

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!



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.

xx

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

xx

You do not have to live in Derbyshire to join

SUPPORT

Group



News

Reggie

On behalf of all group members, we would like to congratulate Jodie and Ryan, co-founders of the group, on the birth of their son,

Reggie Hudson Lee

(photos on page 16)

Pringle Award

We are pleased to announce that this group has won the national

Best Group Award

presented by RETHINK Mental Illness

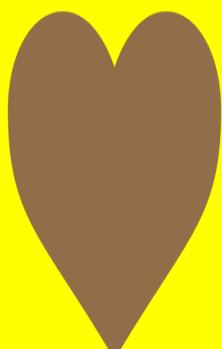
(photos on page 24)



Vicky was a co-founder of the group and my soulmate of 36 years. Sadly, she passed away just before Christmas 2021.

Sleep tight darling!

Sue xxx



What we offer...

Attachment Group

For those who struggle with severe attachments to others

Run by email with optional zoom meetings

You do not need to have BPD to join this group

Regular Meet-Ups



WhatsApp groups



BPD chat

Positivity

Virtual walking

Men with BPD

Parents with BPD

Parent/Carer/Family/Friend

Crisis Card

Occasional zoom meetings

Website:

derbyshireborderlinepersonalitydisordersupportgroup.com

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Did Vincent van Gogh have Borderline Personality Disorder?

On July 29, 1890, at the age of 37 years, the Dutch painter Vincent van Gogh died from the consequences of a suicide attempt with a gun 2 days earlier. Since then, many medical and psychological theories were suggested about what had happened to Van Gogh.



Van Gogh was unstable in his personal relationships, starting with his father and from then on with many other people in the different places where he lived. Even with his so beloved brother Theo there sometimes were tensions, especially during their time living together in Paris and on the subject of how he should behave towards their father. Early on he exhibited solitary behaviour, while he also had a great need to meet the Christian duties of charity. He idealized family life, but he failed to marry and to find a family himself despite he had several, although problematic, love affairs.

Living with family or artists was the only alternative, but in both respects, he was no ideal partner. As from 1880 he showed self-neglect and from 1886 also self-destructive behaviour (drinking too much alcohol combined with malnutrition), self-mutilation [the ear incident and possible self-poisoning and ultimately he committed a suicide attempt that resulted in his death.

This raises the question whether these mental problems were part of a

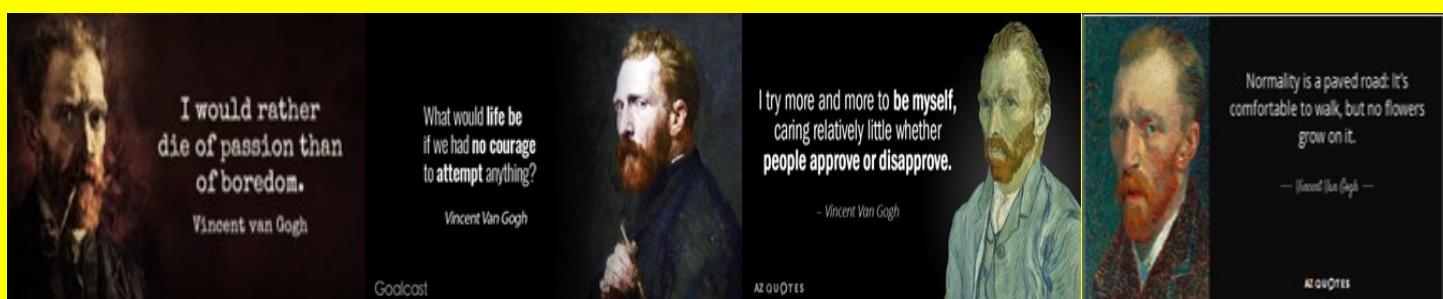
personality disorder and more specific a borderline personality disorder, as suggested by several authors since 1996 with a persistent pattern of instability of interpersonal relationships, the self-image and emotions, and marked impulsivity, often combined with self-destructive behaviour such as suicidal behaviour or self-mutilation.

The conclusions of the consulted diagnosticians who scored the four personality disorder questionnaires, were 'clear suggestions for a personality disorder'. All questionnaires contain strong indications for a personality disorder, while the combination of the different traits convincingly indicate a severe borderline personality disorder, given the score of 8 on the MSI-BPD and that all DSM-5 criteria are fulfilled.



Jarrón con 12 Girasoles (1888).

[New vision on the mental problems of Vincent van Gogh; results from a bottom-up approach using \(semi-\)structured diagnostic interviews | International Journal of Bipolar Disorders | Full Text \(springeropen.com\)](#)



Dissociation, Memory and Identity

Dissociative Amnesia

- having gaps in your life where you can't remember anything that happened
- not being able to remember information about yourself or about things that happened in your life

Depersonalisation

- feeling as though you are watching yourself in a film or looking at yourself from the outside
- feeling as if you are just observing your emotions
- feeling disconnected from parts of your body or your emotions
- feeling as if you are floating away
- feeling unsure of the boundaries between yourself and other people

Identify confusion

- find it very difficult to define what kind of person you are
- feeling as though there are different people inside you

Triggers and flashbacks

A **trigger** is a reminder of something traumatic from the past, which can cause you to experience dissociation or other reactions. It could be a sight, sound, taste, smell or touch. It could be a situation or way of moving your body. Many different things can be or become triggers.

In a **flashback** you may suddenly experience traumatic sensations or feelings from the past. This might be prompted by encountering a trigger. You may experience the flashback as reliving a traumatic event in the present. A flashback may cause you to switch to another part of your identity. If you have dissociated memories, either because of amnesia or because you experience different identity states with different memories, then you may find that these resurface during flashbacks.

How does trauma cause dissociation?

