The wellness puzzle
How mind and body work together

RETURNING TO WORK
Working with your employer to ease you back into the workplace

SENUA’S SACRIFICE
A new video game that explores mental health

PAYING THE BILLS
Knowing what’s important to pay and when

MIND YOUR LANGUAGE
The effect of positive language on wellbeing
“Whenever you find yourself doubting how far you can go, just remember how far you have come. Remember everything you have faced, all the battles you have won, and all the fears that you have overcome.”
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Wow! What a fantastic response we’ve had to the first issue of Speak Your Mind, which we launched back in October 2017. The feedback from readers has been so positive and the interest of outside organisations in helping us expand the reach of the magazine has been great.

For me, it’s been a journey of rediscovery; the realisation that I still have the skills I thought I’d lost many years ago when I stopped working. I hope you’ll agree when I say I can still put a magazine together!

And I know it has been a similar journey for people who have attended our magazine workshops and contributed to Speak Your Mind. One student said: “It’s brought me back to writing and challenging myself to produce a piece I’m happy to share with others.”

Another was pleased with the level of contribution they were able to make, commenting: “I feel that the magazine has a great basic structure but that as independent contributors we had huge power in sculpting its final look using our ideas and unique perspectives.”

The result is this second issue, made up entirely of the ideas and contributions of those who’ve attended the workshops or have been in touch since the launch of our first issue. The volume of ideas has been incredible, to the extent that we’ve had to hold some back for future issues, as there simply isn’t the space to include it all in this issue! But please do keep your ideas and feedback coming (email symmagazine@cpft.nhs.uk).

At Recovery College East, we meet people with both mental and physical health challenges, all of which are within the scope of Speak Your Mind. And it’s important that, in all the attention mental health is currently receiving, physical health challenges don’t sink into the background. In fact, the World Health Organisation defines health as “a state of complete physical, mental and social wellbeing” but, says Danny Bowyer in our main feature this issue (page 10), at some point our bodies and our minds became separated, put into two different boxes and labelled ‘mental health’ and ‘physical health’ and spoken and thought about as being independent of each other. So, this issue we take an in-depth look at how the two things actually work together, and impact upon one another.

We also discuss how our use of language can influence our perception of health challenges (see page 20) – something Recovery College considers extremely important – the difference socialising, though sometimes difficult, can make to recovery (see page 24), how returning to work can be made possible through good planning and communication (see page 16), and lots more! So, delve right in and let us know what you think.

Wishing you a new year full of hope, health and happiness.

Best wishes,

Kelly Mansfield, Editor
On my first day as Chief Executive, I joined a group of newly recruited peer support workers commencing work in the trust, and this first impression of how CPFT and the Recovery College support and enable those with lived experience to help others really did tell me a lot about what is valued at CPFT. I am keen that we continue and develop further the recovery approach through the College, and the opportunities for those with lived experience of challenges around their mental health to find employment and education as part of their recovery journey.

My ambitions and aspirations for the work we do are still developing but it is clear that our values as set out in our PRIDE posters are fundamental. I am also clear that we need to continue to improve the ways in which we engage the friends and family members of those with mental health challenges in their care, support and recovery.

It is also clear that we work in close partnership with primary care, with our local authorities, with third sector organisations in mental health and with housing providers. Ensuring that people who receive our services receive comprehensive support to live fulfilling lives is vital. This wider perspective on what we provide from CPFT as part of a wider circle of support is something that we should embrace. Developing good mental health services in primary care through the roll out of PRISM is a clear priority.

Even at this early stage of my time at CPFT it is clear that there is a growing level of demand for emotional and mental health support for our children and young people. I am hugely impressed by the integration of physical and mental health support for children and young people that we are delivering in the Peterborough area. I hope that by building strong partnerships with Cambridgeshire Community Services we will get the same outcomes for children and young people in wider Cambridgeshire going forwards. We are working closely with commissioners from the Joint Commissioning Unit to invest wisely in developing more mental health services for children and young people.

A final area of priority and ambition is research and development. There are many academic medical and other clinical professional staff at CPFT and I would like to see us take a global stage for the quality and breadth of our research and development in mental health and in community based physical health services. This not only assists with service improvement and improving outcomes for people who use our services, but also makes CPFT a place that attracts the very best staff and a place that is a trusted partner for new investments and developments.

My ambition is for us to be at the forefront of best practice in supporting people around their mental health and long-term physical health conditions, their friends and families and our wider partners in health and care.

I have thoroughly enjoyed my first few months at CPFT and it is clear this is an organisation that really does live the values of our PRIDE work - CPFT is an organisation I am proud to lead and one where I hope to have a long career as Chief Executive.

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**PRIDE**

A framework that represents CPFT’s values

- **Professionalism** We will maintain the highest standards and develop ourselves and others... by demonstrating compassion and showing care, honesty and flexibility
- **Respect** We will create positive relationships... by being kind, open and collaborative
- **Innovation** We are forward-thinking, research focused and effective... by using evidence to shape the way we work
- **Dignity** We will treat you as an individual... by taking the time to hear, listen and understand

**Empowerment** - We will support you... by enabling you to make effective, informed decisions and to build your resilience and independence

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**PRISM**

The Primary Care Mental Health Service is a new service and has now been rolled out to all surgeries in Cambridgeshire and Peterborough (as of November 2017). The service provides specialist mental health support for GP surgeries so that people with challenges around their mental health can access prompt advice and support, receive help in a community setting and experience a more joined-up approach to care.
Time to Talk Day breaks silence around mental health

The annual Time to Talk Day will take place on 1 February 2018, created to encourage everyone to talk about mental health.

Developed by Time to Change, the day aims to bring the nation together to get talking and break the silence around mental health challenges.

Funded by the Department of Health, Comic Relief and the Big Lottery Fund, the campaign is run by charities Mind and Rethink Mental Illness, and supported by thousands more organisations.

Time to Change states: “It’s easy to think there’s no right place to talk about mental health. But the more we talk about it, the better life is for all of us.

“Time to Talk Day is a chance for all of us to be more open about mental health – to talk, to listen, to change lives.

