A helping hand

The evolution of peer support
When ‘I’ is replaced with ‘We’, even the Illness becomes Wellness

Malcolm X
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Issue One | 3
Welcome to the first ever issue of *Speak Your Mind* magazine!

Despite only being in its first issue, this project has already been a huge learning curve. The idea came about many months ago when, as someone experiencing mental health challenges but with a very strong support team, I became aware of just how much information and support there is out there that people in similar situations don’t get to hear about.

That was the basic idea, to start with: to give people access to that support and information. But since then we have had the chance to speak to and work with not just the traditional expertise of organisations/professionals working in the field of mental health – but of first-hand experts – people with lived experience of mental health challenges. And they’ve been able to share with us exactly what they need and would like from a magazine.

As a result, not only does *Speak Your Mind* aim to inform and support, but also to give readers the opportunity to share their experiences and learn from each other, whether that be through telling their personal story in the magazine, explaining their approach to wellness or sharing a poem they find inspirational. Just knowing that others out there understand and have similar experiences to you is key to recovery.

The magazine has also become a focus for many who have contributed – a vent for their feelings or just something productive to concentrate on while experiencing mental health challenges. We also hope it will be equally supportive for those with physical health challenges, which we plan to address more in future issues, and would like to take this opportunity to ask for your ideas and contributions in this area.

Although leaders of the project, Recovery College East are not the owners of *Speak Your Mind* – it belongs to all those people who are already involved and contributing, and all those that will in the future: its readers. And I’d like to sincerely thank all those that have supported the project so far and will go on to do.

I hope that it’s as informative, supportive, understanding, inspirational and enjoyable as we’ve believed it could be.

Best wishes,

Kelly Mansfield, Editor
Welcome to Recovery College East…

A collaborative, educational learning environment for people with lived experience of challenges around their mental and physical health, their supporters and staff working for Cambridgeshire and Peterborough NHS Foundation Trust and partner organisations.

The college follows an adult education model and aims to deliver a responsive, peer-led education and training curriculum of recovery-focused workshops and courses. Whether you want to develop new skills or move towards an understanding of mental health challenges and long-term physical health challenges, you will find the college is a relaxed, friendly place to learn with lots of support on hand if you need it.

The college conveys messages of hope, empowerment, possibility and aspiration. It celebrates strengths and successes rather than highlighting deficits or problems. It celebrates the diversity of everyone. Courses vary in length from one-off workshops to those that run over a number of weeks. They are offered primarily at our sites in Cambridge and Peterborough.

The college celebrates the lived experience of everyone and recognises that we all have the ability to change and grow.

For further information please get in touch with us:
Email: recoverycollegeeast@cpft.nhs.uk
Phone: 01223 227 510 (Cambridge) 01733 746 660/2 (Peterborough)

Visit our webpage for updates and further information: www.cpft.nhs.uk/recoverycollege.htm

“Thank you very much for welcoming me so warmly and making me feel included. I feel more confident as a result.”

“Really good tutors, good feedback and a welcoming environment. The tutor was really helpful the week I really struggled and the lack of pressure to share or be ‘right’ helped me to come back each week.”

“It definitely boosted my confidence and gave me a renewed belief in my capabilities. It gave me focus and something to work towards – it was also really good to meet new people and open my social network up more.”
World Mental Health Day tackles the workplace

World Mental Health Day was celebrated for the 25th year on 10 October 2017 and this year the theme was mental health in the workplace.

The event focused on taking mental health out of the shadows so that companies have the tools to help employees and increase the overall mental wellbeing of their workforce.

Rosalynn Carter, Honorary Chair of World Mental Health Day commented: ‘Mental health is often neglected as a key aspect of employees’ overall health, yet depression heads the list of causes of illness and disability worldwide.”

Gabriel Ibibijaro, WFMH President 2015-2017 said: “One in five people in the workplace experience a mental health condition, and while many employers are developing policies to support a healthy workforce, there is no shared vision for mental health in the workplace.

“Our vision, therefore, is to start the discussion so that we can define best practice in promoting mental health in the workplace and create a broad coalition to promote best practice, decrease negative attitudes and discrimination and empower individuals to promote mental health and dignity for all.

“Employment is critical in promoting recovery – for individuals, communities, and nations.”

WFMH’s full report on mental health in the workplace is available here: www.wfmh.global/wmhd-2017

This issue we are taking a look at taking time off work due to health challenges. See page 16.

Thousands of new roles to be created in mental health workforce plan

Health Secretary Jeremy Hunt has launched a plan to expand the mental health workforce and improve mental health services.

The Government has committed £1.3 billion to transform mental health services, with a pledge to:

- treat an extra one million patients by 2020 to 2021;
- provide services seven days a week, 24 hours a day;
- integrate mental and physical health services for the first time.

The plan shows how the health service will dramatically increase the number of trained nurses, therapists, psychiatrists, peer support workers and other mental health professionals to deliver on this commitment and tackle the “burning injustice” of inadequate treatment for mental health challenges.

Health Secretary Jeremy Hunt said: “We know we need to do much more to attract, retain and support the mental health workforce of the future.

“As we embark on one of the biggest expansions of mental health services in Europe it is crucial we have the right people in post – that’s why we’re supporting those already in the profession to stay and giving incentives to those considering a career in mental health.”

All major specialisms will see an expansion in numbers, with the plan targeting areas where there are forecast to be particular shortfalls as demand on services increases.

Professor Ian Cumming, Chief Executive, Health Education England said: “We do not underestimate the scale of this challenge. To deliver the improvements we will require concerted action and focus from everyone working across the health and care system – this document lays out a plan to create that workforce.

“I am confident that the NHS can rise to this challenge.”

Essential services are difficult to access, says new research

Citizens Advice has carried out research with people experiencing mental health challenges to get a sense of the obstacles they face when trying to go about their everyday business, such as contacting their local authority, paying a bill, switching energy provider or signing up to a new mobile phone contract.

Those who took part in the research said they found it difficult to communicate and often begin to rely more and more on family and friends for help to solve daily problems.