Our instinctive reactions to threat are the basis of dissociative experiences. You might separate different parts of an experience, so you do not have to deal with it all together. Different parts of the experience (such as actions, memories, feelings, thoughts, sensations and perceptions) may not be 'joined up'. For example, you might store an experience in a way you can't access day to day (this is usually called amnesia). Or you might remember what happened but don't feel the emotions or sensations that were part of it (this is usually called derealisation). If you experience dissociative identity disorder (DID), you might feel as if different memories, sensations or beliefs happened to different people (usually called identity states) inside you. This can help you cope if the things that happened would be too much for you to deal with all together as a child - but may prevent you from developing one clear identity as you grow up.

What can we do about it?

Visualisation

Visualisation is a way of using your imagination to create internal scenes and environments that help you stay safe and contain difficult feelings and thoughts. For example:

- you might find that imagining you are wearing protective clothing helps you feel more relaxed in stressful situations
- it might help to imagine a place that feels safe to you.
- when you feel anxious or threatened, you can imagine going to this place for peace and safety.

Practical strategies

Dissociation can make day to day life difficult. Practical strategies could help you cope, such as:

- wearing a watch with the time and date
- keeping a list of friends and family and their contact details
- writing notes to yourself in the house or on a whiteboard

Grounding techniques

Grounding techniques can keep you connected to the present and help you avoid feelings, memories, flashbacks or intrusive thoughts that you don't feel able to cope with yet. You could try:

- breathing slowly
- listening to sounds around you
- walking barefoot
- wrapping yourself in a blanket and feeling it around you
- touching something or sniffing something with a strong smell

You might find it helpful to keep a box of things with different textures and smells (for example perfume, a blanket and some smooth stones) ready for when you need it.

The National Association for People Abused in Childhood (NAPAC) offers support for adults who were abused as children.





Nat, Imogen & Steve Attenborough Nature Reserve August 2023



Claire (group member)

Learning how to manage my symptoms

I have BPD. I have a brain that wants me dead every day, and I have to wrestle it to the ground using every skill I've learnt, and every bit of wisdom I've heard. BPD is also my brain's way of dealing with trauma, along with booze. One merged into the other. People just see the behaviour and judge the whole person. They don't see the hurt, vulnerable person underneath. It is what it is, but there should be no judgement. DBT* was good, but not life changing. ERP*, however, I feel has been life changing, and it's only through my diagnosis that accessed this therapy.

Things I learned: emotional resilience; acceptance; managing expectations. I am too reliant on others (who inevitably let me down) to make me feel better. I was helped to find this resource within. Marya Hornbacher ([Books — Marya Hornbacher](#)) said, *it's not an emergency that you're having emotions....* That's news to me!

I attend emotional sobriety/resilience workshops, and I hear so much wisdom. I've been in AA* for 20 years and had to learn the basics: how to talk to people, etc. I'm a slow learner!
But bit by bit I've changed.

The idea is to moderate my reactions to painful emotions, not get rid of them, or not feel them at all. Because doing the latter, I was never able to sit with or process them and used to have the most volcanic meltdowns: screaming, yelling, swearing, sobbing....

I learnt from Pete Walker ([Complex PTSD: From Surviving to Thriving: A GUIDE AND MAP FOR RECOVERING FROM CHILDHOOD TRAUMA](#): Amazon.co.uk: Walker, Pete: 8601200614091: Books) that when you've faced adversity you're more likely to seek emotional resilience and sobriety kindness, and you know when to walk away.

People who function ok don't have to look for answers because they're probably content. For those of us with BPD, we have had to search for skills for own survival.

'The world would be a better place if everyone was in the emotion regulation programme or 12 step programme'

*DBT: Dialectical Behavioural Therapy

*ERP: Emotional Regulation Pathway

*AA: Alcoholics Anonymous

*Claire also recommends books by Gabor Mate ([Amazon.co.uk](#))

7 things to do each day to benefit your mental wellbeing

Looking after our mental wellbeing goes a long way to leading a fulfilled life, tuning into our minds and bodies, and supporting our physical health. But maintaining good mental wellness can be a challenge in the hustle and bustle of daily life and we are all susceptible to pushing it to one side if we aren't consciously checking in with ourselves. Fortunately, there are several things we can do to maintain mental wellness as part of our daily routines.

Start the day right

Getting out of bed can be difficult, particularly during the darker winter mornings or if you've had a bad night's sleep the night before. But getting up and making your bed is a great way to set your day off on the right foot. Having a tidy bedroom brings a wealth of benefits to our mental wellbeing, such as resetting focus, increasing productivity, reducing stress and improving our mood. Although it might only seem like a small accomplishment, making the bed is a little win that will likely see you completing another task, and another...

Avoid checking emails first thing

Since the pandemic, far more of us are working from home and, whilst this brings many benefits, it can be easy to fall into the trap of checking your workload before your day has even started. Anxiety can be heightened first thing in the morning with the unknown of what the day might bring, so ensuring you're up, washed, dressed, and ready for the day before logging on will prevent you from encountering a potential stressor before your working day begins.

Excercise

Exercising doesn't have to feel like a chore. Not only is it a great way to reap the benefits of the outdoors and being in nature, but it can also help you to clear your mind and recharge. Whatever time of day you decide to do it - on your morning commute, your lunch break, or after your working day is done - try and do around 30 minutes of exercise a day. Exercising releases feel-good hormones and helps you feel energised, so you can do more of the things you enjoy.

Take a lunch break

This tip might seem obvious, but with 56% of workers not taking their full lunch break, we thought it was worth a mention. As the way we work becomes more flexible, it can be easy to lose track of time and stay sitting at our desks. Even if it's just for 15 minutes, try and stand up, move about, and get some fresh air. Most importantly, make sure you're fuelling your body with the nutrients it needs to carry on with your day. It doesn't just have to be whilst you're working either; ensuring you're making time to take a break even on your days off is key to mental wellness.

