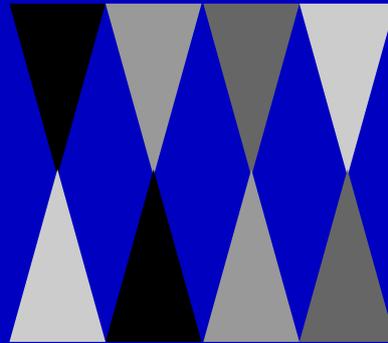


Borderline Derbyshire

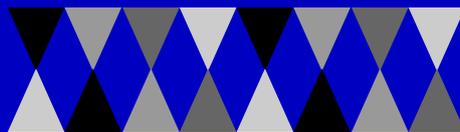
Newsletter of the
Derbyshire Borderline Personality Disorder
Support Group

Accounts
from those
with
BPD/EUPD



Info
for
group
meetings

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



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

Who we are...

Committee—core members

Sue—chair/founder

Vicky—secretary

John—treasurer

Other committee members

Jodie—activities co-ordinator

Ryan—volunteer

In June 2020, our good friend, and support group member, Jessica Hardy, took her own life. This issue is dedicated to Jesse.



You made our lives brighter, Jesse.

Goodbye friend!



Welcome to *Borderline Derbyshire*...

Derbyshire Borderline Personality Disorder

SUPPORT



Group

News

During lockdown, two of our committee members have been running Monday zoom sessions. Thank you to [Jodie](#) and [Ryan](#) for keeping the group going



Matlock

We are pleased to announce that our Matlock meetings will re-start on

Monday 14 September 1-3pm

*Due to social distancing rules, numbers are limited. Please let us know if you would like to attend.



Bryony

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

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



Annie

DERBYSHIRE

BORDERLINE PERSONALITY DISORDER

SUPPORT GROUPS

Swadlincote

3rd Monday
of the month
between
1-3pm
Fire Station
Community
Room,
Civic
Way

Chesterfield

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

Ilkeston

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

Matlock

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

Also known as Emotionally Unstable Personality Disorder, or EUPD



Jodie

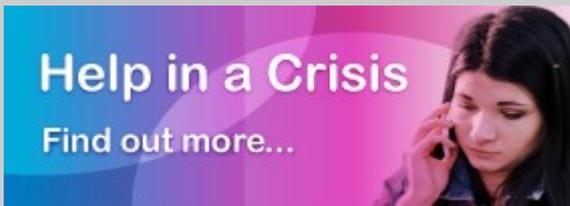
I get the support I need at the group. It makes me feel comfortable and safe.

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



Ryan

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



As far as we know, this service is still operating, although it may be limited due to COVID-19. **Sue**

The crisis resolution and home treatment teams, based at the Radbourne Unit in Derby and Hartington Unit in Chesterfield, are designed to offer a robust alternative to mental health inpatient admission.

The teams aim to provide a safe service in the least restrictive environment, causing minimum disruption to the service user's life, whilst meeting the needs of people experiencing an acute mental health crisis. The service also makes referrals where needed to our hospital mental health services, responding to individuals with acute mental health problems and referring them to the most appropriate service. It is a 24 hour service with a rapid response level to referrals. The crisis resolution and home treatment teams provide an intensive service aiming to intervene and support service users in the early stages of acute psychiatric presentations.

'My crisis worker was excellent. She listened to everything that I and my family had to say. It really was the springboard in me making really good progress.' - service user

Referral criteria

The service is aimed for those individuals at risk of hospital admission to an adult acute psychiatric ward. Individuals presenting with an acute psychiatric crisis of such severity that without the involvement of a crisis intervention/home treatment team, hospitalisation would be necessary.

Contact

Derby City and South Derbyshire - Tel: 01332 623700 (24 hours, Monday to Sunday) please ask to be put through to the Derby City and South Derbyshire Crisis Resolution and Home Treatment Team

North Derbyshire - Tel: 01246 512831 (24 hours, Monday to Sunday); or 01246 277271 (10pm - 8am, Monday to Sunday if no answer on the main number)

Jessica Hardy

Not just another statistic!

One in ten people with BPD end their own lives and in June of this year we lost our good friend Jesse. But Jesse is not just a statistic. She had an effect on many lives and there is an enormous amount of people mourning their loss. Jesse was 37 years old. Here's three of the people who knew her best...

Sarah Lowes...

Jesse was diagnosed with BPD when she was 18. Mental health challenges ran through Jesse's family and coupled with a very difficult upbringing; this no doubt contributed to the struggles that she went through in her life. Jesse was removed from her parents and placed into care at an early age. Whilst preparing herself for a series of radio interviews in 2014, coinciding with the release of her debut album Stars, she made some notes. In these notes she stated:

Growing up was rough, not knowing how my mum would be from one day to the next. Foster care was also tough as it felt like no one really gave a damn...as a child I was told that I would never amount to anything... everyone is searching, searching for something to feel alive. Answers to questions we probably will never find, but I would rather live fighting, than to have never fought for life.