The research found a need for more flexibility to be built into all aspects of communicating with people with mental health challenges. Appointments and phone calls need to be longer to allow extra time for explanations, questions and also reassurance that there is no time pressure.

Citizens Advice is calling for all customer-facing staff to have thorough training on how to recognise those experiencing mental health challenges and how to help them.

Additionally, says Citizen Advice, suppliers of essential services who provide face-to-face services should ensure they have staff who are trained to a high level and provide consistent advice and signposting giving a named person as a point of contact.
Last year, youth charity YMCA and England teamed up to launch the #IAMWHOLE campaign, after research revealed that more than one in three young people with mental health challenges experience stigma.

Backed by celebrities such as Ed Sheeran, James Corden and Rizzle Kicks star Jordan Stephens, #IAMWHOLE grew into a national movement, encouraging people everywhere to speak out against mental health stigma.

Continuing the campaign, #IAMWHOLE 2017 is now well underway.

Denise Hatton, Chief Executive of YMCA England & Wales, said:

“The way we talk about mental health has come a long way over the last year and more and more people are speaking out about their experiences. However, while this is a positive step, there’s no time to be complacent.

“We’re excited to bring back a better and bigger #IAMWHOLE campaign this year, which will include various ways for everyone, regardless of age, to get involved in the campaign. Only by continuing to talk about mental health will we be able to change the way we think, talk, act and support those who live with mental health challenges every day.”

The campaign will produce several resources for parents, secondary schools and primary schools, while there are a number of other activities planned to involve as many people as possible.

To stay up to date with the campaign, visit www.whole.org.uk or follow the conversation using #IAMWHOLE.
Taking place this autumn...

**Frazzled Café meetings**
Frazzled Cafe meetings provide a ‘talk-in’ place where people can meet fortnightly to talk and share their personal stories in a safe, anonymous and non-judgmental environment. They are currently running fortnightly Frazzled Cafe meetings in London (Marble Arch, Victoria & Stratford), Brighton and Cambridge.

www.frazzledcafe.org

**Illuminate Confidence to Change course**
Illuminate Charity will be taking their free Confidence to Change course around Cambridgeshire in the lead up to Christmas. Confidence to Change is open to anyone not in work who may be experiencing mental health challenges. The course is designed to help attendees leave feeling more confident about the changes they wish to make to their lives, more motivated to achieve them and have acquired the resilience to see those changes through.

www.illuminatecharity.org.uk
Telephone: 01223 520124

**Make, Do and Mend workshops**
Make, Do and Mend is a not-for-profit organisation in Cambridge offering strengths-based skills workshops, volunteering opportunities and peer support to people who have experience of mental health distress.

www.makedoandmendinfo.co.uk

**Red2Green weekly drop-in sessions**
A support planning and signposting service to help manage expectations and create a framework to build on your improved mental health, the Red2Green drop-in session is for people living with mental health challenges in East Cambridgeshire.

www.changingtheredlightsgreen.co.uk Telephone: 01223 811662

**Lifecraft creative groups**
Lifecraft provide a range of groups which offer people with mental health challenges the opportunity to explore new methods of expression and discover new talents in a supportive environment.

Groups include:
- Craft for Life Workshop – Tuesdays, 12pm-2pm
- Fun with Words – Wednesdays, 2pm-4pm
- Singing Group – Thursdays, 12pm-1.30pm
- Art Course – Fridays, 1.30pm-3.30pm

www.lifecraft.org.uk/our-services/creative-groups
Telephone: 01223 566957
Recovery College courses and workshops
Recovery College East provides a collaborative, educational learning environment and aims to convey messages of hope, empowerment and opportunity to all. Whether you want to develop new skills or increase your understanding of mental health challenges, you will find that the college is a relaxed, friendly place to learn with lots of support on hand if you should need it. Courses available this autumn term include Introduction to Mindfulness, Becoming More Confident, Decluttering and the Magazine Coproduction Workshop, where you can get involved in Speak Your Mind.
The timetable is available to download here: www.cpft.nhs.uk/about-us/recovery-college-east.htm
Telephone: Cambridge: 01223 227510; Peterborough: 01733 746660

Arts and Minds singing group
Arts and Minds invites people to come and sing with the Michaelhouse Chorale in association with Michaelhouse Cafe and Centre, at Michaelhouse, Trinity Street, Cambridge CB2 1SU from 2:30-3:30pm on Fridays - a singing group for people of all ages with a wide range of mental health challenges, their families, friends and carers, where the aim is to build resilience, support recovery and have fun.
www.artsandminds.org.uk/projects/michaelhouse-chorale/
Telephone: 01223 353053

Rethink Mental Illness Groups
Rethink Mental Illness Groups take many forms depending on the needs of the group members. Groups can be for carers only, for people who have lived experience of mental illness or both. They also have some siblings groups. Activities vary and can include a focus on self-help, information, peer support, campaigning and fundraising. Group meetings vary; some weekly, some monthly and others support each other by telephone and internet.
www.rethink.org/services-groups
Telephone: 0121 522 7007

VoiceAbility Dreamers Bar
Dreamers is a lively drop-in information bar providing a safe area where vulnerable and sometimes isolated people can socialise and make friends and where local disabled people can access information about what is happening in their local community, and how they can get the support they need.
Contact Lydia Eldridge via email on lydia.eldridge@voiceability.org or telephone 07920 481985

Arts on Prescription workshops
Arts on Prescription is a series of friendly, weekly art workshops for people experiencing low mood, stress or anxiety. Led by a professional artist and a qualified counsellor, they offer the chance to experience working with a wide range of materials and techniques, including drawing, printmaking and sculpture. Sessions last for two hours and are open to all abilities.
www.artsandminds.org.uk/projects/arts-on-prescription
Telephone: 01223 353053

Huntingdon social group
A small, friendly group of like-minded people who are all facing their own mental health challenges, the Huntingdon social group takes place every Friday from 11.30am to 12.30pm at the Cromwell’s Bar in Huntingdon (137 High Street). Everyone welcome – come along to share your experiences with others who understand, or just to have a chat about anything and everything!
Email: symmagazine@cpft.nhs.uk