Make a list

Whether it's for work or personal life, you can beat a good old 'to-do' list. Lists create order, relieve stress, and allow you to organise your time and set priorities - all of which contribute to maintaining good mental health as we're able to break down our day into more manageable tasks. Just like making your bed in the morning, setting smaller, achievable goals will help you stay focused and see you achieve lots of little wins.

Take a moment to just... Be

Living in the moment can be tricky to do when our minds are so consumed with thoughts of what happened yesterday or what's to come this week. But, taking a moment of mindfulness each day (even just for a couple of minutes), to completely switch off and be present can do wonders for our mental health. By focusing on the moment you're currently experiencing, there's no room to worry about the past or future.

Check in on yourself

Checking in with yourself. How often do you really do it? Getting into the habit of checking in with how you're truly feeling can help you to be more in tune with your body and recognise when you might need to take a step back. Often referred to as 'self-enquiry', many people find that the best way to keep tabs on how they're feeling is by journaling.

Try taking a moment in bed before you head off to sleep to reflect on your day. What was good about it? What was perhaps not so good? What are you grateful for? What's one thing you could do to practice self-care? How do you feel physically, emotionally, and mentally? The more you ask yourself these questions, the more you'll learn to understand your body and when you need to draw more attention to your mental wellness.

Pushing the Boundaries: struggling to comply in a women's prison

Sue Wheatcroft

Rachel Jennings reviews this candid account of transformation and advocacy.

In *Pushing the Boundaries: Struggling to Comply in a Women's Prison*, Sue Wheatcroft invites readers on a gripping journey through her personal experiences within the prison system. From the moment she was arrested for attempted murder, Wheatcroft takes us through the circumstances that led to her imprisonment, but the heart of the narrative lies in her profound transformation during her time behind bars.

With remarkable candour, Wheatcroft explores the complexities of life in prison, shedding light on the intricacies of prisoner relationships and interactions with various personnel, including prison officers, managers, governors, and healthcare staff. The author fearlessly tackles subjects such as bullying, loneliness, boredom, anger, violence, and desperation, while also celebrating the redemptive qualities of friendship, compassion, community, and loyalty that can be found within these confined walls.

What sets Wheatcroft's account apart is her unflinching portrayal of her own transformation. From being a placid and introverted individual, she undergoes a radical change, becoming confrontational, belligerent, and extroverted. Through her introspective exploration of the reasons behind this shift, she offers readers a profound understanding of the psychological toll that incarceration can have on an individual's identity and behaviour.

Beyond her personal story, Wheatcroft emerges as a passionate activist, advocating for improved mental health services both within prisons and in the community. Her journey beyond the prison walls and her reflections on the need for change in mental health care add an inspiring dimension to the narrative. Recognized for her dedication, Wheatcroft's Janey Antoniou award in 2019 further exemplifies her

commitment to prison reform and her tireless efforts to shed light on the importance of mental health care.

While *Pushing the Boundaries* provides a captivating and enlightening glimpse into the realities of life behind bars, some readers may find themselves yearning for a more expansive exploration of certain aspects. The book focuses predominantly on Wheatcroft's personal experiences, leaving room for further exploration of the broader systemic issues within the prison system. Nonetheless, the author's ability to convey the emotional depth and complexities of her journey is both commendable and thought-provoking.

While this book offers a captivating and illuminating perspective, it should be noted that it contains content that could be triggering or distressing for some readers. Wheatcroft's vivid descriptions of the prison environment and the emotional struggles she faced are unfiltered, providing an authentic portrayal of life behind bars.

Overall, *Pushing the Boundaries* is a powerful memoir that unapologetically confronts the dark corners of the prison system. Wheatcroft's honest account is a testament to her resilience and unwavering dedication to bringing about change. This book serves as an important reminder of the urgent need for reformation in mental health care within prisons and beyond.

Rachel Jennings (Asylum magazine)

You can find more on Sue's writing at: [Sue Wheatcroft – Campaigner for change](#)

'And/but' statements are designed to help you reframe your feelings, and take an objective, practical approach to problems. Here, we're sharing 20 examples

Two things can be true at once. It sounds like a basic concept, but it's something that can often go out the window during times of stress and self-deprecation. For example, have you ever made a mistake and spiralled into a negative thought cycle before, ultimately, concluding that you're a bad and undeserving person? If so, 'and/but' statements could be the tool that you're looking for.

These statements are designed to help you recognise that we are not our negative thoughts, we are not our mistakes or our shortcomings. We are complex people, with perfectly reasonable needs, reactions, and emotions. To create them, you simply make a statement that sums up the problem and then add 'and' or 'but' to qualify it with a second that puts it into perspective or offers some reassurance. They can also function as affirmations, reminding you of a truth, belief, or value you have.

Once you've got your head around how to formulate them, you'll likely want to start creating 'and/but' statements that are unique to your own situation, and your specific needs. But, here, we've gathered together examples for a range of scenarios, each designed to ground you during moments of heightened emotions.

Workplace

'I am a valued member of the team, **and** I do not need to take on every project.'

'I made a mistake, **but** that doesn't mean I'm bad at my job.'

'I am dedicated to my job, **and** I also need to rest.'

'I get nervous before meetings, **but** I'm still in control.'

'I am capable and knowledgeable, **and** sometimes I need support.'



Parenting

'I enjoy being with my family, **and** sometimes I need a break.'

'I sometimes feel like I don't know what I'm doing, **but** I can ask for help.'

'I feel others judge me, **but** I can set boundaries if I need to.'

'I feel guilty when I can't balance everything, **but** I'm trying my best.'

'I am a capable and confident parent, **and** sometimes I need support from others.'

Relationships

'I love spending time with my partner, **and** I love time alone.'

'We don't always have to agree, **but** we always respect each other.'

'My relationship uplifts me, **but** I'm still my own person.'