These quotes give us an indication of Jesse's childhood, the struggles that she faced and how they understandably impacted on her life and on her mental health. Jesse spent her whole life searching for something, but never really knowing what she was searching for. She couldn't accept her differences and wanted to feel "normal", regardless of the fact that it was how she was different that drew people towards her.

Jesse consistently throughout her life felt a fear of abandonment and that she wasn't worthy of being loved. Whenever she received love, she would allow herself to be happy for a short time before self-sabotaging. I think this was the only way that she felt she could be in control. She constantly felt as though the love would go or be taken away and as a result, sabotaged it by pushing people away so that she could control the "abandonment". Jesse had good periods and bad in her life when it came to her BPD, medication and professional support. She was prescribed many medications from anti-psychotics to anti-depressants and mood enhancers. Getting her to consistently take her medication in the early days was difficult. She would take it sporadically as she felt that it made her brain feel empty. She was so used to her mind racing and being full that she struggled to cope with slower, more rational thought patterns and processes.

Jesse was able to go for approximately 5 or 6 years with some stability around her mental health. However, inevitably there came a time that the medication effects eased, she began consuming alcohol, further lessening the positive effects of the medication and her mental health became unstable again. She also would frequently spend time with people that didn't understand or seem to care about her fragile mental health, who would encourage her to partake in things that would send her into a downward spiral. I'm not sure that this was always done knowingly or purposefully, but for those that lived with her, it meant that we were constantly walking on egg shells. These times brought with them periods of severe depression, constant questioning of her BPD diagnosis and many episodes of self-harm, suicidal thoughts and attempts. Jesse also had many periods of time in her life when she questioned herself and her identity, this included a belief at times that she was schizophrenic and also questioning her gender identity.

Jesse did have periods of professional assistance from the NHS mental health team, but it was inconsistent. Wait times were lengthy and the help received was not always what Jesse needed or tailored to her needs. There were no BPD specific services or support groups that we found in Northumberland and so I know that finding you guys in Chesterfield made a huge difference to Jesse's life.

Jessica Hardy

Ellie Farrell...

I cannot really find the words. Jesse's death is just so tragic. It makes me angry and sad that she was failed so epically by the police, paramedics, mental health team and psychiatrists. This song was playing shortly after I found out she had ended her own life. It speaks the words I struggle to express. Jesse, I hope you are finally at peace...



Could it be any harder by The Calling

You left me with goodbye and open arms
A cut so deep I don't deserve
Well, you were always invincible in my eyes
The only thing against us now is time
Could it be any harder to say goodbye and be without you
Could it be any harder to watch you go, to face what's true
If I only had one more day
I lie down and blind myself with laughter
A quick fix of hope is what I'm needing
And how I wish that I could turn back the hours
But I know I just don't have the power
Could it be any harder to say goodbye and be without you
Could it be any harder to watch you go, to face what's true
I'd jump at the chance,
We'd drink and we'd dance
and I'd listen close to your every word
As if it's your last, well I know it's your last
Cause today, oh, you're gone
Could it be any harder
Could it be any harder to live my life without you
Could it be any harder, I'm alone, I'm alone
Like sand on my feet
The smell of sweet perfume
You stick to me forever
And I wish you didn't go
I wish you didn't go, I wish you didn't go away
To touch you again with life in your hands,
it couldn't be any harder.....

Sarah Godwin...

Jesse meant the absolute world to me. The strength of her character was her loving warmth and need for making me happy. She showed me love beyond anything I have ever known. She was truly the most beautiful person I had ever met.



Jessica Hardy 1983—2020

For those of you who don't know...

...we who have BPD, struggle to manage our emotions. 'We all do, sometimes', you may think, but how many of you go from passive to aggressive at the flick of a switch? A seemingly innocuous comment from someone we care about can be misinterpreted or exaggerated, bringing about an immediate wish to die. It is extreme and it is serious. One in ten people with BPD end their own lives. Jessica Hardy is one of many.

There are many studies currently being carried out on the societal effects of the Coronavirus outbreak. Maxims such as 'the new norm' are being bandied around and, indeed, it is likely that life will never fully return to pre-Coronavirus conditions. Many would say that's a good thing. Without detracting from the seriousness of the crisis, there does seem to be something useful emerging, and that is an increase in compassion and awareness.

The issue of domestic abuse, for example, has never had so much publicity and this is because the pressures of lockdown have exacerbated the problem. Another is homelessness. Suddenly, it is vital that the homeless are found a place to live. Whilst there are some who prefer to remain homeless, rather than being forced to live somewhere not of their choosing, there are many more who are desperate to get off the street. This is not new!