SUN Network Sun Sessions
A place to go and have a cuppa and a chat, share experiences, sign post and meet peers. Open to those in recovery (wherever in their journey they may be) from mental health and/or drug and alcohol.
Mondays 10-12 Countess of Ely church hall, Ely
Wednesdays 12-2 Hill Ephesus cafe, Market Hill, Huntingdon
Thursdays 12-3 The Edge cafe, Mill road, Cambridge
These are a drop-in format - no appointment needed. Anyone who would like to know more or need support attending their first session can call Russell on 07710 998368.
www.sunnetwork.org.uk

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Peer Support Workers: driving for change

Peer Support Workers are changing the face of mental health services by putting individuality and personhood, rather than just a diagnosis, at the heart of the service. Peer tutor Danny Bowyer reports.

Mental health services have undergone significant transformation over recent years and Peer Support Workers (PSW) are both symbols of this change and drivers for further change. They are role models for progress, highlighting the value that people with lived experience can bring not only to mental health services but to wider society.

Hope is at the heart of all that the PSW does and being hopeful means drawing on genuine observations of a person’s strengths and achievements that inspire hope.

Revolutionising mental health services means moving away from a ‘coping model’, which focusses on clinical interventions and crisis stabilisation and promotes the idea that getting by is the highest expectation we can have. Instead, individuality and personhood are central when PSW are working alongside people, stimulating their sense of self and allowing hope and happiness to be real expectations.

What is a Peer Support Worker?
First and foremost a Peer Support Worker is someone with significant lived-experience of challenges around their mental health, who has been supported by mental health services and then gone on to complete either the Peer Employment Training (PET) or Peer Education Programme (PEP) and qualified for the role.

We work to instil a belief that each peer should feel powerful and in control not only during their journey through mental health services but in their whole lives, empowering them to make decisions that feel true to them and promoting the skills needed to feel assertive and confident to take on new challenges.

How Peer Support Workers can bring recovery to life
‘Intentional friendship’
One of the core elements of Peer Support Work is ‘intentional friendship’, which means creating a real, honest and open relationship, as opposed to being cold and clinical, with peers.

Once we’ve established our shared experience we are able to develop a relationship based on mutuality and respect. We can create a space that feels safe and uplifting and allows room for ideas to flourish and identities to be explored. Hope is at the heart of all that the PSW does and being hopeful means drawing on genuine observations of a person’s strengths and achievements that inspire hope.

The focus of the relationship is always on the peer. This means that they decide how to most effectively use us as a resource and to do this there has to be a two-way trust. Having this real bond allows us to witness the peer’s strengths, gifts and abilities and to celebrate every achievement during our journey together.

By working with the whole person, not just their mental health challenges, and recognising that they are the sum of their experiences, communities, culture, passions and everything in between, we can talk in real and meaningful terms about wellness.

Diagnosis vs whole person
As Peer Support Workers we do not discuss diagnosis, although we do not dismiss it entirely. It is important that we meet people where they are at without judgement or preconception and choosing not to focus on diagnosis is key to this. If I as a PSW were to share any diagnosis I had been given it could mean that the peer viewed me in the context of a diagnosis, and this could impact on mutuality in the relationship.

Different people find different things useful to them in their lives. For some,
What is recovery?

Recovery is a term that has seen a sharp increase in usage and as such there are many definitions available. The PSW works alongside a person to define what wellness looks and feels like for them as an individual and then walks alongside them as they gather the strengths and tools they need to live a good life as defined by their own standards.

By working with the whole person, not just their mental health challenges, and recognising that they are the sum of their experiences, communities, culture, passions and everything in between, we can talk in real and meaningful terms about wellness.

Through sharing the wisdom gained from their own lived experiences, PSWs inspire hope and belief that wellness is possible in others. They provide an example for others to aspire to, believing that working to reduce the perceived symptoms of a diagnosis will in turn lead to the peer being in a place of wellbeing. However, it is important to find out what is really challenging the peer, not jumping to conclusions and labelling their experiences or behaviour as symptomatic and just allowing them to guide our relationship to focus our energy where they want it to be.

‘Lived experience’

As PSWs we are very open about the fact that we have our own lived experience of mental health challenges and would share very appropriately parts of our lived experience.

We promote the fact that we are richer for our experience and are able to utilise this as a tool for informing our own lives and encouraging the same perspective in our peers. We are experts by experience and there is so much that we can learn from ourselves as well as teach to others.

In conclusion, through sharing the wisdom gained from their own lived experience, PSWs inspire hope and belief that wellness is possible in others.

Useful links

- **Recovery Innovations**, an organisation that started training Peer Support Specialist in the USA and were instrumental in introducing and influencing the role of Peer Support Worker in the UK.
  www.riinternational.com

- **Cambridgeshire and Peterborough Foundation Trust**, a web page regarding Peer Support Work and recovery.
  www.cpft.nhs.uk/patients/peer-support.htm

- **Implementing Recovery through Organisational Change**, an organisation at the core of outlining and overseeing recovery practise including Peer Support Work in the UK.
  www.imroc.org

- **Peer Support Workers: Theory and Practice**, a document published by ImROC that further outlines various elements of Peer Support Work.
  www.imroc.org/resources/5-peer-support-workers-theory-practice/

- **Blurt Peer Support Facebook Group**, a place where you can talk openly about depression, mutually give and receive support from peers and learn about depression/wellbeing.
  www.blurtitout.org/what-we-do/peer-support/
In the period before we have written records, it can be a challenge to identify treatments for the various mental health conditions that we recognise today. There have been several finds within the archaeological record, however, that hint at some possible treatments.

One of the earliest surgical procedures for which there is significant evidence is trepanation. This is a process whereby a hole is drilled into the skull, to relieve pressure within the cranium. I can only speculate about the reasons behind the surgeries but certainly, in later periods, trepanning was used as a treatment for those believed to be possessed by spirits, and it is likely that similar beliefs were held in this earlier era.