'I feel frustrated by their actions, **and** we can come to a resolution.'

'I am devoted to my relationship, **and** I make time to pursue my interests.'



Emotions

'I experience strong feelings, **but** I am in control.'

'I feel negative emotions, **and** that's OK and normal.'

'I feel overwhelmed, **but** I can take a step back if I need to.'

'My emotions are real and valid, **but** they won't last forever.'

'Sometimes things go wrong, **and** I am working on myself.'

Source: [20 'and/but' statements to halt negative thought spirals \(happiful.com\)](https://www.happiful.com/20-and-but-statements-to-halt-negative-thought-spirals)



A Life of Abuse and Recovery

by

Danny Carrington

Part Two



My mother will always say that she's done her best. Which, now I do not doubt that; after years of therapy. However, unbeknownst to herself, she caused massive trauma to myself and my siblings growing up. She did this just by using the wrong words for the wrong reasons because she was suffering from her own mental health, sometimes going as far as to "lose her temper" with us all, which used to scare me, a lot; but I will not go into detail with that.

It would not be uncommon for her to threaten me with potential abandonment because my siblings would not "do as they were told", so I was relied on to "get them in line", or else my father would not be coming home. This, as a little boy left me crying at the top of the stairs that nobody loved me because I was essentially there as a kind of second-in-command whilst my Dad was working, and I came to this conclusion a long time ago. It was not uncommon for me to take a load of abuse from my siblings during this, either.

As I have grown up, I have adjusted to this sort of behaviour and attitude towards myself and find myself highly de-sensitised to violence and horrific images which other people would be traumatised by, perhaps because I have already been traumatised. Perhaps because I have already faced the biggest monster, Me.

I started to resent myself because I only seemed to care about other people, and after this, I started to hate everyone. I would walk into a room, scan people up and down and decide in my head whether they were acceptable to me, based upon their posture, facial expression and just 'vibes' that I would get. If not, I would fantasise about various ways they could die at that moment, because it would put my mind at ease.

At the age of 17, I attempted to get a motorcycle but failed to reach the standards of the compulsive basic training (CBT) over and over again. This led to the instructor suggesting I might have attention deficit hyperactivity disorder (ADHD) to my father. I got referred to the mental health team, and so began a long, dragged-out process. At this point, I had given up. I couldn't do what I wanted. I couldn't work. I fell into a deep pit of depression and made an attempt on my own life.

Surprisingly, the person who prevented this from being successful was my mother. I have played the role of the abused, without realising it at the time, due to that being my 'normal'. From people that do not know me, to the people whom I classified as 'friends', and even the people I should trust with my life - for years, I trusted absolutely no one, completely. Not even myself. People had abandoned me, I had abandoned myself and abandoned all hope of finding a light at the end of the tunnel.

Present Day

Fast forward to the present, I have a very small circle of friends; they are the best people I have ever met. My entire life is compartmentalised. During my personal time, I like to stay in solitary, however, I have been working on being a little bit more social, as I would like to be. During work hours, I can speak to a multitude of unfamiliar faces, as I am in a customer-facing role and my job at the time of writing is that of a Sales Assistant within a large technology company. My biggest goal as of recently has been quitting smoking and I am currently working on quitting nail biting.



Next time...Danny's story continues



The Right to Choose (your own healthcare)

If a GP refers you to a consultant or specialist in mental health, you have the right to choose the provider of your care.

Choice should be offered at a point in your treatment where you can make a meaningful decision about who will provide your care. The decision will often be made with your GP on referral to a specialist. In some areas an assessment service will help to decide what type of treatment is best. If this is the case, you can choose a provider once the assessment has recommended a type of treatment.

If you've already been seen by a provider and discharged, you can choose a different one if your GP thinks you need further treatment.

The best provider for you will depend on your individual needs and preferences. You may need information about your options before you can make a decision. Your GP can help you to decide what the best choice is for you and give you advice on the two different choices available. There is also information online about quality of care, waiting times and transport links:

- The NHS website is a good place to start for information on mental health conditions and providers.
- Mind and Rethink have information about different treatment options.

If you don't mind which provider you see, your GP can suggest one that meets your needs. If you have a preference for a particular provider, your GP can discuss the pros and cons of that preferred choice so you can make the right decision.

If you need crisis or acute mental healthcare, you don't usually choose your provider. Once the acute phase is over, you can choose who provides your non-acute follow up care.

Local healthcare commissioners determine the types of services that are available for their local population. Each commissioner is responsible for people who are registered with a GP in its area.

When you are referred to one of the types of services made available by your commissioner, you can choose to go anywhere in England for it as long as the provider chosen works with the NHS and fits with your care needs. This means you can choose providers known for specialist care or tertiary care if they offer the type of service required.

However, the right to choice doesn't mean that you can choose different types of service that aren't suitable for your needs. For example, if referred for a consultant outpatient appointment you can't choose inpatient therapy, or if sent to an Improving Access to Psychological Therapies (IAPT) service you can't choose a consultant outpatient appointment.

Sometimes you may want to see a provider that isn't appropriate for your clinical or care needs. When this happens the care professional or team responsible needs to explain clearly and document why the preferred choice isn't appropriate, and support you in choosing a more appropriate provider.

Commissioners need to make arrangements so that you are able to choose and go to the provider you think best meets your needs.

At NHS Improvement, many of the queries and complaints we receive are because a person has been told they can't choose a provider because the provider doesn't have a contract with the person's local commissioner. This is an example of choice not working properly, and **isn't** a reason for a commissioner to refuse a person their choice.

Where we have seen commissioners making choice work well, there is a clear process in place for supporting the referral of a person, even to providers the commissioner doesn't have existing arrangements with. Whatever process commissioners use shouldn't unnecessarily delay access to care.

Some commissioners hold meetings or panels to assess the needs of a small number of people who have complex conditions and make sure that they are able to choose the best care. Commissioners using these panels effectively tell us that people's interests are put first and local finance and contract arrangements aren't relevant to the decision-making.

