

Borderline Derbyshire

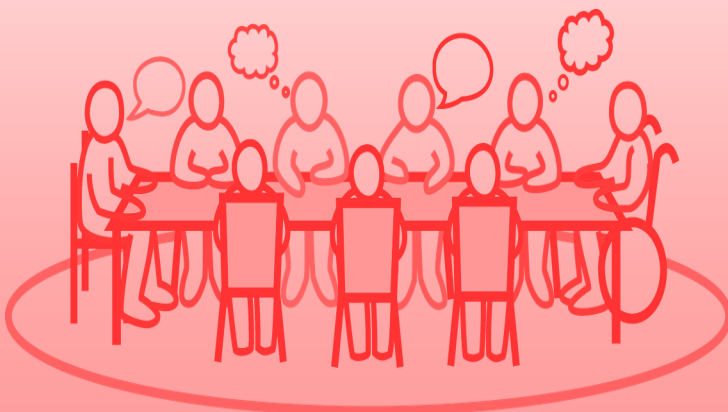
Newsletter of the
Derbyshire Borderline Personality Disorder
Support Group



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

**In December 2021, we said
goodbye to co-founder of this
group, and my soulmate of over
36 years, Vicky Eller.**

XXX

**Vicky fought Progressive MS for
many years but always had a
smile and was much loved by
everyone who knew her. This
issue is dedicated to Vicky.**

She lives on in our memories.



Three members of our support group have been invited to form a small management group to introduce new ideas and services to our organisation

Our thanks go to Steve, Mark and Omar

See pages 9, 12 & 13



Who we are...



Sue



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, swap 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

What we offer...

ZOOM Meetings

BPD - every other Sunday @ 4pm

Parent/Carer – monthly

Therapy

Group DBT Sessions
with a private therapist
at a reduced cost

WhatsApp

BPD chat group
Parent/Carer group

Website:

derbyshireborderlinepersonalitydisordersupportgroup.com

The Benefits of Private Therapy

It used to be that when people mentioned private healthcare the response would be ‘why should I pay- when we have the NHS?’ In theory, that is still a valid argument. In reality, however, and especially within the community mental health services (CMHS), people are being badly let down. If you read page 10, you will see that there may be light at the end of the tunnel. However, at the moment, in some locations, private treatment in the form of counselling or psychotherapy is the quickest, and sometime only, way of getting help. Unfortunately, not everyone can afford private therapy, and this is why we must keep on campaigning for more and better services, as well as for an end to the stigmatisation.

For those who can afford to go private, the benefits are immense. Obviously, you might have to try a few individuals before you find one that you connect with, but this is made easier by each counsellor’s first appointment being either free or at a reduced rate. After that, it will cost an average of £50 for each 50 -minute session. It is up to you how often you attend. Once you have found the right one, you will soon notice how private therapists are not subject to the same bureautic and time constraints as an NHS employee.

In private therapy...

You don’t need to have a ‘necessity’ to seek treatment. There is no criteria to meet. Many clients seek therapy to improve relationships, seek clarity about important decisions, or work through difficult decisions.

Your treatment and mental health records cannot be used against you.* Your sessions will remain completely confidential , and you can complete your treatment when you are ready. It can be open-ended, if that’s what you prefer.

You are able to make decisions about your own treatment.

If you are paying for your therapy, you may be more invested in the therapeutic process and fully reap the benefits of your treatment.

Although a good therapist will soon get booked up, you can book sessions well in advance, so that there are no gaps in your treatment.

As private therapists’ income relies on the success of the confidence and trust of their clients, they are more likely to be more motivated to provide a better service, and with a better attitude, than those who are employed.

*There are some exceptions to the confidentiality rule, usually relating to the safety of the client or others. This will be discussed at the initial appointment.

It should be noted that treatment for anxiety and depression is not subject to the same level of stigma and poor service as, say, personality disorders, and the likelihood is that adequate treatment will be provided on the NHS.

More information on private therapy can be found at this (American) website:

[Therapy - Learn The Benefits Of Private Pay | Star Brook Therapy Center](#)



Image source:
instituteofclinicalhypnosis.com

The importance of getting help!



Do you ever feel like
you're running into a
brick wall?

Do you feel like banging
your head against that
brick wall?

Are you struggling to get help for your symptoms?

At our BPD support groups we do not discourage anyone from seeking help from the CMHT. We know that some people have a good experience and receive adequate treatment. However, we are also aware that for many, their symptoms are worsened by the constant rejection, stigmatisation and hostility aimed at them because of their diagnosis.