“Wherever you are – at home, at work or up the top of a mountain! – have your conversation about mental health this Time to Talk Day.”

Since Time to Talk Day first launched in 2014, it has sparked millions of conversations in schools, homes, workplaces, in the media and online. For more information on how to get involved visit: www.time-to-change.org.uk/get-involved/time-talk-day-2018

Government proposes to improve children and young people’s mental health services

The government has published proposals to improve mental health support for children and young people in England.

The measures, set out in a green paper, include:

- encouraging every school and college to have a ‘designated senior mental health lead’
- setting up mental health support teams working with schools, to give children and young people earlier access to services
- piloting a four-week waiting time for NHS children and young people’s mental health services

Other proposals in the green paper include:

- a new working group to look at mental health support for 16 to 25-year-olds
- a report by the Chief Medical Officer on the impact that technology has on children and young people’s mental health, to be produced in 2018

The paper’s authors state: “We know that half of all mental health conditions are established before the age of 14, and we know that early intervention can prevent problems escalating and have major societal benefits… we want to put schools and colleges at the heart of our efforts to intervene early and prevent problems escalating.”

The consultation on the green paper will run until 2 March 2018 and can be viewed at: engage.dh.gov.uk/youngmentalhealth

PIP ruling a victory for people with mental health challenges

The High Court has ruled that changes to Personal Independence Payment (PIP) last year are “blatantly discriminatory” against people with mental health challenges and “cannot be objectively justified”.

In February 2017, the government introduced regulations that limited the amount of support that people who struggle to make journeys because of mental health challenges could get through PIP.

At the time the government said that people in this group had fewer support needs than other disabled people who struggle to make journeys. The High Court ruling found that this amounted to no more than subjective opinion with no evidence to back up such a claim.

If this ruling stands then more than 160,000 people with mental health challenges will be entitled to additional support from PIP.

Paul Farmer, Chief Executive of Mind, the mental health charity said:

“This ruling … upholds the principle that PIP should look at the impact your condition has on your life, not what kind of condition you have.

“This support is what can make the difference between whether people can get to work or appointments, see friends and family and live independent lives.

“The Government now needs to accept the judgment it has been given and start making sure that people who struggle to plan and make a journey because of their mental health will get the financial support they are entitled to.”

Government aims to help more disabled people into work

The government has published a paper, *Improving lives: the future of work, health and disability*, setting out the government’s strategy to transform employment prospects for disabled people and people with long-term health challenges. It includes the government’s commitment to see one million more disabled people in work over the next 10 years.

This document sets out actions focused upon:

- every employer – and the crucial role played by managers and supervisors in creating healthy and inclusive workplaces where all can thrive and progress
- a sustainable welfare system and employment support system that operates in partnership with the health system and as part of strong wider local partnerships to move people into work when they are ready
- health services – with health professionals ready to talk about health barriers to work, timely access to appropriate treatments, and effective occupational health services accessible by all in work

The paper’s foreword states: “Even though the employment rate in the United Kingdom is at a near historic high of 75 per cent, only around half of disabled people are in work. But many disabled people and people with health conditions want to work, and could do so with the right support. This disability employment inequality is a result of a wide range of barriers and historic injustices. It means too many people are missing the opportunity to develop their talents and connect with the world of work, and the range of positive impacts that come with doing so – including good health and social outcomes. The world of work should be open to all who want and have the capacity to work.”


Mental health professionals called upon for financial support

People with mental health challenges are turning to mental health professionals – including psychiatrists and mental health nurses – to help with practical issues because of the lack of support and advice available elsewhere, according to research by the Money and Mental Health Institute.

Tasks professionals are being called upon to help with include:

- Filling in benefits paperwork
- Making telephone calls or writing letters to creditors
- Accompanying service users to advice appointments
- Giving practical advice about budgeting and managing debts.

Debt is a particular problem and the Institute has joined forces with Citizens Advice to warn that, in the face of increased consumer borrowing, the introduction of Universal Credit, and ongoing issues around insecure work, it’s more important than ever that people with mental health challenges can get the help they need to tackle the complex challenges life can throw at them.

Martin Lewis, Founder and Chair of the Money and Mental Health Policy Institute said: “Financial worries can hugely exacerbate mental health conditions and vice versa – the two are often intrinsically linked. Yet we’re all too aware that the NHS has only limited resources. Specialist mental health professionals spending precious clinical time on practical tasks, like filling in benefits forms or calling energy providers, is a waste of those resources. It’s understandable though, often people with nowhere else to turn in a crisis – such as when they’ve not received their benefits, or the bailiffs are on the phone, get in touch with their compassionate mental health professional – who feels duty bound to help.”

Citizens Advice and Money and Mental Health are calling on commissioners to provide good quality specialist advice to people using mental health services, to free-up professionals to deliver the mental health support they are trained to provide.
Taking place this winter...

**SUN Sessions**
Peer support recovery cafés that are open to anyone that has experienced mental health or drug/alcohol challenges to receive support and share experiences and be signposted to services that can help. All welcome to pop along for a cuppa and a chat. They run on:
- Mondays at Countess of Ely Church Hall, Ely from 10am-12pm
- Wednesdays at Hill Ephesus café, Market Hill, Huntingdon 12pm-2pm
- Thursdays at The Edge Café, Brookfield NHS Site, Mill Rd, Cambridge, CB1 3DF 12pm-3pm

If you would like more info or would like support to get to your first session please call Russell on 07710 998 368.
www.sunnetwork.org.uk

**Make, Do and Mend Workshops**
A friendly and stress-free place to meet other people, and a space to explore your talents and strengths. Based in the centre of Cambridge, Make, Do and Mend offers free and welcoming workshops for all people in our community who are living with mental health challenges. You can try out a workshop or simply go along and see what they do.
www.makedoandmendinfo.co.uk
Telephone 07736 916 431

**Inclusion Drug and Alcohol Family Service**
Support groups for adults related to or friends with someone struggling with drugs and/or alcohol dependency.
Informal and confidential, the groups run from 10.30am to 12pm on:
- First Saturday of the month in Wisbech
- Second Saturday of the month in Cambridge
- Third Saturday of the month in Ely
- Last Saturday of the month in Huntingdon