Trepanning appears to have been quite widespread, and skulls that show evidence of the practice have been found all around the world. There are around 1,500 skulls from the Neolithic era (c10,000 – c4,500 BCE) that show some signs of trepanning. It is important to note that many of these skulls also show clear indications of healing, meaning that the patients survived for some time after the surgery.

From other points in the archaeological record, such as Ötzi, we know that the use of herbs to treat a range of conditions was commonplace. Analysis of Ötzi’s remains revealed that he had a whipworm parasitic infection. Amongst the equipment found on the body was a pouch containing a type of birch fungus that is known to treat this kind of infection.

It is impossible to tell from the archaeological record how many people experienced mental health challenges and what treatments they received. Looking at anthropological studies of indigenous populations who live in a traditional way may help to give us some insight into possible treatments which are usually administered by traditional healers.

**Ancient India**

As the development of writing progressed, we begin to see the production of medical texts. In India, starting in the Indus Valley Civilisation (c3000 – 1500 BCE), some of the concepts that would later form the Ayurveda system of medicine were written in early texts. One in particular, the Atharvaveda, contains over 100 hymns and incantations which have been described as magical cures for disease.

One of the central ideas of Ayurveda is the principle of balance, especially of the three substances known as ‘Doshas’: Vata; Pitta; and Kapha. An imbalance of the Doshas is what is believed to cause disease. Herbal treatments, as well as diet, exercise and meditation, are all thought to help restore balance and promote good health.

The idea of balancing ‘humours’ within the body is a theme that I will return to in later parts of this series, as it was practised across the world for several centuries until the development of modern medicine began to take hold from the 18th century.
Painting can be a place where creativity can flow and you can express yourself. sk_oneeventwo explains what it means to them.

Painting for me is a chance to go into a zone where I let my creativity flow, with the help of music, which inspires the direction it goes in.

I always paint at night because it is calm and peaceful with only the music; most commonly jazz, to fuel my ideas. The experimentation of jazz music inspires me to paint outside the box a little, and, like the different directions jazz takes, so does my art. For example, if I paint a section on the canvas and later feel it is not appropriate for the collective work, then I may re-paint it over showing some of the underpainting. These layers in paint are like the layers in jazz music and the expressive nature of jazz and art for me.

The art I like is mostly figurative, expressive and colourful and is made up, as I said before, of layers of paint showing through, with sometimes a relief to it. I like the figurative style of painting of artists like Jean-Michel Basquiat and Jean Dubuffet. Their work displays a childlike quality and scrawl of words and images, which sometimes give another perspective on what they are trying to convey. This is the process of painting I admire because it shows if the artists have made errors and then rectified it by either painting over it, or in the case of Basquiat’s work, crossed-out words. It shows childlike words or images, and the work of Cy Twombly also inspires me, especially in his use of text and scrawls.

Art impacts on my wellbeing by giving me a space to draw or paint my ideas

Art impacts on my wellbeing by giving me a space to draw or paint my ideas, whether they are on paper, card, wood, or canvas. It calms me and I sometimes write lyrics on the work, which may have come from hip-hop, which also inspires me, because of its creation. I like instrumental hip-hop music, which is mostly stitched together and sequenced with layers of instruments, whether they are drum breaks or guitar riffs, bass or piano samples, or scratch solos. With jazz and instrumental hip-hop, the art I make is very much influenced by those styles and hybrids and I like to use images from hip-hop or jazz and lyrics to make a coherent amalgamation of figurative and text or imagery. In some paintings I draw saxophone or trumpet-playing figures and insert words related to them like Miles Davis, or A Kind Of Blue album name.

In conclusion I have always loved to draw and paint from an early age and have always had a sketch book to doodle in or get ideas in.
Taking time off work: your rights

Taking time off work to help yourself deal with a health matter may not be as easy as it sounds. The very nature of mental health challenges, for example, can make it difficult to take the appropriate action. David Sharp, Managing Director of employee relations advisor International Workplace, explains your rights to time off and the simple steps that need to be taken if you’re not able to work.

Maybe you have been facing health challenges but have convinced yourself you can ‘work through it’. Maybe you feel there is a stigma around mental health and you don’t want anyone at work to know. Or maybe you think that by speaking to your employer you might put your job, and with it your livelihood and your life, at risk.

In these, and many scenarios like it, it’s difficult for your employer to be involved in a discussion about taking time off because they may not know it would help you. So, the most important thing to say is that you should speak to someone you trust in your organisation as early as you can, even if you find it difficult to do.

Most employers will want to be made aware of any health challenges that employees are working through, so that they can approach things appropriately and provide support where it’s needed.

Where you can involve your employer at an early stage, they can then look to work with you, and where appropriate your GP or specialist and family members, to ensure that they too can do their part to support you.

Employers have a duty of care for all their employees, so they will want to be

Your rights to sick pay

Pam Loch, Managing Partner of Loch Employment Law, says:

“There is no statutory entitlement to get paid full pay when you are off from work due to a health challenge, although your employer may choose to. Your employer is required to set out their terms that apply to sickness absences in your written terms and conditions of employment.

Subject to you meeting certain requirements you may be entitled to Statutory Sick Pay (SSP). It only applies to employees and the first three days’ absence could be unpaid. SSP is currently at the rate of £89.35 per week and is taxable.

By law, the particulars of “any terms and conditions relating to incapacity for work due to sickness or injury, including any provision for sick pay” should be provided in writing by your employer. This could be contained in your written statement of terms and conditions of employment or a contract of employment. You are not contractually obliged under legislation to receive full pay when absent from work and your contract or handbook should explain what your employer will provide.

Your employer may also have a sickness absence policy which sets out the expectations around reporting sickness absence. This can include information such as who to report the absence to, e.g. your manager, in what format absences should be reported, e.g. a phone call, and when you need to report it.”
sure to look after you. Once an employee has raised a health challenge, an employer has a duty of care to support the safety and wellbeing of their employee.

