 2021

Understanding Abandonment Issues

Sue Wheatcroft

Those who know about BPD will be aware that a main symptom is fear of abandonment, and it manifests in many different ways. For example, to be given an appointment, which is then cancelled, can lead to the person feeling they are worthless; not even worth an appointment; 'abandoned'. No-one wants to feel that way, it is inherent, usually due to childhood trauma. It is difficult living with such extreme emotions. Self-harm and crisis are common; one in ten end their own life. BPD is highly stigmatised, even within the health profession, and services are inadequate.

On Sunday 14 November, our members had something to look forward to. The lead of the Emotion Regulation Pathway (ERP) was coming to our zoom group to address the members' concerns. He had been due to come to two face to face meetings the previous week, but was advised to cancel due to COVID concerns. The members were disappointed, but looked forward to the meeting on zoom. Meetings begin at 4pm and our guest would join at 4.15pm. We went through the points we would raise: no lengthy personal stories; the time would be spent on something more constructive. At 4.25pm I sent him an email asking if he was still coming. We were convinced he was just running late. If he wasn't coming, he would let us know, surely! After another ten minutes, I decided to carry on the meeting without him. I hadn't prepared anything and anyway, no-one was in the mood to talk about anything except anger and disappointment. We split into breakout rooms so that everyone could discuss their feelings. Back in the main room, we shared the Wheel of Emotions and tried to get some perspective so that we could move on. And anyway, we still didn't know the reason he had not turned up!

At 8.45pm, I received an apologetic email to say that the meeting had slipped his mind. I didn't tell the members straight away. I had kept an eye on their Whatsapp group conversations and knew the experience had been a major trigger for some. To tell them he had forgot would be a further trigger.

I told them the next day, when their hurt and disappointment had dissipated somewhat. However, the anger remained and they wanted him to know the effect of his (in)action. Again, it is difficult for someone who doesn't understand extreme emotions, to comprehend the devastating effects something like this can have. But this was the lead of the Emotion Regulation Pathway, something we had campaigned for and something that had been set up, in part, for people with adverse childhood experiences, including those with BPD. He is a professional, a leader, dealing with people with complex needs. If he doesn't understand, then what hope is there for others within the mental health services, those who need to be shown by example that we count as much as anyone, and that language such as 'attention-seeker' is not acceptable. He offered to come to another meeting and some reading this will think that would put things right. If you think like that, you do not understand BPD. If this is the case, then I hope you will make contact with us so that we can explain.

One issue we were hoping to raise at the meeting was the amount of people who are discharged from services because they are 'not engaging'. In CMHT parlance, this can mean that the person was offered something unsuitable and to refuse is to not engage. At the meeting in question, I made a joke. that we decided as a group, should be repeated here, although really, it's more apt than funny…

Sorry Dave, you are not engaging and so, as far as this group is concerned, you are discharged!

November 2021

How to develop a BPD Safety Plan

A safety plan is a critical part of treatment for people with BPD. We are among the most at risk of attempting suicide or engaging in other high-risk activities. Without a safety plan, you may be in danger of harming yourself or someone else. A safety plan can reduce your risk and make it less likely that you will make a decision in the heat of the moment, that will have serious consequences. This type of safety plan is also for those around you, so that they will know what to do to help if you are in crisis.

My Safety Plan

Name……

Name of loved one……

If you think I am at risk of going into crisis, please consider the following:

(examples)

- Try not to judge me. I do not behave this way to hurt you.
- Try talking to me. Ask how I am feeling and try to understand that I do not necessarily feel the same about things as you do.
- Encourage me to get help but understand that it may not be easy, and I may have tried before, without success.
- Ask how you can help. I may need help to book an appointment with my GP, support worker etc.
- Help me to stay safe. Stay with me and remove objects that I may use to harm myself.
- Talk about positive things in my life.
- Find out what support is available (therapy etc).
- Create a support plan containing emergency numbers
- Look for warning signs of me impulsively doing something to myself or others. This could be:

  Sudden traumatic events such as bereavement

  Lowering self esteem

  Giving away possessions

  Talking about suicide or looking for websites on suicide

  Drastic change of behaviour

October 2021 was our fourth anniversary and, in those four years, we have…

Given out over 200 welcome/information packs

&

Signed up just under 200 members

We will continue to be here for whoever needs us

‘Famous people with EUPD/BPD’ *by* Mark (support group member)

As around 1.4% of the population have a diagnosis of Emotionally Unstable Personality Disorder/Borderline Personality Disorder (EUPD/BPD) in the USA alone, with many more remaining undiagnosed in the USA and the world more generally, it is hardly surprising that numerous celebrities have also been diagnosed with the condition. Some celebrities have been formally diagnosed with the disorder and have shared this diagnosis so that it is a matter of public knowledge.