For further information call Cate Talbot on 07964 120 962 or Vicky Cupit on 07580 767 318
www.inclusion-cambridgeshire.org.uk

**Illuminate Confidence for Change course**
Illuminate Charity will be taking its Confidence for Change course around the county during the first half of 2018. This is a four-day course designed for adults experiencing mental health challenges and who are not in work. It is an in-depth course, with the aim that participants leave the course feeling more confident, motivated and resilient. The course will run in Cambridge from January, St Neots from February, March from April and Ely from June.
www.illuminatecharity.org.uk
info@illuminatecharity.org.uk

**Cafe Discussion Group**
A small, friendly discussion group for those of us in recovery. A chance to air what’s on your mind amongst kindred spirits. Supported by Fulbourn Chaplaincy, the group runs on the second and fourth Tuesdays of the month, starting on 13th February 2018 from 11.30-12.30, at The Locker (Old Clowns Site), 54 Kings Street, Cambridge.
For more information call Mark Woods 07432 600 102 or email coast@live.co.uk

**Arts on Prescription workshops**
Arts on Prescription offers friendly, daytime workshops in local venues for anyone experiencing depression, stress or anxiety, where you can try creative activities including drawing, printmaking and sculpture. A workshop of two hours a week takes place at a range of venues in Cambridge, Cambourne, St.Ives, Huntingdon and in Fenland. The workshops are led by professional artists and supported by a counsellor.
www.artsandminds.org.uk/projects/artsonprescription
Telephone 01223 353 053
Frazzled Café
A ‘talk-in’ place where people can meet fortnightly to talk and share their personal stories in a safe, anonymous and non-judgmental environment. Frazzled Café is not just for people with diagnosed mental challenges, it is for people overwhelmed by the stresses of modern life. Meetings are currently running fortnightly in Brighton, Cambridge, Leeds, Liverpool, London (Marble Arch, Victoria & Stratford), Newcastle, Norwich and Wolstanton in Staffordshire.
www.frazzledcafe.org

Rethink Mental Illness Groups
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 challenges 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/service-types/support-groups
Telephone: 0121 522 7007

Lifecraft creative groups
A range of groups which offer the opportunity to explore new methods of expression in a supportive environment:
Craft for Smiles Workshop – Tuesdays, 12pm-2pm
Fun with Words – Wednesdays, 2pm-4pm
Singing Group – Thursdays, 12pm-1.30pm
Art Course – Fridays, 1.30pm-3.30pm
lifecraft.org.uk/our-services/creative-groups

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

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. The college has locations in both Cambridge and Peterborough. Courses available this term include Becoming More Assertive, Money Matters, Self Discovery Through Photography and lots more!
The timetable is available to download at:
www.cpft.nhs.uk/about-us/recovery-college-east.htm
Telephone Cambridge: 01223 227510
Peterborough: 01733 746660

Huntingdon social group
A small, friendly group of likeminded 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

Moodswings Groups
Free groups aiming to encourage people to try new things, become more active and be part of a community. Moodswings specialises in supporting people with mood disorders and their friends and family.
www.moodswings.org.uk/what-can-we-do/workshops

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

Richmond Fellowship community-based support
Support provided on a group or individual basis to help people access social networks and peer support, and engage in everyday mainstream opportunities. They are incredibly diverse from art studios and gardening therapy to cafes and musical support groups. All services are tailored to meet local needs and are designed to encourage each individual’s sense of security, purpose and fulfillment.
www.richmondfellowship.org.uk/our-range-of-support/community-based

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The World Health Organisation defines health as “a state of complete physical, mental and social wellbeing” yet at some point our bodies and our minds became separated, put into two different boxes and labelled ‘mental health’ and ‘physical health’ and spoken and thought about as being independent of each other. Since the formation of the NHS in 1948 services have always been commissioned separately but even before this there have always been separate hospitals to support people around their mental and physical health.

Mind, body and soul

Peer Tutor Danny Bowyer discusses how we need to go back to the past and view health as a state of both physical and mental wellbeing.

The World Health Organisation defines health as “a state of complete physical, mental and social wellbeing” yet at some point our bodies and our minds became separated, put into two different boxes and labelled ‘mental health’ and ‘physical health’ and spoken and thought about as being independent of each other. Since the formation of the NHS in 1948 services have always been commissioned separately but even before this there have always been separate hospitals to support people around their mental and physical health.

Now, finally, services are starting to piece the puzzle back together.

When we consider how we experience the world around us it is clear to see that our minds and bodies are unified. The things we touch, taste, see, hear and smell all rely on our brain’s ability to interpret and feed back. One of the clearest links is how we feel and experience pain. Consider you have pricked your finger. Our nerve endings relay a message to our brains and with our conscious minds we decide how we respond. In this instance it is easy to see how our bodies and minds align.

What then if this simple act of pricking our finger now meant that we were no longer able to take part in an activity we had planned. We would then have to respond not just to the immediate sensation but perhaps to a feeling of disappointment also. Our physical health in this instance has impacted upon our mental wellbeing.

These examples merely serve to highlight the link, but they are far from the significant challenges people face when diagnosed with long-term physical health conditions. They will have to respond to the physical evocation of their experience; whatever that looks like for

The benefits of exercise

The Royal College of Psychiatrists discusses how a little exercise can make you feel physically and mentally better.

We often talk about the mind and body as though they are completely separate – but they aren’t. The mind can’t function unless your body is working properly – but it also works the other way. The state of your mind affects your body.

So – if you feel low or anxious, you may do less and become less active – which can make you feel worse. You can get caught in a harmful cycle.

What happens if you don’t do very much? Some people can get away with doing very little and live to a ripe old age – but most of us can’t. Broadly speaking, the less you do, the more likely you are to end up with:

- low mood
- tension and worry.

If you keep active, you are:

- less likely to be low, anxious or tense
- more likely to feel good about yourself
- more likely to concentrate and focus better
- more likely to sleep better
- more likely to cope with cravings and withdrawal symptoms if you try to give up a habit, such as smoking or alcohol
- more likely to be able to keep mobile and independent as you get older
- possibly less likely to have problems with memory and dementia.