Depending on the role and duties that employees fulfill, employers can look at reduced working hours, different tasks or working from home, which can help employees during difficult times.

One element that employees don’t want to find themselves worrying about is sick pay, and what level they are entitled to. If you’re not sure, check your employment contract, the company sick absence policy or speak to someone in the HR department and ask the right questions regarding sick pay. As an absolute minimum, all employees are entitled to Statutory Sick Pay (SSP). SSP is payable for a period of 28 weeks, however it is worth understanding whether you are entitled to occupational sick pay, on top of SSP, if your employer runs such a scheme.

Getting specialist input can be helpful. If you work with your employer and your GP to assess what is needed, they are more likely to be agreeable to changes in your working patterns or duties if it is supported by a recommendation by your GP or specialist.

The best advice with regards to taking time off work is to do your best to work with your employer, and however difficult it might be, keep the

What the law says

Pam Loch, Managing Partner of Loch Employment Law, says:

*Under the Employment Rights Act 1996, if you have been an employee of an organisation for two years or more you could claim unfair dismissal if you think you have been dismissed unfairly for capability or if you have been forced to resign on health grounds. An employer can lawfully dismiss an employee for capability due to:

- Persistent short-term absences
- A long-term absence or being repeatedly signed off without being able to return to work
- Where your performance is poor as health challenges can impact on your ability to carry out your role effectively

*One of the most important pieces of legislation is the Equality Act 2010 (EqA 2010). Experiences such as anxiety and low mood can come under the EqA 2010 if it meets the following requirements:

- The condition has an adverse effect that is substantial (more than minor or trivial)
- The substantial effect must be long-term (to have lasted or be likely to last for at least 12 months) or be capable of recurring
- The long-term substantial effect must have an adverse effect on normal day-to-day activities

*The key thing is the impact of the condition without medication or treatment. Some people don’t realise that conditions such as dyslexia, panic attacks and anorexia can be a disability.

*Employers have a duty to consider and make reasonable adjustments if a person has a disability, including a mental health condition covered by the EqA 2010. However, employers only have a duty to consider and make reasonable adjustments if they know about the disability or could reasonably be expected to know of their employee’s disability. Therefore it is important to declare a mental health condition under the EqA 2010 to your employer. In the context of mental health, a reasonable adjustment might include:

- A phased return to work
- A reduction in working hours
- Working from home
- Reallocation of excessive work
- Extra supervision
- Independent confidential counselling*
What you need from your mental health team

Bruce Jenner, Operations Director of Loch Health, says:

“Mental and physical health absences should be treated by you and your employer in the same way. Therefore, the same ‘fit notes’ are required from your doctor. After seven consecutive days off work sick you must provide evidence of the absence in the form of a ‘fit note’ from your GP. A fit note is needed to be able to pay sick pay. A ‘fit note’ could also sign you off work for a longer period if required, which allows your employer to know how long you will be off for and therefore find any necessary cover. ‘Fit notes’ from your doctor or psychiatrist can also assist your employer, or a specialist they may engage, to identify any reasonable adjustments that can be made to facilitate an earlier return to work.”

In the next issue of Speak Your Mind magazine, out in January, we will take a look at issues around returning to work after a period of sick leave, including:

- How to work with your employer to develop a suitable return to work plan
- Adjustments that might need to be made
- Keeping the lines of communication open
- What the law says

Useful links

Gov.uk – Taking sick leave
www.gov.uk/taking-sick-leave

International Workplace – Employee relations advisor
www.internationalworkplace.com

Loch Associates – Employment law
www.lochassociates.group

Loch Health – Health, wellbeing and medical services
www.lochhealth.co.uk
I was misdiagnosed at birth
And I’ve been misdiagnosed ever since

I was misdiagnosed at birth
Before I had let out my maiden infant howl
To announce to the world my fledgling existence
I was branded with gender, religion, nation, social class
(and much, much more!)
An assumed identity, an alias to grow into
And these classifications left me with a dreadful fear of dreaming
Horrified that I might shatter the identity bestowed upon me
Then what would I have left without them?
Who would I be then?

And still they came, with each new experience,
a new branding
And I rushed forward obliviously
To what I thought would be an age of discovery
But I found myself not growing but being moulded
Into the shapes that others saw fit for me
So that in each new occurrence and moment of distinction
I would ask myself not “how do I want to react?” But “how should I react?”

And so, when inevitably these misdiagnoses failed to provide all the answers I desired
I was left exposed, jilted by the decades of misrepresentation
The age of assumption was over
And at long last the authentication began

I was misdiagnosed at birth
And I’ve been misdiagnosed ever since
As anything and everything other than myself
And now for the first time the mirror recognises me
And to that discernible ‘me’ in the reflection I declare
“I know who I am”
Do you?

by Danny Bowyer
I first got drunk when I was 11 at a neighbour's New Year's Eve party, given alcohol by the 'fun' brother that was heavily disguised with coke, tonic and cherry juice. "Never again," I slurred.

I planned to join the army after school and took a job at McDonald's as a stop gap to pay board and treats. Two failed medicals and nine years later I was still cooking burgers.

When I lost my driving license for drink driving/no insurance my brother would not pick me up from home. The shop where he picked me up was where I met my second wife. She liked to drink too unfortunately but, nonetheless, we did have three beautiful daughters.

The job and my brother relocated up north so I had six months of unemployment/agency work before starting work on a catalogue. The drinking got worse and I was suspended for coming in to work drunk. That was the first time I said out loud that I am an alcoholic.

I kept my job on the condition that I sought medical help. I agreed to see my GP to get a liver function test, see the company nurse on a regular basis, and go to Drinksense and Alcoholics Anonymous. I did not see my GP along the way but have been dry for nearly nine years now.

I came in to AA with a loving wife, four children, a mortgage and a car. I now have an ex-wife who is one of my best friends, three beautiful daughters and a son who unfortunately wants nothing to do with me, to the extent that he stops me seeing my young granddaughter.