Continued...

We're aware of some commissioner policies that require the use of local providers either exclusively or for first appointments with consultants. These policies may prevent people from choosing the provider of care that is best for them, and are **against the NHS Constitution**.

What should I do if my right to choose is not being facilitated?

In most cases you should first speak to the healthcare professional responsible for your treatment, usually your GP. However, if you don't feel comfortable doing this or if you are dissatisfied with the outcome, you may wish to complain to another organisation. Details of how to contact these organisations are below.

Contacting your local commissioner

Commissioners (NHS England and your local clinical commissioning group, or CCG) are responsible for organising the delivery of NHS services in England. Each commissioner is responsible for a specific geographical area. They must publish their complaints procedure. If they agree with your complaint, the CCG must make sure that you are offered a choice for that health service. To contact your local commissioner:

- visit the NHS website at www.nhs.uk, click on the 'health services near you' section on the home page. you can search for your CCG by the location of your GP practice.
- ask your GP practice as they can tell you how to contact your commissioner.
- you can also visit www.england.nhs.uk/ccg-details

Contacting NHS Improvement

If after speaking with your local CCG you are still concerned that you are being prevented from exercising your right to choice, you may want to contact NHS Improvement. NHS Improvement can provide advice about choice issues and may be able to resolve individual concerns. This could involve directing you to the appropriate place to make your concerns known, or could involve NHS Improvement directly engaging with relevant parties. For more information on raising concerns with NHS Improvement:

- visit the [NHS Improvement website](http://www.england.nhs.uk)
- call the enquiries team: 020 3747 0000
- email nhsim.cooperationandcompetition@nhs.net



Contacting NHS England

- visit: www.england.nhs.uk
- call the customer contact centre: 0300 311 22 33 (Monday to Friday, 8.00am to 6.00pm)
- email england.choice@nhs.net

Contacting the Parliamentary and Health Service Ombudsman

If you are unhappy with the decision from your CCG, NHS England or NHS Improvement, you have the right to complain to the independent Parliamentary and Health Service Ombudsman. The Ombudsman is the final stage in the complaints system.

- visit www.ombudsman.org.uk call the helpline: 0345 015 4033 textphone (minicom): 0300 061 4298
- text 'call back' with your name and your mobile number to 07624813005; you will be called back within one working day during office hours (Monday to Friday, 8.30am to 5.30pm).

Contacting your local advocacy service

In addition to the above, you can contact an NHS complaints advocacy service if you have concerns regarding your right to choose. Contact your local Healthwatch to find your local advocacy service by visiting www.healthwatch.co.uk/find-local-healthwatch



Reggie

Congratulations Jodie & Ryan

A negative mind
will never give you a
positive life.

Inspirational People

Matrix film star Keanu Reeves

DO WHAT IS RIGHT,
NOT WHAT IS EASY.

Keanu Reeves was abandoned by his father at the age of 3 and grew up with 3 different stepfathers. He is dyslexic. His dream of becoming a hockey player was shattered by a serious accident. His daughter passed away at birth. His wife passed away in a car accident. His best friend, River Phoenix, passed away from an overdose. His sister battled leukemia.



No bodyguards, no luxury houses. Keanu lives in an ordinary apartment and likes wandering around town and is often seen riding the subway in NYC. When he was filming the movie "The Lake House," he overheard the conversation of two costume assistants, one crying as he would lose his house if he did not pay \$20,000 - On the same day, Keanu deposited the necessary amount in his bank account.

In his career, he has donated large sums to hospitals, including \$75 million of his earnings from "The Matrix" to charities. In 2010, on his birthday, Sept 2nd, Keanu walked into a bakery & bought a brioche with a single candle, ate it in front of the bakery, and offered coffee to people who stopped to talk to him.

In 1997, some paparazzi found him walking one morning in the company of a homeless man in Los Angeles, listening to him and sharing his life for a few hours.

In life, sometimes the ones most broken from inside are the ones most willing to help others.

This man could buy everything, and instead, every day he gets up and chooses one thing that cannot be bought: To be a caring person.

Tara Bull @TaraBull808

Do you know someone inspirational? It doesn't have to be a film star; it could be a friend, CPN, support worker, or family member, etc.

Let us know and we can celebrate them in our newsletter.

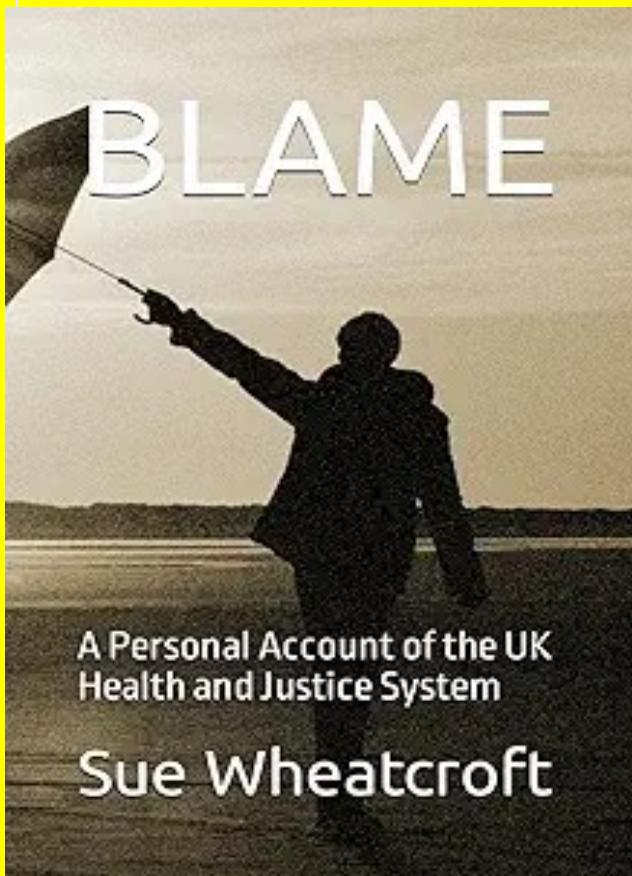


Keanu reeves

BLAME:

A Personal Account of the UK Health and Justice System

Sue Wheatcroft



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Conclusion



What happens when someone with borderline personality disorder asks their community mental health service for help?