How much exercise is enough for me?

Firstly – any exercise is better than none.

However, a moderate level of exercise seems to work best.

This is roughly equivalent to walking fast, but being able to talk to someone at the same time.

You need to do about 30 minutes of moderate physical exercise on at least five days of every week. This can be done in one 30-minute session or broken up into shorter 10 or 15-minute sessions.
the individual it is likely to cause some distress. But when our physical health impacts up on our daily lives and causes a significant change to our lifestyle it is vital that we consider the impact on our mental health.

The way we see ourselves may change with the rise of long-term physical challenges, whether these are physical or lifestyle changes that may impact on our self-esteem. The transitional period of physical change can feel very limiting as a person begins to explore and define what their life will look like going forward.

The oft cited flipside of this is that our mental health challenges may impact upon our physical selves. It is important to say that this is not guaranteed but we may experience a more sedentary lifestyle with a decrease in not only exercise but in general day-to-day activity levels. Perhaps a change in diet may impact on us more greatly due to being less active. This can be linked with the onset of physical health challenges over a period of time.

There is a lot of information available regarding how people look after their physical wellbeing but it is important that we consider

This can not only lower the risk of heart disease, diabetes and cancer, but also seems to help depression – so you get a double benefit.

Don’t start suddenly - build more physical activity into your life gradually, in small steps.

**Exercise and coping**

If you are active you will probably find it easier to deal with life’s problems and challenges. So - if those problems stop you from regularly exercising, it’s worth remembering that finding time for exercise may well help you to deal with such problems.

Exercise can also help you to cope better by improving how you feel about yourself and getting you together with other people.

**Getting down to it**

Any physical activity needs to be something that you can do regularly. But lots of things can stop you, especially if you feel low. You may feel that you:

- don’t have the energy
- don’t feel confident enough
- don’t know anybody to exercise with
- don’t have the right clothes
- can’t afford it
- just aren’t the ‘exercise or sporty type’
- won’t feel any different for doing it.

Exercise can be about playing sport or doing hard-core exercise – if you want that. For other people, it is just about being more physically active and sitting around less. It doesn’t have to be hard – but try to do something every day.

For more information visit: [www.rcpsych.ac.uk/healthadvice/treatmentswellbeing/physicalactivity.aspx](http://www.rcpsych.ac.uk/healthadvice/treatmentswellbeing/physicalactivity.aspx)
any advice given and its relation to our own lives. There is certainly not one exercise routine or diet that is suitable for every person but rather we must go on a journey to learn what works well for us.

It is important to consider that wellness is not a fixed notion and doesn't look the same from one person to the next. With this, knowing what good physical health and good mental health means to each individual is important to get a true reflection of how they interplay. For one person, good physical health is being at the peak of physical fitness, exercising regularly and eating a traditionally healthy diet. For another person it may be having enough energy to do the things they want or need to do.

For one person, good mental health may be feeling free of any challenges around their mental health, for another it is being able to connect with things they enjoy regardless of the challenges they experience, but in both these instances they are correct. Whole person wellness is defined by each individual and changes over time with a large part of being well centring on being able to recognise and adapt throughout our lives. Now this relationship is understood we can begin to move forward towards a more inclusive, thoughtful and person-centred way of supporting ourselves and others through challenges.
A room

In a room of people I sit alone
Too scared to experience the unknown

In a room of possessions there's only space
In a competitive world I have no place

In a room of books my mind is closed
My feeling and desires are juxtaposed

In a room of silence I hear screams
All I have left are broken dreams

In a room of recovery I wake up
With a new perspective to develop

In a room of options I have a plan
To get out of life whatever I can

In a room of stairs I start to climb
Each one challenging but I still have time

In a room of people no longer alone
Still scared but ready to face the unknown

by Mike Sharman
Friendship

Katy Hawkins describes how social contact – though extremely difficult at times – has been key to her recovery and wellness.

When I first began struggling with challenges surrounding my mental health, I was fresh out of secondary school and the timing, as well as the severity of my mental health challenges, meant that I lost touch with all my friends. I didn’t really become well enough to start reaching out and re-forging a social life until almost 10 years later, during which time I relied heavily on the support and help of my fantastic family. That long period of social isolation meant that when I did begin to try to make friends again, it was a really difficult thing to do. I had never had a friend in my adult life and had very little idea of how to forge friendships - so I completely understand anyone who may read this and think, “It’s not that easy.” It isn’t easy.

Circa 2014, I was alerted to an international website (meetup.com) that connects people by allowing you to join any of a variety of social groups in your local area. I was adamant that I wouldn’t go, and the first time I did dare to attend, I took a friend with me because I was terrified of meeting new people. The first event I attended was casual, just a few members of the group meeting for a coffee in town, and the facilitator of the group was really welcoming, as were the other members. It was a relaxed atmosphere and I felt like I’d achieved something just by facing my fear and going. It didn’t occur to me that I would make friendships there - I just thought that if I kept going, it would improve my practically non-existent social skills and I would be able to reach out to people outside of the group that I might want to befriend. Three years later, I am still a member of that group, still going for coffee practically every week, and have made a handful of close friends and a larger group of friendly acquaintances from it. I’ve even been on a short holiday to Slovenia with some of them.

From this perspective, I can see that pursuing social activities at the least maintains my mental health, and usually improves it. If I go more than a fortnight without seeing anyone I know, I feel myself withdraw and my mood plummet. The longer I don’t go out and mix with people, the less I want to, and I have to force myself to go and see them again. I’m not a person who flourishes in my own company, and I need to talk to people face-to-face to remind myself that I’m able to do it. I don’t need to talk to them about anything in-depth if I don’t want to, and they know me well enough to ask how I am, but not to pry if I don’t offer up swathes of information on that subject. Socialising

“Socialising regularly has hugely decreased my anxiety in a lot of ways – I was never able to even go into town on my own, but knowing that I… will see people that I know and like when I get there has made that a regularly achievable goal.”
regularly has hugely decreased my anxiety in a lot of ways - I was never able to even go into town on my own, but knowing that I have a purpose for going and that I will see people that I know and like when I get there has made that a regularly achievable goal.