When my wife and I separated I fought for custody of my daughters on the basis of my wife's alcohol consumption and health concerns. I was so offended by what was said against me in court that I finally started doing the AA recovery program honestly. When I did I came to the painful realisation that about 90% of what they had said in court was actually true.

My daughters stay with me regularly now. Alcoholics Anonymous has restored me to my factory settings, taught to me by my loving family, it has also given me the confidence to speak in front of large groups with passion, compassion, honesty and sincerity.

While I was drinking I did not mature, so while I can cook, clean and sew I lack the ability and confidence to deal with authorities like government departments and local authorities. I would not open letters or answer unnamed phone calls leading to various debt and organisational difficulties.

Near daily suicidal thoughts of my "final solution" led me to my GP whose actions and commitment saved my life by

I have been a member of Alcoholics Anonymous for nearly 13 years and my life has changed unrecognisably since that first meeting.

I strive for the serenity to accept what I cannot change, the courage to change the things I can, and the wisdom to know the difference.

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discussing with me a slow and structured action plan bringing in other 1+6 agencies with regular reviews, can see a tiny pin prick of light at the end of a very long tunnel and know deep down there is not a train coming to execute my “final solution”

I have to credit my sustainable period of wellness to one word: HONESTY. I execute an honest appraisal of where I am most days and instantly if my finely tuned moral compass becomes erratic, I make restitution for negative acts and internally celebrate positive contributions.

I strive for the serenity to accept what I cannot change, the courage to change the things I can, and the wisdom to know the difference.

**Getting help**

If you’re experiencing difficulties similar to those discussed in this story, help is available from the following sources:

**FRANK**

Friendly, confidential drugs advice

www.talktofrank.com/drug/alcohol

0300 123 6600

**Alcoholics Anonymous**

Support for people who are having trouble with or are concerned about their drinking

www.alcoholics-anonymous.org.uk

0800 9177 650

**Alcohol Concern**

Information, advice and support with drinking and associated problems

www.alcoholconcern.org.uk

0203 907 8480

**NHS Choices**

Advice on alcohol misuse

www.nhs.uk/conditions/alcohol-misuse/Pages/Introduction.aspx
What do you think could be the impact of Brexit on mental health services?
Our NHS relies on hardworking, skilled migrants working as doctors, nurses, and hospital staff. But the uncertainty around Brexit is making potential migrants less willing to come and contribute to our society and public services. The NHS Confederation has warned that doctors and nurses from the EU are being put off accepting jobs. Mental health services could suffer from the same problem until the government finds ways to promote British people entering the service and to end the uncertainty for migrants.

What are the key challenges mental health services are facing?
The biggest problem is funding. The best way to deal with the rise in reported occurrences of mental health in the context of cuts is to keep investing in preventive medicine. This includes expanding NHS long-term therapeutic services so that people do not rely on short-term services in crisis situations. Another key challenge is the need to better support the army of carers who look after those with mental ill health – from those caring for older relatives with dementia to parents who care for children with severe and enduring conditions.

Is it ethical to administer high doses of medication to psychiatric patients in order to discharge them quickly?
No, I do not think it is ethical. However, doctors are finding themselves with little alternative. Because of a shortage of long-term treatments like talking therapies, doctors feel increasingly obliged to administer medication to help their patients on a short-term basis. But this risks worsening addiction problems.

How can we change the status of mental health?
It is long overdue that mental health enjoys parity of esteem with physical health. This change reflects broader changes in society which are reducing stigma. We can only keep changing the status of mental health by the small, brave, everyday acts of people who say it’s okay to have mental ill health and okay to seek support.

How do services in Cambridgeshire compare with the rest of the country?
Our biggest problem in Cambridgeshire is the annual Accident and Emergency crisis faced by hospitals like Addenbrooke’s. People with mental health issues are left in A&E units and add pressure to the service. It reflects a broader problem in Cambridgeshire that there is not enough specialist support into which doctors can feed patients.

Should Camdoc (Cambridge doctors on call) be moved from Chesterton to Addenbrooke’s for out-of-hours medical treatment?
No. The out-of-hours service should stay in Chesterton where it enjoys a great deal of local support. Rather than scaling back its services, the NHS in Cambridge should be increasing capacity in larger units like Addenbrooke’s.

What is the Labour Party policy on reforming and key spending within the National Health Service?
The biggest change Labour would re-introduce is an 18-week guarantee for all treatments. But, in terms of mental health, Labour would end the scandal of children being treated on adult mental health wards and people being sent across the country in out-of-area placements for services. Labour would focus in particular on mental health in the LGBT+ and BME communities.

What specific areas of mental health need to be addressed?
Mental health is now a huge source of concern among younger people. Half of people with mental health problems as adults present with symptoms by the age of 14. But, in England, only eight per cent of mental health funding goes into young people’s services. Referrals to Child and Adolescent Mental Health Services and the number of young people in A&E with mental health problems have both increased significantly.
“I will continue to fight for a proper level of funding in a civilised society so everyone who experiences mental ill health can get the right treatment – from medication to long-term support services.”

Psychiatric conditions are on the up. Mostly worryingly, suicide is now the most common cause of death for boys aged between five and 18. Labour would increase funding in early intervention among children and young people and provide a universal counselling service in all schools.

**How can the benefits system be made easier for people with mental health conditions?**

The benefits system needs to become more humane. The sanctions system is completely unethical and it is worsening mental health for those who are unable to work. Examples of what we should be doing include increasing the Carers’ Allowance and implementing the court decision on Personal Independence Payments for genuine parity of esteem. There should also be a procedure for letting the DWP know when patients have been admitted to psychiatric hospital.

**What will you continue to fight for in terms of mental health?**

I will continue to fight for a proper level of funding in a civilised society so that everyone who experiences mental ill health can get the right treatment – from medication to long-term support services – at the right place at the right time.

The views expressed in this article are those of the interviewee only and not those of the publisher or the NHS Foundation Trust. In the next issue, we will ask other political parties for their views on mental health services going forward.