When I was in crisis, I became so browbeaten by those within my local CMHT that I started to begin every sentence with... *'I'm sorry, I know it's my own fault, but...'*

Those with BPD, by the very nature of the condition, already suffer from low self-esteem. Their early experiences have made them fragile and vulnerable. In order to protect themselves from further hurt, they may hold themselves back in relationships, and even appear to lack empathy. This may be one reason why they are treated so poorly by the CMHT. People who experience maltreatment may not even believe they deserve to be treated better. This is where therapy is so important; it shows you otherwise.

"Unexpressed emotions will never die.

They are buried alive and will come forth later in uglier ways."

-Sigmund Freud-

So, getting back to our groups. Although we do not discourage people from seeking help with CMHTs, we do see the fallout from it's failures, and so do not actively encourage it. Instead, we encourage people to either pay for therapy or to find help through the voluntary sector. The UK has an excellent voluntary sector and there will be more information on this in the next issue.

Arguably, the next best thing (or the best thing to some) after therapy is peer support. There is a growing peer support movement in this country and, after running these groups for over four years, I can see why. The support our members give each other, whether face to face, at zoom meetings or on the WhatsApp page, cannot be overstated. It has been vital for many and is an example of the level of empathy they do have. Being together with others who feel the same as they do and not being worried about being judged or invalidated, has an immense positive effect on everyone.

That said, we are not a substitute for services and there must be a change in how people are seen by the NHS. Legally, ethically and morally, adequate therapy should and must be provided.

Sue Wheatcroft

Book Review

by
Mark Kerman (group member)

'Building a Life Worth Living' by Marsha M. Linehan- book review

Review score: 8.5/10

In this remarkable autobiography, Marsha Linehan charts the course of her rather improbable life. As a young girl from Tulsa, Oklahoma, she showed notable childhood emotionality. She went on to be admitted to a psychiatric institution for around two years and overcoming persistent adversity, before establishing an efficacious therapy for a disorder that she herself was diagnosed with. In this book, Linehan envelopes the reader in the world of a true pioneer. Though the subject matter is dark, the book is suffused with tips, tools, and other helpful insights that are beneficial for everyone, regardless of whether a person has a diagnosis of Emotionally Unstable Personality Disorder/Borderline Personality Disorder. Depression, anxiety, grief, and the vast array of emotions that we all encounter are dealt with in her book, as is her remarkable conversion to behaviourism as a method of understanding human behaviour. My favourite part of the book is Part Three, where Linehan explains how dialectical behaviour therapy (DBT) was created. It is incredible to hear of how this snowballed, how it was received in the academic community, and how widely it is now used in treating a variety of psychiatric problems. The book has a complex timeline, which can make it rather difficult to follow. However, like anything worthwhile, it is worth preserving to completion as, all in all, it is the best autobiography that I have read on the subject of mental illness. Also, it is beyond intriguing to have the opportunity to read the meditations of a woman who founded a therapy that has positively impacted the lives of tens of thousands of people in our immediate community, and across the world.



Happy reading!

Jodie and Ryan

Preparing for a charity event at the Winding Wheel in Chesterfield



A message for the members!

Hello All,

Firstly, we hope that you are all doing well, and that you are managing to get outside in the nice sunshine that we have been having!

We have been thinking that it would be a good idea to have a tips and tools section of the newsletter whereby, each quarterly newsletter, we publish a focussed article on one specific subject area, providing tips and tools to better manage our symptoms and to improve our mental health more generally. The subjects that we are seeking to focus on are diet, sleep, exercise, and journaling. They will be published in this order, with diet & sleep being the first to be published and journaling being the last (next issue),

Though we understand that there are many more tips and tools that could be included in the newsletter, we thought it best to narrow our focus to three foundational subjects (sleep, diet and exercise), and one more nuanced subject (journaling).

However, as we want to best help as many people as we can, we would welcome any suggestions on subjects' areas that you would like us to cover. Please do feel free to mention your ideas in the main group, on the parent and carer group, or to contact us individually.

We look forward to writing and publishing our tips and tools articles soon and look forward to hearing from you all as to what other subjects might be useful!