I can talk to people I don’t know who strike up conversations in shops, or on the bus, and, as a wellness tool, I can’t recommend it enough. It might not be for everyone, but I would definitely advise trying to maintain social links you may have if you feel up to it. You never know where you may find your tribe!

There are numerous social groups, events and workshops designed for people with mental and long-term physical health challenges, which you can find details of on pages 8-9.
Returning to work

Thinking about going back to your job after a period of sick leave can feel overwhelming. You may be worried about what colleagues will think or that you won’t be able to cope. Mental health charity Mind offers some guidance on how you can prepare for your return to work and make an effective plan with your employer.

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.

For some, returning to work is a big milestone in their recovery. And even though you’re feeling better, it doesn’t always mean that you’re no longer experiencing mental health challenges, so it’s important to think about how you can manage this as you return to work.

So, what support is available to help you return to work?

If you have been on sickness leave for more than seven consecutive days, consider doing the following before you return to work:

- Visit your GP. Your GP can assess whether you are fit to return to work, give you advice as part of your fit note and make suggestions about what changes your employer could make to help you.
- Your employer may also refer you to an occupational health professional. Occupational health will work with you to create a plan detailing your challenges and the type of support you may need to return to work.

If you have been off sick (or are likely to be) for four weeks or more, your GP or employer can discuss with you a referral to the Government scheme Fit for Work.

Fit for Work provides impartial work-related health advice and can refer you to occupational health professionals for support in returning to work.

How do I prepare for my return to work?

While you’re off work there are some practical things that you can do to make returning to your job easier:

- Keep in touch with colleagues. Using social media can be a good way of communicating if you don’t feel ready to see them face-to-face.
- If your workplace has a staff bulletin, ask to be put on the mailing list.
- Arrange with your manager to drop in to work before you return, to say hello to colleagues and get re-familiarised.
- In the time leading up to your return, try to go to sleep and rise the same hours as if you were going to work. This can help you to readjust to your working hours.
- Use peer support. Sharing your experiences with others going through the same thing can help you feel less alone. You could join an online community, such as Elefriends, where you can talk openly about your mental health.

What support can I get from my employer when I return?

Make use of any support you can from your employer:

- Request to return to work gradually – for example, by starting part-time as part of a ‘phased return’ to work.
- Make a schedule with your manager for your first week back. Plan what you will be doing, where and when so you know what to expect. Arrange to catch up on any training you have missed.
- If you are worried about walking into a busy office on your own, arrange for someone to meet you at the front desk.
- Schedule regular catch ups with your occupational health professional.

What is a Wellness Action Plan?

A Wellness Action Plan (WAP) is a personalised, practical tool we can all use to help us identify what keeps us well at work, what causes us to become unwell, and how to address mental health challenges at work should you experience them.

It also opens up a dialogue with your manager or supervisor, in order for them to better understand your needs and experiences and ultimately better support your mental health, which in turn leads to greater productivity, better performance and increased job satisfaction.

WAPs are also particularly helpful during the return to work process, as they provide a structure for conversations around what support will help you and what reasonable adjustments might be useful to discuss and consider with your manager.

For more information visit: www.mind.org.uk/media/4229240/mind-guide-for-employees-wellness-action-plans_final.pdf
What the law says

Pam Loch, Managing Partner at Loch Employment Law explains how the law affects your return to work:

It’s important to note that there are no specific laws that solely govern the return to work processes, however there are aspects of related laws which may affect you.

Return to work meetings and plans
You may be invited to attend a return to work meeting before you resume your duties. This is a chance to agree with your employer how your return to work be managed.

Your employer is also obliged to ensure that it is safe for you to return to work under the Health & Safety at Work Act 1974. As a result, you may be asked to cooperate in a workplace risk assessment in order to identify any potential safety hazards associated with your return.

Your agreed return to work plan may include:

- reduced hours on a phased return
- working from home
- changing the range of tasks you do

Reasonable adjustments
If your medical condition has lasted 12 months or is likely to last at least 12 months (or recur) and has a substantial impact on your ability to carry out normal daily activities, then you may meet the requirements of being disabled under the Equality Act 2010. This means your employer has an additional obligation to ensure they consider and make reasonable adjustments to your job. If an employer fails to do so, this can amount to disability discrimination.

Paid work in a supported environment

For those considering a future return to work and wanting to take those first steps, Make, Do and Mend offers a range of paid “permitted earning” jobs with limited work hours, thus allowing its members to progress from the position of volunteer to paid employee in a safe environment and better preparing them for future employment outside of the organisation.

The jobs offered include Volunteer Coordinator, Communications Advisor, Admin Teams Coordinator and Assistant and Project Director.

Personal experience and multiple conversations with others who have benefitted from this scheme reveal its immensely invigorating and inspiring power. It helps in the present by providing constructive forms of distraction and responsibility, which can even serve as a coping mechanism in times of distress.

More information:
makedoandmendmail@gmail.com
www.makedoandmendinfo.co.uk
Tara’s story

The Institute for Occupational Safety and Health (IOSH) has produced a guide entitled *A healthy return: Good practice guide to rehabilitating people at work*, which features the following example of an employee returning to work following mental health challenges:

Tara, a 35-year-old clerical worker, felt she couldn’t cope with her work, and visited her doctor. The doctor wrote out a fit note for ‘stress’, and signed Tara off work for two weeks.

Within the first few days of absence, Tara's manager phoned her, simply to begin dialogue and show concern. The manager dealt with her sensitively, and didn’t put any pressure on her by asking when she was returning to work. The manager ended the call by agreeing that they should update each other the following week if Tara hadn’t returned to work.

When her manager phoned again, Tara had seen her doctor and had received another fit note. At this stage, the manager asked Tara what the doctor had advised and if she was waiting for treatment or counselling.

Her manager also asked if they could have a chat about her experiences, along with the occupational health adviser, human resources manager and someone to act as her companion (a work colleague or union representative). Tara agreed.