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Someone special

I thought I had found
Someone special
To be by my side
And help me with every single stride
Days go by and I always wonder why!
I took the help and support
To look at good times
   and bad times
To receive unfailing strength
So someone special will be there
To help pick me up and put me
   back on the mend

Through suffering and pain
They were there to piece the jigsaw
   That broke right in two
I just don’t know what to do
If someone special hadn’t been there
To share their opinion in
   what was happening
Then I wouldn’t know what I would have done
So it’s thanks to that
SPECIAL SOMEONE

by Wendy Hewitt
Navigating the benefits assault course

Staying on top of your money is hard work, but sometimes hard work is just not enough to keep your head above water, particularly if you have a serious mental health problem. **Tasneem Clarke**, Research Officer at the Money and Mental Health Policy Institute looks at the hurdles we face in accessing the benefits system.

All personal quotes are from members of the Money and Mental Health Policy Institute’s Research Community.

Luckily, as a society we have created a safety net for these hard times: the welfare system. However, sometimes accessing this crucial support is not straightforward. Even as a seasoned social worker, the thought of gathering all the necessary information for a long, complicated benefits form makes my heart sink. Then there are the potential hurdles of travelling to a public office, disclosing very personal details to a stranger, and being prepared to respond quickly to phone calls and letters once the application is under way. Our recent research showed how each of these challenges can be even harder if you are experiencing a mental health problem.

**Extra hurdles**

During periods of poor mental health it may become challenging to concentrate or answer probing questions. It can be a struggle to remember deadlines, appointment times, or just to get your voice heard and say what you want to say.

Some mental health problems can make planning and decision-making harder, even if it’s just deciding to make a claim, or planning a route to the job centre. Others can affect our reactions and understanding of social situations.

“My health affected my ability to do my job, and I had to downgrade my post … This then reduced my income substantially … I’ve never not paid anything on time but I have gone without food.”
Second review of Personal Independence Payment

According to the Department for Work and Pensions, a second independent review of the disability benefit Personal Independence Payment (PIP) has been published.

The review is said to be part of the Government’s commitment to ensure the benefits system is working as intended, providing support to those with the highest additional costs associated with their disability.

The review looks at how effectively evidence is being used to assist the correct claim decision and the speed and effectiveness of information-gathering.

Paul Gray, who led the independent review, said: “PIP is an important benefit, at the heart of meeting the needs of many of the most vulnerable in our society … Continuing the direction of travel proposed in the first review, it is clear that meeting these needs requires a further range of actions to improve the use of evidence; to strengthen transparency; to evidence and deliver consistent outcomes; and to adopt an assisted digital capability where appropriate.”

Minister of State for Disabled People, Health and Work, Penny Mordaunt said: “We introduced Personal Independence Payment to replace the outdated Disability Living Allowance system – to help disabled people with the extra costs of living they face. Personal Independence Payment takes a much wider look at the way a disability or health condition affects people and 27% of claimants are now receiving the highest rate of support, compared to 15% under the old system.”

“It let a claim for child tax credits lapse due to my confusion. I’ve been living off a very low income and selling personal items to get by.”

It’s not an excuse to be rude, but if you misunderstand a situation or swear in frustration because your inhibitions are reduced, it’s not likely to help your chances of a successful application!

Experiencing anxiety, fear or paranoia can make particular types of communication impossible, and you may need other alternatives like communications by email, post or the help of a friend. If you believe your problems are insurmountable and are feeling like ending your life, you are unlikely to place a high priority on responding to a letter about a missed appointment.

The system isn’t working
Mental and physical conditions aren’t always treated equally within the welfare system, partly because mental health problems are often invisible and fluctuate over time – making them harder to assess.

Our research shows that people with mental health problems are also likely to find it harder to get through the application, assessment and appeals process. Up to four out of five times when someone is denied welfare support it is overturned on appeal. With so many incorrect decisions being made, it is clear that people’s needs are not always easily recognised within the system.

This is likely to be particularly true if their emotional, practical and cognitive ability to make their voice is heard is compromised. Ironically, the mental health problems that cause people to need support are often the very thing that makes it so hard to access.

Levelling the playing field
The good news is that the extra challenges faced by people with mental health problems could be tackled through simple adjustments like staff training, allowing a range of communication methods and providing extra time and support for completing forms. This could make the system more efficient by reducing mistakes, and help people stuck in the quagmire of applications and appeals.

The Government must bear in mind the needs of people with mental health problems who face the triple disadvantage of increased risk of financial difficulty, having their needs poorly recognised within the system and facing additional hurdles when navigating it. Making the system more responsive to their needs seems like a good starting point to confronting this inequality.
“My head is like a small room packed full of paperwork and post-it notes that have all been mixed up and have no filing cabinets or space to sort it out ... I can’t seem to arrange any of it into some sort of order and my memory is very bad ... anything I need to remember just gets lost in the mess.”

Getting help

The Money and Mental Health ‘Get Help’ page provides guidance on where to find help with financial matters.
www.moneyandmentalhealth.org/get-help

You can download Martin Lewis’ free guide for everyone struggling with their finances and a mental health problem. It will provide useful resources whether you’re looking for advice for yourself or for someone you care about.
www.moneysavingexpert.com/redir/3794a432

Citizens Advice provides extensive guidance on the benefits you can get and how they are paid.
www.citizensadvice.org.uk/benefits

Making Money Count provides reliable, practical and easy-to-follow information and support and is brought to you by organisations working across Cambridgeshire, West Norfolk and Peterborough who want to help make life fairer for everyone.
www.makingmoneycount.org.uk
I created this piece of art as hope played a big part in my journey. The grains of glitter represent the glimpses of hope I felt at the start of my journey and then once I started to feel hopeful the darkness receded and the rush of living life in colour allowed me to feel free and open to all new possibilities. I find using wax to create different pieces of art very therapeutic and being creative is a huge part of my wellness and I get so much enjoyment from it.

By Michelle Smart
Household hints

By Rosemary Steel

White vinegar is a boon. It cleans sinks and stainless steel pans. Mixed with a little baking powder it makes a paste for stubborn stains. Leave on for a few moments, rub then wash off.