With very best wishes,

Omar, Mark, and Steve

The Community Mental Health Framework for Adults and Older Adults

First published: September 2019

The Community Mental Health Framework describes how the Long Term Plan's vision for a place-based community mental health model can be realised, and how community services should modernise to offer whole-person, whole-population health approaches, aligned with the new Primary Care Networks. It allows for a shift to a new model of community mental health provision, designed on an asset-based view of communities and integrated working across agencies, rather than a traditional Community Mental Health Team (CMHT) model. It reads:

In particular, we want to drive a renewed focus on people living in their communities with a range of long-term severe mental illnesses, and a new focus on people whose needs are deemed too severe for Improving Access to Psychological Therapies (IAPT) services but not severe enough to meet secondary care "thresholds", including, for example, eating disorders and complex mental health difficulties associated with a diagnosis of "personality disorder". We also want to ensure that the provision of NICE-recommended psychological therapies is seen as critical in ensuring that adults and older adults with severe mental illnesses can access evidence-based care in a timely manner within this new community-based mental health offer, to give them the best chance to get better and to stay well – as service users have so often told us they would like.

This Framework will be applicable to people irrespective of their diagnosis. This includes but is not limited to those with: • coexisting frailty (likely in older adults) • coexisting neurodevelopmental conditions • eating disorders • common mental health problems, such as anxiety or depression • complex mental health difficulties associated with a diagnosis of "personality disorder" • co-occurring drug or alcohol-use disorders, and other addiction problems, including gambling problems • severe mental illnesses such as psychosis or bipolar disorder.

More details on this in future issues...



Vicky Eller 1956—2021

Goodbye Darling X

Tips for a healthy diet for BPD group members by Omar, Mark & Steve

The choices you make with food impact your body and mood, leading to an increase or decrease in mental health. While modifying your diet won't [cure \(BPD\)](#) research suggests that there is a connection amongst diet and mental health problems.



By having BPD, the highs and lows related with eating too much sugar can affect mood and energy levels, which will lead to potential mental distress. BPD sometimes includes behaviour such as self-harm and substance abuse with self-soothing behaviours .

Helping the [symptoms of BPD](#) requires working towards regulating emotions, this is apparent in therapies such as dialectical behaviour therapy (DBT) by Dr Marsha Linehan and acceptance & commitment therapy (ACT) by Professor Steven Hayes. To do this, it's important to be mindful that food which contain high amounts of sugar and caffeine raise energy levels and can increase a person's heart rate affecting their mood, which will make it difficult in the progress towards regulating emotions.

Consuming a lot of fast food, which contains hidden sugars and salts, often make it less likely you'll reach for healthier foods. To encourage a healthy mind your diet is recommended to be balanced.

Foods that you could include are:

- Whole grains and cereals. These can include white porridge oats, wholemeal porridge oats, rye bread, wild rice, and quinoa. Bran flakes are an example of an ideal cereal as they are low in added sugars
- Lean proteins such as lean meats, seafood, nuts, and legumes
- Fruits and vegetables
- Low-fat dairy products
- Unsaturated fats such as olive oil

Click on blue underlined words for a link to further information (you may need to use ctrl and click)

Whole grains are helpful in that they release glucose more slowly and more consistently than simple carbohydrates (white pasta, white bread, etc). This reduces a "peaks and troughs" effect of high blood sugar and low blood sugar, regulating mood and energy levels in a far healthier way.

Omega-3 fatty acids which are found in fish and green leafy vegetables are a good example of nutrients that have anti-inflammatory properties towards physical health problems and have an impact on dopamine and serotonin, both will increase a positive mood. Mackerel, herring, sardines, salmon, Brazil nuts, walnuts, soybeans, and mushrooms are all examples of foods that are high in omega-3 fatty acids.

Foods that are high in Vitamin D have also been shown to reduce symptoms of low mood. Egg yolks, tuna, cod liver oil, liver and red meat all contain this vitamin. On a side note, ensuring that a person is exposed to a safe level of sunshine also ensures that Vitamin D can be synthesized from cholesterol in skin cells. However, make sure to do this in moderation, and use sun cream where needed.

Research suggests the average American diet which is unhealthy contains high amounts of saturated fats, sugar and processed salt compared to the Mediterranean diet which contains natural fats, olive oil, avocado oils, flax seed oil, natural sugars from freshly grown fruits and sea salt has been proven to decrease low mood by as much as 25 to 35 percent.

Mediterranean diets with traditional natural diets encourage better physical and mental well-being are high in organic vegetables, unprocessed grains, and fish. Following this diet may help to improve both your mood and your energy levels while making you look younger.