In today's world of scarce resources and long waiting lists, how do services respond to an individual's distress and cry for help?

Are they denied help because their condition is misunderstood and stigmatised?

Or, are they supported in other ways?

If help is not forthcoming, what are the consequences for that individual?

Is it right that ignorance and risk aversion can have such a negative impact on an individual's health and well-being, and is allowed to come before fairness and justice?

In this book, Sue discusses her journey through the health and justice system. It is a honest account of her own failings, as well as those of the professionals whose role it was to support her.



Parent Group Cruise on River Trent



A reminder of the symptoms of borderline personality disorder

Separation anxiety: BPD is characterized by an intense and chronic fear of abandonment or rejection. Being turned down for a second date, for example, might cause as much distress as a breakup for some people.

Interpersonal/relationship difficulties: People with BPD may long for close relationships but frequently experience hostile, angry, or resentful feelings toward those they love. They may become disproportionately angry in response to minor slights or alternate between idealizing and devaluing the people they love the most. This is known as splitting.

Unstable or unclear sense of self: People with BPD may struggle with their identity or frequently appear to modify or alter aspects of their identity. This may be done, consciously or unconsciously, out of a desire to appeal to others, find the love they seek, or discover their true identity or self.

Impulsive behaviour: People with BPD may act impulsively, or without thinking, in ways that can cause harm. They may engage in risky or compulsive behaviours (sex, shopping, reckless driving) or resort to self-harm to express their feelings or cope with emotional distress.

Suicidal ideation or behaviour: This may include thoughts of suicide, suicide attempts, or suicide threats. Some people with BPD may also engage in self-mutilating behaviour.

Emotional instability: People with BPD may experience intense mood swings as well as emotions that seem unusually intense for the situation. A minor rebuke at work might initiate days of self-loathing. Many people with BPD see the world in terms of black and white, with people, places, and things rapidly alternating between being all good and all bad.

Feelings of emptiness: People with BPD may experience chronic, persistent feelings of emptiness. These feelings may relate to a person's fear of abandonment or the lack of a clearly defined sense of self.

Anger issues: Many people who have BPD experience intense anger and/or find it difficult to control their anger.

Dissociation: Dissociation may occur in some people who have BPD. Others may experience paranoid thinking in relation to stress or other difficulty.

Useful Information

Most accurate article on BPD we have read---kudos! | National Education Alliance for Borderline Personality Disorder

The Hub @ Low Pavement, Chesterfield

This is a space for community, dedicated to bringing people together, hosting groups and activities and a central point to find out what's happening in local areas. The Hub is an inclusive and safe space that aims to be welcoming and friendly for all members of the public and volunteer led community groups. The Hub supports community action, social connectedness, mental health and improved wellbeing.

The Hub is open Monday to Thursday 10am – 3pm. There is an array of different activities and groups taking place, including arts, craft, photography, knitting, crocheting, singing and walking groups.

Members of the public can use the Hub to:

Find out information about the voluntary and community sector in the local area

Meet and talk with others

Take part in organised activities

Learn new skills which will help them feel more connected

Volunteer-led groups and community groups can use the hub for:

Social get-togethers for their members (eg coffee mornings)

Small scale activities that enhance wellbeing

Small scale exhibitions of art / crafts etc

Thank you to Rachel Bounds for providing this information



Chasing the Dragon, by Jackie Pullinger

Set over a thirty year period, *Chasing the Dragon* charts the course of a remarkable woman from Sutton, South London, who sets sail for Hong Kong in 1966 in order to fulfil what had become her calling; improving the lives of people in Hong Kong.

On arrival, Pullinger immediately realises the severity of the problems present in this city, particularly in a district called the Walled City where millions of people lived in cramped and extremely deprived conditions and sets to work on remedying the not inconsiderable social problems present. Drug addiction, racketeering, prostitution, armed robbery, theft and many other crimes were rampant in the area as were the Triad gangs who controlled the organised crime in the Walled City.

Through a deep and remarkable faith in Jesus, Pullinger manages to touch the hearts of hundreds of men and women and children in the city throughout her time there. Through prayer, hard work and sheer doggedness, hundreds of people she encounters turn their back on the life of crime they dwelled in to find a new life and hope.



I simply cannot define what my favourite part of the book was as each life changed by her work was remarkable and uplifting. In a world that can seem riddled with individualism, self-centeredness and selfishness, this story is a remarkable antidote even for those who are unsure or sceptical of the possibility of a God.

Though the terrible suffering and misery of some of the two million people in the Walled City is hard to stomach, the light and the hope that Pullinger and her loyal helpers' shines is truly remarkable and has been a book that has touched the lives of many more.

Whether a person is religious or not is immaterial. This is a real hidden gem of a book that gives the reader hope and strength- a vital tonic for the challenges that we all face.

Mark gives this book 8/10

Jackie Pullinger



I have met her and some of the reformed addicts from her mission in macau.. she dedicated her service to God in a way that reached out into the darkness of addiction in poverty .. the road she led included detox rehab and ministry's of Gods church aiding programs to help rebuild life's from bottom up .. life also that have found god though the route Jacqui took to get them clean and rehabilitated there .. modern day Saint in my books ..even if the church won't accept . That .. god's more inclusive through the ages and isn't a patriarch .