The issue that has come to the fore more prominently, is mental health. Over the past few years, depression has received increasing attention although, sadly, not so much the less common conditions, such as BPD. Hopefully, that is about to change. It is expected by many, that the heroic actions by health professionals, and others, in caring for the more serious COVID-19 patients, will result in an increase in cases of PTSD. Both BPD and PTSD are trauma related conditions and BPD is known by many as Complex-PTSD. Undoubtedly, there will be help for COVID-19 heroes if they need it, and rightly so. Hopefully, if we manage to raise awareness and understanding of BPD, some of that help might trickle down to those with the condition.

The reason I am writing this, is because it is time for people with BPD to get the help they need. There is a serious lack of statutory help and the little there is, has largely been put on hold due to COVID-19. It is time for the stigma and misunderstanding surrounding all personality disorders to end. For anyone who thinks that BPD is 'just bad behaviour', imagine the following scenario:

Female, aged 7, subjected to physical, sexual, and emotional abuse by father, and abandoned periodically by mother. Aged 14-16, runs away, police take her back, telling her she is a nuisance; takes overdose, spends several days in A&E, told she is a bad person for worrying her parents; bullied at regular school for having nervous tics; attends special school but is still bullied; admitted to psychiatric ward but is traumatised by seeing an elderly man being aggressively forced-fed by two male nurses; aged 16, discharged from adolescent mental health services, no follow-up. Leaves home with violent boyfriend.....

This is not an isolated case, by any means, but should people like this be blamed for developing BPD...for struggling with their emotions and all the other distressing effects of the condition? Can you see the similarities between this and PTSD? Isn't it time to stop the stigma of BPD and introduce a little compassion? If you are a health worker, prison officer, police officer or probation officer, please take some time to understand this condition. Seventy per-cent of people in prison have some form of personality disorder and BPD is the most prevalent among women. This is an avoidable outcome, but without a better understanding and more help, it will not change.

Sue Wheatcroft

derbyshireborderlinepd@gmail.com

To our members, old and new...

Since lockdown began we have had many new members join our 'family'. With no face-to-face meetings available at the moment they, like most of us, are relying on our Whatsapp chat group and the zoom sessions. With this in mind, our committee has put together a few extra guidelines to ensure everyone's safety and to help everyone feel welcome, comfortable and heard. Sue



Whatsapp



Please think of the group

Think of new members and their first impression of the group

Always be respectful to each other - do not insult anyone

If you do not want to join in, its perfectly ok to observe what others are putting



Zoom



Please think of the group

Do not pressure anyone into speaking

Do not talk over each other

Remember: privacy cannot be ensured because some members may allow others to be in the same room

Try and stick to the topic—think of the others

The session lasts 40 minutes

Member's story...

My Childhood

My childhood was somewhat happy. I grew up with one brother and one sister and both my parents. I was a constantly ill child, antibiotics almost weekly. My tonsils went rotten and started poisoning my blood when i was 2 and my parents had to make a choice on treatment but each only had a 50% survival rate. I survived though. Ended up with sepsis when I was 4. My mum left for a short period and a combination of my nan and my wonderful neighbours who are like adoptive family looked after me with my dad. He worked a lot. My sister had her problems and I always saw the aftermath. Most weekends we had to get up in the middle of the night to sort her out. My brother had a temper. Both of them had done things they probably regret now but they left a lot of mental scars on me due to events I witnessed. When I was 12, my brother had one the worst car accident's he ever had. I saw the scene. He has had so many crashes but this is the worst one. That put in therapy. I was bullied a lot. Physical and emotional. I turned to self harming and not eating. I was raped when i was 13 by my 18 year old boyfriend at the time. Dealt with his abuse 2 years before i had the confidence and nerve to end it with him. It's been hard. I remember so much and I have night terrors all the time. I also have EUPD/BPD.

Sarah-Jayne Drinkwater

Message from Dave Woods, Head of

Derbyshire Emotion Regulation Pathway

We are very much continuing our services in the Emotion Regulation Pathway, including accepting referrals and new assessments. These contacts are happening by telephone or by video-conferencing in line with Trust guidance. We are aware that this does pose challenges for people who prefer face to face meetings. Three new members of staff have joined us in April and May. We now have 10 staff in post over 7 CMHTs. Currently, 1 member of staff is redeployed into an inpatient role to cover other staff whose existing vulnerabilities put them at increased risk from COVID19, this unfortunately will have had an impact on some people. We have 2 new members of staff joining us in June, and are interviewing for the remaining 8 vacancies next week. Social distancing has postponed our face to face groupwork offer, though we are investigating and planning how we can offer similar via video-conferencing, or in other remote ways.

27 May 2020

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...