It is beneficial to avoid misusing alcohol a depressant or caffeine a stimulant as these can intensify mood instability, while trying



natural supplements such as omega 3 and 5HTP has shown to lift depressive states in people over time. It's important to integrate mindfulness into your eating if feasible and if possible, furthermore keeping a record of how certain foods may make you feel in a thought diary.

While healthy diet choices won't entirely make symptoms of BPD go away, they can help to improve some of your symptoms which could lead on to healthy behaviours such as exercise and any activities that build self-esteem which can be incorporated into your own personal wellness recovery.

Tips for healthy sleep for BPD group members by Omar, Mark & Steve

A common idea with sleep is that the longer the duration, the better the outcomes for your mental health.

Whilst it is true that more time asleep seems to positively impact sleep, researchers have also found that our sleep runs through numerous 90-minute cycles, with some cycles being rapid eye movement (REM) sleep cycles and some cycles being non-REM sleep cycles.

If a person sleeps for around 7 and a half hours, they go through five cycles of sleep. However, it is advised that a person tries to ensure that they wake up after completing the last cycle, rather than waking up in the middle of another cycle. The more completed cycles, the better outcomes. There are numerous sleep cycle calculators, available online, that help to calculate this for you.

Another tip for sleep is to stop the use of caffeine around 6 hours before going to sleep. Though caffeine is a stimulant, it can remain in the bloodstream for many hours after it is consumed. As such, it can prevent people from sleeping. Reducing caffeine by the mid-afternoon will help to ensure that you get a restful night's sleep.

Similarly, the use of screens (TV, computer mobile phone etc.) particularly without a blue light removal function, can also prevent a restful night's sleep, as melatonin production, a hormone that helps regulate the sleep-wake cycle, can be disrupted. This then reduces the chances of sleep being induced in a timely way. By reducing exposure to screens in the evening and avoiding screens altogether in the hour before going to sleep, you can help to make your sleep more wholesome and restorative.

Always consult with a health care professional (GP, Psychiatrist, CPN, Nurse, etc) when changing your diet and using supplements if you experience health related issues with sleep.



REFERENCES

<https://www.clearviewtreatment.com/resources/blog/how-important-is-a-healthy-diet-for-people-with-borderline-personality-disorder/>

Name: _____ Date: _____

POSITIVE THOUGHTS & AFFIRMATIONS

1. There is no one better to be than myself.	27. I am proud of myself.
2. I am enough.	28. I deserve to be happy.
3. I get better every single day.	29. I am free to make my own choices.
4. I am an amazing person.	30. I deserve to be loved.
5. All of my problems have solutions.	31. I can make a difference.
6. Today I am a leader.	32. Today I choose to be confident.
7. I forgive myself for my mistakes.	33. I am in charge of my life.
8. My challenges help me grow.	34. I have the power to make my dreams true.
9. I am perfect just the way I am.	35. I believe in myself and my abilities.
10. My mistakes help me learn and grow.	36. Good things are going to come to me.
11. Today is going to be a great day.	37. I matter.
12. I have courage and confidence.	38. My confidence grows when I step outside of my comfort zone.
13. I can control my own happiness.	39. My positive thoughts create positive feelings.
14. I have people who love and respect me.	40. Today I will walk through my fears.
15. I stand up for what I believe in.	41. I am open and ready to learn.
16. I believe in my goals and dreams.	42. Every day is a fresh start.
17. It's okay not to know everything.	43. If I fail, I will get back up again.
18. Today I choose to think positive.	44. I am whole.
19. I can get through anything.	45. I only compare myself to myself.
20. I can do anything I put my mind to.	46. I can do anything.
21. I give myself permission to make choices.	47. It is enough to do my best.
22. I can do better next time.	48. I can be anything I want to be.
23. I have everything I need right now.	49. I accept who I am.
24. I am capable of so much.	50. Today is going to be an awesome day.
25. Everything will be okay.	
26. I believe in myself.	

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Added by Steve

Mental Health *versus* Mental Illness

What Is Mental Health?

Mental health refers to our emotional, psychological, and social well-being. We all have mental health. Our mental health affects how we think, feel, and act. It also impacts on how we cope, interact and form relationships with others, as well as our daily functioning.

Our mental health can vary and be dependent on a number of factors which may include;

- The number of demands and stressors we have
- Our physical health
- Significant life events
- How much sleep we get
- Relationships with other people
- Our diet/ nutritional intake
- Environmental, societal and cultural factors
- How much we engage in leisure activities, hobbies and interests



What is Mental illness?