Christopher Jones June 6, 2022



My Experience of Scammers



Katie Edwards (group member)

It's not difficult for anyone to get caught out by the many scammers that there are around these days! I'd heard of people having money go out of their accounts and goods never turning up on Facebook & eBay. I've always been wary and thought I had a pretty good handle on things until one day I was caught out.

It was a Friday and the following day there was an Airshow that I'd seen advertised on the Facebook page I was following. I'd already made enquiries and tickets had sold out. However, by this point people had been advertising tickets for sale as they couldn't go at the last minute! I got the bit between my teeth; my 12-year-old son was plane and military mad so I put a request on the site for the ticket quantity I was after.



It wasn't long before I had someone send me a message offering exactly what I was after. My first barrier went up, I wanted to know the reason why they were no longer attending, I mean, as BPD warriors we are suspicious from the outset right? The answer was vague but by this time I badly wanted these tickets!

All this time I was in the middle of what was a very busy Friday afternoon with my work and squeezing in a weekly big food shop! Sat in the carpark of a supermarket I was back and forth with this person. The agreement was made that the tickets were £60, I would send £30 then she would email the tickets and I would send the remaining £30.

So, she forwarded me the details of the bank account in her name but made mention that she'd had problems with it and it would be better if I could use her husband's account. I asked for the name to be matched up and questioned why the name on her "husbands" account was a different foreign name. She got quite agitated by this point and her response was "I don't know, it's the name he set the account up in and why would that matter, just send the money and I have the tickets here waiting to send you straight away!" She sent a photo of a passport and a voice note saying I am "xyz" sent the money now, this isn't a scam!

Being very cautious still I said I would send £1 to see if it went through. Believe it or not, NatWest said the account and name weren't a match and was I sure I wanted to go ahead.... yes of course just send it and quick! By this point my phone battery was extremely low so I messaged her to say the £1 had been sent and that I needed to go into a shop where there was reception so could she let me know asap if it'd been received.

I did my shopping, came out and she'd messaged to say the £1 had finally been received and could I send the remaining amount asap! My phone had just enough battery life to send £29 to the same account again and message her telling it'd been sent, and could I have the tickets emailed to me before paying the rest?

Continued...

Scammers (Continued)

Now, with a dead phone and hours wasted backwards and forwards communicating with this lady, her trying to prove she was who she was I felt stressed and vulnerable! Anyway, hours later (with a charged-up phone and agitated messages off her telling me I wasn't to panic as the airshow was only tomorrow!) there was still no sign of the email and tickets!!! By 10pm I'd given up hope, earlier in the day she'd been immediate in her responses and now radio silence!! At 11pm I sent one more message, "please email the tickets as I've paid you and we need to travel to the show, if you don't respond I am reporting you"

Come the morning there was no sign of any email and furthermore the contact was no longer available in messenger. She'd vanished off the face of the earth! Oh well I'd only lost £30 this wasn't a big deal, but I was angry at myself for being used and falling for it! I phoned my bank, not asking for the money but I was worried that somehow the scammers could access my account and more money would be taken from me.

One of the bank's first question to me was "do you have any mental health conditions that may affect your decision making?" I said that I had BPD but that I had been cautious and questioned this scammer from the start. The bank gave me 2 bits of advice 1) never pay £1 into an account to trial the transaction or go ahead when the bank flags up that the name & account number " isn't a match" and 2) be wary of online only bank accounts such as this one that was 'Revolut' as scammers tend to use such accounts. The bank refunded me the £30 straight away and I gave the bank details I'd paid into so they could report to 'Revolut'.

My point in this message is that it didn't matter it was a small amount of money but could easily happen to any of us with much greater consequences! We put up our guard yes, I had been suspicious of this all along, but the point was I desperately wanted these airshow tickets and I wasted a lot of mental energy and time on this!

Afterwards, feeling lost, used, obsessive and angry!

What to do if you've been scammed

Below is a need-to-know checklist of what you should do:

1. If you've already responded to a scam, end all further communication immediately.
2. Call your bank directly and cancel any payments that haven't yet been made – for speed and ease, you can call the 159 hotline to contact the fraud departments of big banks.
3. Report the scam to Action Fraud on 0300 123 2040 or via the Action Fraud website (England, Wales or Northern Ireland). If you're in Scotland, report a scam through Advice Direct Scotland on 0808 164 6000 or via the Advice Direct Scotland website. You can also report scams to Police Scotland on 101.

[Get help with scams - Citizens Advice](#)

[What to do if you're a victim of scams or fraud | Age UK](#)

[Scams: how you can avoid them - GOV.UK \(www.gov.uk\)](#)

[30 ways to stop scams: MoneySavingExpert](#)

Helplines





**Rethink
Mental
Illness.**

Group of the Year Award

London, 2023



Sue and John



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We acknowledge that people with BPD may also have traits of other personality disorders. We will be looking at some of those personality disorders, beginning with avoidant personality disorder (APD)

Avoidant Personality Disorder (APD)

People with APD have a lifelong, deeply ingrained pattern of extreme shyness, extreme sensitivity to rejection, distrust of others, and deep feelings of inadequacy. Those suffering from the disorder try to avoid social situations and close relationships due to their excessive fear of rejection. They actually

want to have relationships and participate in fun social activities, but lack the confidence and interpersonal skills they need to succeed in these situations. All this makes APD very challenging.

What Is Avoidant Personality Disorder

To answer the question -- what is avoidant personality disorder -- it's important to first understand what it is not. APD is not the typical shyness or social awkwardness we all feel at times. Everyone lacks confidence or feels inadequate in some isolated situations. Those with APD constantly deal with these feelings in the extreme and have likely done so since childhood or early adolescence. Their intense fear of rejection has no obvious basis and stems from distorted thought patterns.