By example, the American footballer, Brandon Marshall, who played for teams such as the New York Jets and the Chicago Bears, announced that he had been formally diagnosed with EUPD/BPD during a press conference in 2011. He was treated by the renowned psychiatrist, the late John Gunderson, for the disorder at McClean Hospital, Massachusetts, and was subsequently discharged having received a variety of therapeutic interventions. Marshall went on to be a leading light in the national mental health campaign Who Can Relate, aiding awareness of EUPD/BPD and many other mental health conditions.

Another well-known American celebrity that has been diagnosed with EUPD/BPD is Peter Davidson, a comedian, actor, film producer and screenwriter. Along with EUPD, Davidson was diagnosed with substance use disorder having struggled with drug addiction problems for many years before his diagnosis. It appears that Davidson continues to undergo treatment for both disorders and has made continuous improvements in terms of symptom presentation.

Perhaps the most famous person to have struggled with EUPD/BPD is the psychologist and author Marsha Linehan. Linehan was hospitalised with EUPD/BPD symptoms but was wrongly diagnosed with schizophrenia during her period of hospitalisation. However, having extensively studied EUPD/BPD, Linehan came to realise that she actually had EUPD/BPD and set about finding an effective treatment for the disorder. Linehan went on to create Dialectical Behaviour Therapy (DBT), a therapy which has helped tens of thousands of people find ways to effectively manage symptoms and build a life worth living. She retired from the University of Washington in 2019, though her work continues to inspire physicians and patients.

However, through numerous rumours and inferences, many people have been labelled as having EUPD/BPD despite the person never having “gone public” about actually having the disorder. Diana, Princess of Wales, Angelina Jolie, Amy Winehouse, Pete Doherty, Brittany Spears, Vincent Van Gogh, and others, have all been the subject of rumour and hearsay to suggest that the behaviour that they exhibited or, in the case of those who are still alive, continue to exhibit, is in line with some or all of the diagnostic criteria for EUPD/BPD.

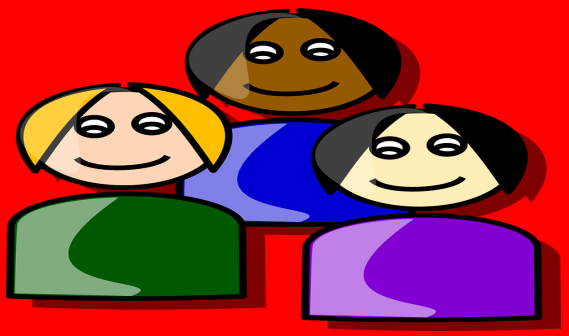
Given that all of the people above have never publicly stated that they have the disorder, it seems only right that such rumours are confined to only rumour, and do not automatically be allocated the status of absolute fact. Obviously, it may well be the case that a number of those listed above may have been diagnosed with numerous disorders, perhaps including EUPD/BPD, but they have chosen, for any number of reasons, that they do not wish to place this in the public domain.

What is clear from the vast majority of those who have been diagnosed with EUPD/BPD is that effective treatment can be sought, and that symptom reduction and even remission are well within the grasp of celebrities and non-celebrities alike.

With EUPD/BPD being the most researched of the personality disorders, and with the most effective treatments having already been discovered, it can be said, with substantial surety, that this disorder will become more and more understood and better treated as time progresses and as more research is conducted.

We asked our members…

Why do you come to the groups?



So we don't feel so alone. Gather any information that may help us. Be with others that have an understanding.

To be around like-minded people, who get how I am and are non-judgmental and who support each other. A chance to off-load and discuss any issues and try to resolve these. I would like to do some activities and a trip to the seaside.

To meet and get support from other people with BPD. A break from 4 walls. Can laugh at ourselves. Don't feel judged.

Get information

Share

I come because it's one place I feel like I'm not judged. I feel accepted and not alone. It helped me get my diagnosis. It helps me more than the mental health team does.

Like-minded people

Place to vent and not be judged

Gain knowledge and insight

Free tea and biscuits

I come to be with like-minded people in a safe and welcoming place. I have the chance to listen and talk about BPD stuff and feel comfortable doing so. The group is a lifeline for me, to be honest. I feel supported and not alone.

Supported by…

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…

CLINKS

supporting voluntary organisations that work with offenders and their families