Mental illness (which can also be referred to as having a mental health disorder) is an illness that affects the way people think, feel, behave, or interact with others. There are many types of mental illnesses/ health disorders with different signs and symptoms.

Generally, the difference between poor mental health and a mental illness is the nature of and degree to which the difficulties someone is experiencing are having on their wellbeing and functioning (socially, occupationally and academically). Mental illness typically has more of a significant detrimental impact across many areas of an individual's life than episodes of poor mental health, which may be situation specific or time limited.

Anyone of any age, gender, geographical background, race, ethnicity, class, background, religion, ability, appearance, culture, education, economic status, spirituality, or sexual orientation can experience mental illness.

It is important to have the basics of wellbeing consistently practised and in place. Factors that contribute towards good mental health and emotional wellbeing;

- Being organised and having a plan of what to do and how to do it
- Eating and drinking regularly, this includes having breakfast everyday
- Engaging in hobbies and interests regularly
- Making sure there is a balance of activities; academic work, social time and rest as these are all equally important
- Having limits as to how much they use technology, social media and online gaming
- Having short and longer term goals and ambitions; things to look forward to, strive and work towards
- Having a routine; getting up and going to bed at similar times
- Good sleep hygiene

Need for Specialist Intervention/ Crisis management

- Difficulties are severe and enduring (difficulties have lasted longer than several weeks)
- Significant distress to the person and or the family/ network
- Significant disruption to daily life and functioning
- Presenting as a risk to themselves or others
- Becoming physically unwell

Source:

[Mental Health and Mental illness – CAMHS \(hampshirecamhs.nhs.uk\)](http://Mental Health and Mental illness – CAMHS (hampshirecamhs.nhs.uk))

What is Person-Centred Therapy?

Unlike psychodynamic therapy, which is largely clinical, person-centred therapy employs a humanistic approach. Although both approaches focus on talking therapy, the person-centred method allows the client to direct the conversation rather than being led, or directed, by the therapist.

Although other theorists contributed to its evolution, person-centred therapy was founded by Carl Rogers. Hence, it is known as the Rogerian approach to Psychotherapy. The following quote sums it up perfectly:

The person-centred counsellor is not an expert; rather the client is seen as an expert on themselves, and the person-centred counsellor encourages the client to explore and understand themselves and their troubles.

Counsellor Mary-Claire Wilson

In person-centred therapy, the therapeutic environment and the therapist's ability to engage with the client, are paramount. They are equal partners when it comes to searching for a solution, and the client is encouraged to take responsibility for their own life. In order to facilitate this, the therapist should ensure that the client feels comfortable, safe and accepted. The therapist should be non-judgemental and should put their personal opinion of the client to one side and receive them just the way they are. This is known as Unconditional Positive Regard (UPR).

Another element of person-centred therapy that comes from the therapist, is Active Listening. This is more than merely listening to the client; it is letting them know that they are being truly heard and understood. The therapist can demonstrate this through a variety of methods. One example is body language. The therapist should maintain eye contact and try not to become distracted. They should sit slightly forward, without having their arms crossed. This shows the client that they are the centre of the therapist's attention.

What the therapist says to the client is also a form of active listening. Reflecting back what the client has said by paraphrasing, lets the client know that the therapist has been listening and allows the client to let them know if they have been misunderstood in any way. Empathy is crucial here (as it is in all aspects of person-centred therapy) and can be demonstrated by the therapist's tone of voice.

Asking the client open-ended questions is particularly important in person-centred therapy, as it allows them to be actively involved in the conversation, rather than being 'spoken to'. It is also an effective way for the therapist to draw more information from the client.

Finally, throughout the session the client should feel validated. An occasional head-nod from the therapist can be effective, as can verbal affirmations or encouragement.

In addition to UPR and empathy, it is crucial for the therapeutic relationship that the client trusts the therapist and believes that they are genuine in their care for the client's well-being. Only then can the client allow themselves to be vulnerable and honest about their feelings. Indeed, Rodgers believed that this element is the most important of the person-centred therapist's interpersonal skills. Known as Congruence, the level of a therapist's genuineness shows to the client just how present the therapist is in the moment. This is demonstrated by the therapist's contribution being free flowing and without hesitation, doubt or awkwardness.

The curious paradox is that when I accept myself just as I am, then I can change. Carl Rogers

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Derbyshire Voluntary Action

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



**Supporting the voluntary sector
working in the criminal justice system**