APD is a severe mental health condition that permeates every aspect of a person's life. People suffering from it cannot stop dwelling on their own perceived shortcomings. They rarely form relationships, but when they do, they only interact with people they strongly believe will not reject them. Rejection and embarrassment are so intensely painful for people with avoidant personality that they choose loneliness rather than take the risk. The following features define APD:

- **Negative emotion** – intense anxiety, fear of rejection and embarrassment
- **Detachment** – social withdrawal, intimacy avoidance, diminished ability to experience pleasure
- **Permeate all situations** – behaviors occur at home, work, and in community
- **Significant distress and impairment** – in social, work, or other daily life activities
- **Early onset** – behaviors appear no later than early adulthood (i.e. 20s)

Causes of Avoidant Personality Disorder

Researchers don't have a clear understanding about the causes of APD. Most experts believe development of the disorder is influenced by a combination of genetic, social, and biological factors. People who have certain genetic profiles or an illness that changes their appearance may be at greater risk for developing the condition.

Many individuals with the disorder have endured painful childhood experiences involving brutal parental criticism and rejection. Children naturally want to bond with their parents, but due to the constant parental rejection and ridicule, it's virtually impossible for a healthy bond to form. This leaves these children hungry for close relationships, yet lacking the skills to form and maintain them.

They begin to develop a protective psychological shell that shields them from further parental ridicule and rejection. The resulting social awkwardness may cause peers to tease and ridicule them as well, contributing to the intense fear of social interactions.

People who think they may suffer from this mental health condition should seek help from a psychologist or psychiatrist. The clinician will compare symptoms, behaviors, and history to avoidant personality DSM criteria and make a diagnosis. With long-term treatment, typically talk therapy combined with psychotherapy, people with the disorder can often develop some ability to relate with others and engage socially.

Three Types of Adverse Childhood Experiences

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical

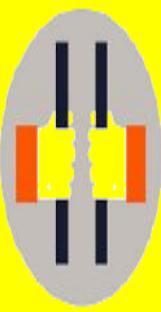


Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently

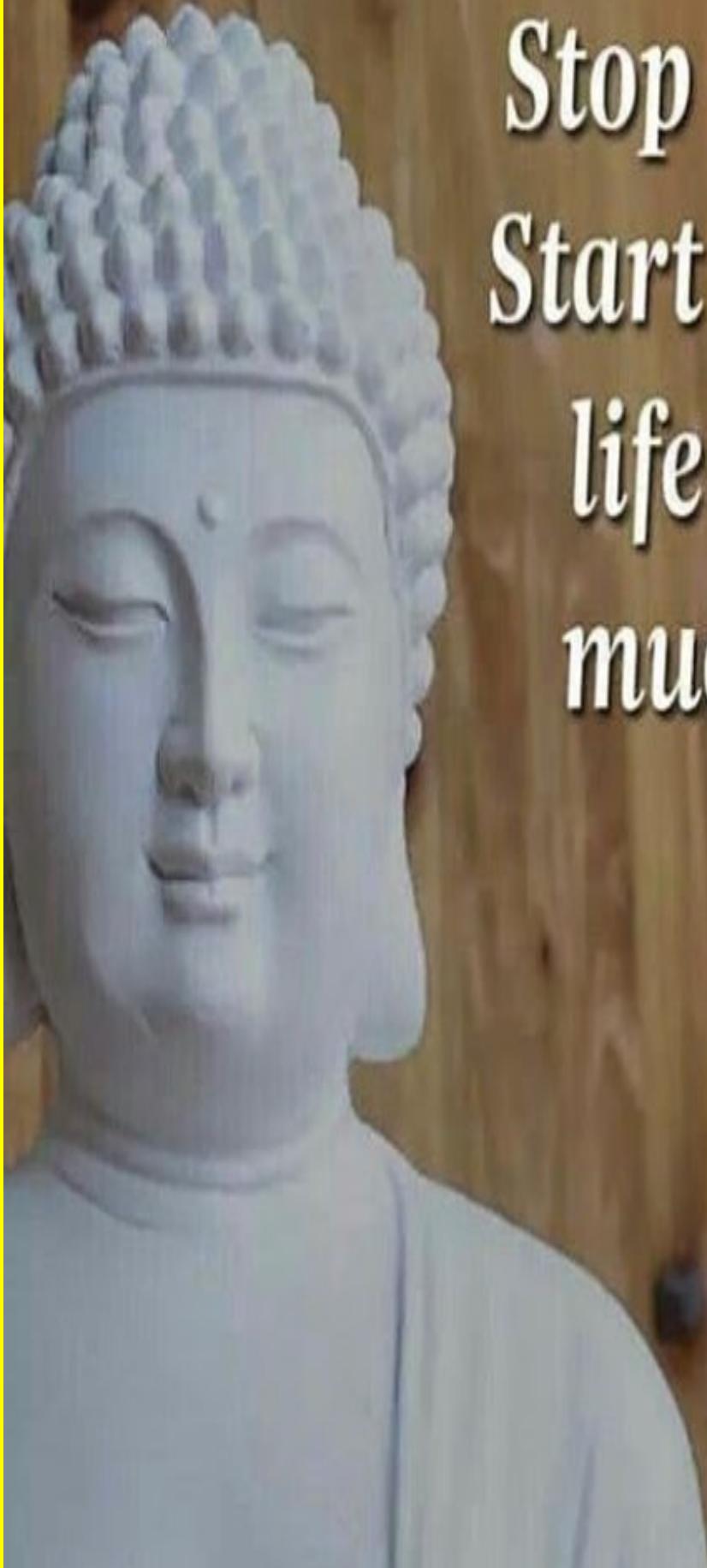


Substance Abuse



Divorce

(Centers for Disease Control and Prevention)



Stop expecting.
Start accepting.
life becomes
much easier.



Supported by...

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Derbyshire Dales District Council

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Derbyshire Recovery and Peer Support Service

Derbyshire Voluntary Action

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Active Derbyshire

CLiNKS

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