For cleaning the microwave, run on a low power setting and put half a lemon in water inside for a couple of minutes.

Cheaper and less nose offensive than sweet deodorisers, and healthy at the same time, is eucalyptus - a few drops in an old spray bottle filled with water. Eucalyptus is nature's disinfectant and also clears the air. A small bottle of the essential oil will last for several years depending on how often you spray. I've had mine two years already and it is still three quarters full! The spray stands in the kitchen and can be used for offensive smells in bathroom as well as wiping handles etc. I spray regularly in the wardrobe, under beds, etc. to put off moths and the like.

Yoghurt pots make obvious mini flower pots for seedlings - just make a few holes in the bottom. They can also be used again.

Just a few of the little things that save big spends and having to dispose of containers!
Useful sources of support and information

**ACAS**
Information and advice on workplace relations and employment law
www.acas.org.uk
0300 123 1100

**Anna Freud National Centre for Children and Families**
Children's mental health charity
www.annafreud.org
020 7794 2313

**Anxiety UK**
Charity for people with anxiety, stress and anxiety-related depression
www.anxietyuk.org.uk
08444 775 774

**Arts and Minds**
Arts and mental health charity in Cambridgeshire
www.artsandminds.org.uk
01223 353 053

**Best Beginnings**
Supports the mental health of pregnant women and new mothers
www.bestbeginnings.org.uk

**Blurt**
Support for people affected by depression
www.blurtitout.org

**Campaign Against Living Miserably (CALM)**
Charity dedicated to preventing male suicide
www.thecalmzone.net
0800 58 58 58

**CIPD**
Professional body for HR and people development
www.cipd.co.uk
020 8612 6200

**Citizens Advice**
Free advice to everyone on their rights and responsibilities
www.citizensadvice.org.uk
03444 111 444

**Dancing With The Black Dog**
Charity dedicated to the eradication of the stigma of anxiety and depression
www.dancingwiththeblackdog.com

**Do-it**
National volunteering database
www.do-it.org

**Equality and Human Rights Commission**
Statutory body dealing in discrimination and human rights
www.equalityhumanrights.com
0808 800 0082

**Heads Together**
Campaign inspiring charities that are tackling stigma, raising awareness and providing vital help for people with mental health challenges
www.headstogether.org.uk

**Illuminate**
Provides coaching and personal development courses throughout the East of England
www.illuminatecharity.org.uk
01223 520124

**International Workplace**
Employee relations advisor
www.internationalworkplace.com
0333 210 1995

**Keep Your Head**
Local support for children and young people
www.keep-your-head.com

**LifeCraft**
User-led organisation offering creative activities, recovery groups, social activities and employment and volunteering opportunities
http://lifecraft.org.uk
01223 566 957

**Loch Employment Law**
Specialist employment lawyers acting for employers and employees
www.lochlaw.co.uk
0203 667 5400

**Make, Do and Mend**
Skills workshops and volunteering opportunities and peer support to people who have experienced mental health distress
www.makedoandmendinfo.co.uk

**Making Money Count**
Provides financial information and support across Cambridgeshire,
West Norfolk and Peterborough
www.makingmoneycount.org.uk

**Mental Health Foundation**
Charity for mental health, aiming to find and address the sources of mental health problems
www.mentalhealth.org.uk
(0)20 7803 1100

**Mind**
Charity which provides advice and support to empower anyone experiencing a mental health problem
www.mind.org.uk
020 8519 2122

**Mind CPSL**
Provides a wide range of services across the county (Cambridgeshire, Peterborough and South Lincolnshire) to support those recovering from mental health challenges
www.cpslmind.org.uk

**Money and Mental Health Policy Institute**
Independent charity committed to breaking the link between financial difficulty and mental health problems
www.moneyandmentalhealth.org
0207 848 1448

**MQ**
Championing and funding research into mental health
https://www.mqmentalhealth.org
0333 440 1220

**Recovery College East**
Provides a collaborative, educational learning environment with courses for anyone who has received secondary services from cftp
www.cpft.nhs.uk/about-us/recovery-college-east.htm
01733 746660/01223 227510

**Recovery Focus**
National group of charities providing a range of mental health and substance use support services
www.recoveryfocus.org.uk
0207 6973300

**Red2Green**
Cambridgeshire charity supporting people with learning disabilities, on the autistic spectrum or living with mental ill health
www.changingtheredlightsgreen.co.uk
01223 811662

**Rethink Mental Illness**
Expert, accredited advice and information for everyone affected by mental health problems
www.rethink.org
0300 5000 927

**rethinkyourmind.co.uk**
Developed by those with experience of mental health challenges, to creatively express wellbeing
www.rethinkyourmind.co.uk

**Richmond Fellowship**
Recovery-focused organisation offering a range of mental health support services
www.richmondfellowship.org.uk
0207 6973300

**Samaritans**
Offers a safe place to talk at any time about whatever is getting to you
www.samaritans.org
116 123

**Scope**
Provides support, information and advice to disabled people and their families
www.scope.org.uk
0808 800 3333

**The Mix**
Support service for young people
www.themix.org.uk
0808 808 4994

**The SUN Network**
Aiming for everyone in Cambridgeshire to have equitable access to high quality mental health and/or drug and alcohol interventions and services
www.sunnetwork.org.uk
07712 358172

**Time to Change**
Campaigning to remove stigma around mental health
www.time-to-change.org.uk
020 8215 2356

**YoungMinds**
Charity committed to improving the wellbeing and mental health of children and young people
www.youngminds.org.uk
Get involved!

Would you like to join our team of contributors for Speak Your Mind magazine?

We’re looking for people with lived experience of health challenges to get involved by giving their ideas on how to make this magazine great, contributing their stories, telling us what inspires them and keeps them well and working behind the scenes by interviewing, writing content and getting creative!

If you’d like to join this board of experts through experience then get in touch by emailing:

symmagazine@cpft.nhs.uk

We’re looking forward to working with you!
You don’t have to see the whole staircase just take the FIRST STEP