As a result of the conversation, it turned out that recent changes to Tara’s role had been causing her anxiety, and she felt incapable of doing this aspect of her job. The occupational health adviser and the manager suggested to Tara that, when she felt better, she could return to work on a part-time basis, and that the new duties that were causing her stress would be given to someone else during that period. They also told her that she should be given training to help her carry out her new responsibilities.

Tara was happy with these recommendations. After six weeks, she returned to work on a part-time basis. Once her training was complete and her manager had checked that she felt she could cope with the work, Tara returned to work full time.

What is a fit note?

Employees must give their employer a doctor’s ‘fit note’ (sometimes called a ‘sick note’) if they’re off sick for more than seven days in a row (including non-working days).

Hospital doctors or GPs can provide a fit note. The fit note will say the employee is either ‘not fit for work’ or ‘may be fit for work’.

If it says the employee ‘may be fit for work’, employers should discuss any changes that might help the employee return to work (e.g. different hours or tasks). The employee must be treated as ‘not fit for work’ if there’s no agreement on these changes.

* For more information visit www.gov.uk/taking-sick-leave

Manager to talk about how you are getting on. Let them know what you’re finding helpful or difficult.

- Develop a Wellness Action Plan with your manager.
- Request changes to allow you to be better able to do your job.
- Find out if your employer has any specialist support services on offer, for example; occupational health services or an employee assistance programme (EAP).

Useful links

- **Mind** – Advice and support for people with mental health challenges
  www.mind.org.uk
  0300 123 3393

- **IOSH** – A healthy return report
  www.iosh.co.uk/healthyreturn

- **Loch Associates** – Employment law
  www.lochassociatesgroup.co.uk

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

- **Make, Do and Mend** - Permitted earning jobs
  www.makedoandmendinfo.co.uk

- **Fit for Work** – Work-related advice and assessments
  fitforwork.org

- **International Workplace** – Employee relations advisor
  www.internationalworkplace.com
In drama, you see the person as the part they play
Whilst in life, the person plays the part oft unaware
As Shakespeare said
“All the world is a stage and everyone a player”
But how many roles are you obliged to play?

Are you the child of,
The parent of,
The spouse of,
The employee of?
Sometimes are you you?
Sometimes with understanding you play the role

Sometimes a student of the role
Or are you you, who happens to be
The child of
The parent of
The spouse of
The employee of

by Rosemary Steel
We are bombarded daily on the TV, in newspapers, social media, etc. with the words “crazy, mental, nutter, bonkers, deranged, deluded, crackpot, psycho, fruitcake,” etc., which are all used in a stigmatising, negative and denigrating manner towards individuals that are having mental health challenges. Consider also how many times a day we use the same language to describe everyday situations, actions, events. Is it acceptable that we do so?

When I became an active participant in Recovery College East and Peer Support I started to realise just how lazy I had become with my use of the English language and how poor some of my choices were. I have challenges with low self esteem (something I am actively working on overcoming) and I am brilliant at putting myself down, but what I didn’t realise was that the words I was using were actually re-enforcing the negativity and were self-stigmatising. Not only that, these words were also part of my family and friends’ day-to-day language and they have a negative impact on our mental wellbeing and are completely non-recovery focused.

I am brilliant at putting myself down, but what I didn’t realise was that the words I was using were actually re-enforcing the negativity and were self-stigmatising

Here are some examples of what I mean. I received a compliment about my hair a couple of months back (I had made some radical changes to it) and the first words out of my mouth were “Yeah, it’s a bit mad”. The look I received from the other person, who has much more experience in recovery language than I do, stopped me in my tracks and really made me think about what I had said. Why did I use the word “mad”? It’s not exactly descriptive of what I had had done.

The word “mad” originates in the late 13th century, is Old English from the word “gemaedde” meaning “out of one’s mind” (usually implying violent excitement), also “foolish, extremely stupid”. If you look up the word “mad” in the dictionary, it is defined as an adjective meaning mentally disturbed; deranged; insane; demented; enraged; greatly provoked or irritated; angry; furious; ferocious; extremely foolish or unwise; imprudent; irrational; frantic and the list goes on.

Stigmatising
Mad is used in a stigmatising way against individuals with mental health challenges who may find it challenging to express their emotions or behaviour. It is used in phrases like “She’s well mad right now”. But what do you mean by that? Be specific. If you mean she is angry, say “she is angry”. Be precise in your meaning if you feel challenged by a person’s behaviour. What we need to do is stop using stigmatising words when we can and should use other words that are more descriptive.

Back to my hair. Did I mean any of those adjectives? Was it irrational? No it wasn’t. I didn’t do it without the ability to reason. Was I angry? No! I was perfectly calm when I made the decision. Was it extremely foolish or unwise? Some may have thought so, but I didn’t because hair grows back and colours can be changed. What I really meant was that my hair was funky, different, wonderful, individual, brilliant, and it made me feel really good about myself. And for someone who has challenges with low self esteem I found it totally empowering and that helped me overcome the negative self talk. So why didn’t I use the more descriptive words? Well, because I am still learning about recovery and non-stigmatising language and it takes time to change over 40 years of the way I speak. It is not going to happen overnight. It is more like a work in progress, the same way that my recovery is. But I do think much more carefully about the words that I use and the impact that they can have on others and myself.

The way we feel about something or someone is often a reflection of the way that we talk and the words that we use. This then has an impact on the way that we react to people and situations.

Imagine you are faced with a dog that is barking, pulling on the lead and is a little bit out of control. You are told that this dog is “vicious”. What are your thoughts and actions? Me? I become nervous, my mind goes into overdrive and I start to catastrophise that the dog will slip its lead, jump on me and start biting me, run amok and attack my own dogs, etc. I think that the barking is a sign of aggression and the pulling on the lead is because it wants to attack me. I give the dog (and its owner) a very wide berth.

However, what are your thoughts and actions when you are told that the dog is “nervous”? My heart softens and I am concerned about the dog. I want to make sure that I, and my dogs, remain calm
The dog is barking because it is telling you that it is scared and please stay away from it. The pulling on the lead is not because it wants to attack, but because it is trying to run away from the situation.

The behaviour of the dog has not changed, but the word used to describe it has and because of that, our thoughts and actions have also changed. Within Peer Support and recovery we choose not to focus on a clinical or diagnostic way of speaking as people can feel labelled or stigmatised and instead we choose to be person-centred in our approach. An example of clinical terminology would be to say “I am depressed”. But what does “depressed” mean? It has different meanings for different people. In recovery language I would be more specific as to what I am feeling at that particular time, “I am feeling tearful” or “I am very low today”, that way those that care for me can be more specific in the support that they give me.

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<thead>
<tr>
<th>Non-recovery language</th>
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<tr>
<td>Service user</td>
<td>Peer</td>
<td>Manipulative</td>
<td>Gets own needs met. Is resourceful</td>
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<td></td>
<td>Individual</td>
<td>Relapse</td>
<td>Having a bit of a wobble/tough time</td>
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<td></td>
<td>Person receiving services</td>
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<td>Something that they can bounce back from</td>
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<td>Issues/problems</td>
<td>Challenges</td>
<td>Non-compliant</td>
<td>Choosing not to</td>
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<td>Paranoid</td>
<td>Is feeling extreme anxiety/fear about</td>
<td>Conceited</td>
<td>Confident, values self worth</td>
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<td>Bi-Polar</td>
<td>Is experiencing high energy</td>
<td>Fussy about food/clothes</td>
<td>Specific tastes, strong sense of self</td>
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<td></td>
<td>Has low energy</td>
<td>Quiet</td>
<td>Thoughtful, reflective</td>
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<td>Is having challenges regulating their mood</td>
<td>Stubborn</td>
<td>Determined, persistent</td>
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<td>Depressed</td>
<td>Low mood</td>
<td>Demanding</td>
<td>Assertive</td>
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<td></td>
<td>Tearful</td>
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<td>Delusional</td>
<td>Has unique beliefs</td>
<td>The dog is doing my head in</td>
<td>The dog is really annoying me</td>
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<tr>
<td>Obsessive Compulsive Disorder (OCD)</td>
<td>Person who is very organised</td>
<td>Person who appreciates cleanliness/tidiness/order</td>
<td>I am finding the dog’s behaviour challenging</td>
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What are the Conservatives’ policies on helping people with health challenges with physical and emotional rehabilitation?
Perhaps most crucially, we legislated for parity of esteem between mental and physical health. This became law in 2012 and we will continue working towards a new Mental Health Act, making sure that there is equal priority for mental and physical health. We were also the first government to introduce mental health targets. The latest figures show that NHS England is meeting both its target for referrals to a mental health specialist for someone experiencing psychosis for the first time and its target for access to talking therapies.

How can we improve the availability of talking therapies, as opposed to medication automatically being the first step to help people with mental health challenges?
Internationally, we are already leading the way. As the Chief Executive of NHS England has noted, our talking therapies expansion programme is “the world’s most ambitious effort to treat depression, anxiety and other common mental illnesses.” No other country is doing “this scale of expansion of mental health services for common disorders, particularly embedded in primary care as we are doing.”

How are the Conservatives planning to address stigma around mental health?
Theresa May has been clear that her government’s plans “to tackle the burning injustice of mental illness forms part of the government’s wider commitment to wholesale social reform — and its mission to create a country that works for everyone, not just the privileged few.”

In addition to the vital steps I’ve already mentioned, early in December the government published a green paper on children and young people’s mental health (www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper).
This green paper will see every secondary school in the country being offered mental health first aid training and new trials to look at how to strengthen the links between schools and local NHS mental health staff. The government’s green paper will enhance teaching about mental health and wellbeing in PSHE lessons, improve earlier intervention and introduce a four-week waiting time for young people needing specialist support. The government is also introducing a new partnership with employers to improve mental health support in the workplace.

How are the Conservatives going to fight to improve services for people with mental/physical health challenges?
Overall, our plan is to recruit 21,000 new mental health workers in England to properly integrate mental and physical health services. This increase in staffing will ensure mental health “first aid” skills. Designed and delivered by Public Health England, the campaign will help people assess their own mental wellbeing and learn techniques to reduce stress.

“Our plan is to recruit 21,000 new mental health workers in England to properly integrate mental and physical health services. This increase in staffing will ensure that people with health challenges will be able to access improved care and support when they need it.”
that people with health challenges will be able to access improved care and support when they need it. For instance, we are ensuring at least 30,000 more women each year will have access to mental healthcare. This will include perinatal classes, new community perinatal teams, more beds in mother and baby units and improved mental health support. We are also giving mental health patients a named clinician so they know who is in charge of their care. This will mean they get more effective, more personalised and better coordinated care, helping them to access the help they need when they need it.

**What do you think could be the impact of Brexit on mental health services?**

The majority of NHS staff in England are British. Nevertheless, around one in 18 are nationals of other EU countries, of which one-third work in London. So, it is understandable that some might have concerns. However, the Prime Minister made clear in her Florence speech that we want all EU citizens who have made their lives in our country to stay. As she told them, “We value you; and we thank you for your contribution to our national life – and it has been, and remains, one of my first goals in this negotiation to ensure that you can carry on living your lives as before.” She has also explicitly said, “I couldn’t be clearer: EU citizens lawfully in the UK will be able to stay.”

“True parity for mental and physical health can only be achieved if we all recognise that we all have a vital role to play in dealing with mental illness. Care and support is not just a job for hospitals, but for our schools, our universities, our workplaces and our communities.”

Should the NHS be privatised? If so, what would happen to the people who are physically or mentally unwell and need help but can’t afford it?

The NHS will always be free for everyone under a Conservative government. When people talk about so-called “privatisation” within the NHS, what they are really referring to is other healthcare providers delivering certain services as part of the NHS. From Whizz-Kidz to Age UK, these provide incredible care and support. For instance, I saw for myself the huge benefit of Macmillan Cancer nurses when my mother was dying and, when the NHS first started using such organisations for supplying prosthetics, the time I had to wait for a new pair of artificial legs to be made dropped from three months to just three weeks!

Getting the best care and making that care available for free to everyone—wherever they are and whenever they need it—is something that Theresa May’s government is backing.

*The views expressed in this article are those of the interviewee only and not those of the editor, publisher or NHS Foundation Trust.*

*In our first issue we spoke with Labour MP Daniel Zeichner on his vision for mental health. You can find this issue on our bookshelf at: www.cpft.nhs.uk/about-us/recovery-college-east.htm*
Some people grow up with a love of nature, and have an instinctive love and respect for Mother Earth and all her creatures. For others, it might be their first garden that leads them to an appreciation of the incredible beauty of wildlife. For me, it was being cooped up on the top floor of my house with nothing else to look at that did it.

Depression is different for everyone and comes with an amazing variety of symptoms, kind of like a rainbow except one where all the colours are shades of grey and there’s a rubbish bin full of soggy tissues at the end instead of a pot of gold. My main symptom was severe, relentless fatigue, and my bedroom was my whole world. I was spending several hours a day staring at the radiator opposite my bed. It looked as bland and monotonous as I felt. The highlight of my day, the most I could manage, was shuffling from my bedroom to the back bedroom to look out the window.

Depression is different for everyone and comes with an amazing variety of symptoms, kind of like a rainbow except one where all the colours are shades of grey

The excitement I felt when I saw a flock of redwings for the first time helped my depressed, misery-sodden brain see that it might be possible for me to feel joy again. Assembling a collection of bird feeders in my garden and tending to an ever-growing flock of dunnocks, robins, tits and finches made me feel useful and helped me begin to reconnect with the world. Learning to notice birds, to understand their behaviour, habits and life cycle, takes a lot of time and patience as you train your eye to notice tiny movements and your ear to hear the difference between the flutey twitter of a goldfinch and the bold song of a wren.

One year ago, I managed to walk the 20 minutes from my house to Parker’s Piece for the first time in months. As I sat on a bench racked with anxiety, watching a nearby crow attempt to eat a stolen Dorito, I felt sure I would never be well again. Three months later I made it to Milton Country Park with the help of some kind friends, and by the following spring I was able to drive all the way to Paxton Pits near St Neots to take part in a ‘nightingale walk’, where we saw gangling black cormorants roosting in trees, a blackcap, a green woodpecker, a garden warbler and zero nightingales.

I don’t know where my journey will take me next. But whatever happens, I can’t give up or turn back now – not until I’ve seen my first raven, soaring across the sky...
I first heard about this game and its concept three years ago. In my opinion, mental health had always been sensationalised or trivialised in video games so as an avid gamer I felt strongly that if someone was going to explore these themes it had to be done right. Roll on three years and having just finished playing through the game for the first time, in my opinion it has exceeded my wildest expectations.

This is foremost a narrative game; whilst the mechanics of the game are excellent they serve mainly to facilitate your progression through a wonderfully written and presented story.

The visuals not only hold their own against major releases (Ninja Theory are an independent developer) but they showcase the beauty of video games as a medium. Each frame is not only beautifully rendered but also thoughtfully positioned. The opening moments of the game, which serve to introduce the reality of Senua’s experiences and serve as a credit sequence, have all the hallmarks of classic cinematography.

The combat system is reminiscent of the Dark Souls series, less hack ‘n’ slash and more strafe, roll and counter; timing and strategy are your greatest assets and once mastered there is a great sense of power and fluency to the encounters in the game that succeed in doing what all of my favourite games do, which is to make me feel clever! The boss fights provide new challenges and task the player with finding new ways to utilise the combat system and adapt your strategy, although the standard enemies are no pushovers and every battle feels rewarding.

There are also puzzle elements to the game which feature some well thought-out and original mechanics. I found these challenging enough to hold my attention and rewarding enough to be worth the investment. I am not beyond googling my way around a puzzle usually but I wanted to solve these puzzles for myself. I was invested in Senua and wanted to take on the challenges before her.

The average length of video games these days can vary, this one comes in around 10 hours for a play through which is reflected in the price...
this is not only a great video game in its own right and it is not only a game that offers the most immersive and beautiful portrayals of mental health, it is a revolutionary concept.

(roughly half the cost of new titles) but for me this felt like 10 hours of a gripping book or a 10-hour marathon of my favourite TV programme.

The depth of research is abundant, the world Senua inhabits is clearly a labour of love, rich with lore and this served to further immerse me into the experience. Drawing back to the rich storytelling I felt the world around me was constructed in an intelligent manner that didn’t feel like simple exposition but allowed me to discover more and more as I journeyed through this world.

This for me speak volumes of the great care and passion poured into this project by the team of developers and researchers, through to the mental health professionals and those with their own lived experience who gave their insights, to the voice actors who brought it all to life. In my opinion this is not only a great video game in its own right and it is not only a game that offers the most immersive and beautiful portrayals of mental health, it is a revolutionary concept. In summary this game is an honest, immersive and beautiful journey through a very human experience told in a very human way and not only has been done right, it has been done perfectly.

This game is available to download now (sadly there is not a physical release) and is available from PlayStation Store for PS4 and Steam for Mac & PC. ■
Wherever we fall on the spectrum of money management, our bills will almost inevitably cause us some anxiety and stress at some point in our lives. Not having enough money to cover our bills can cause mental health challenges. And our own mental health experiences can impact on how we manage our bills!

New Horizons is a project funded by ESF and Big Lottery to help people with their money, to get online and to get closer to work. Here I will look at the types of bills we have to pay and explore a few ways to make it easier to keep on top of them.

Are all bills the same?
Some bills are more important than others. The most important bills to pay first are:
1. Housing rent and service charges (or mortgage if you own/part own your home)
2. Council tax – even if you qualify for your local Council Tax Reduction Scheme it is likely that you will have to make a contribution to your council tax bill – find out how much you need to pay from your local district council
3. Electricity and gas bills
4. Court fines or child maintenance that you are responsible for
5. TV licence

The consequences if you don’t pay these bills can be very serious:
• If rent/mortgage payments are not made you may lose your home
• If electricity/gas bills are not paid you may have your supply cut off
• If council tax, TV licence or court fines/child maintenance are not paid you may have money taken direct from wages or benefits or have your belongings taken and sold or even go to prison.

If you are worried about paying any of these priority bills take action – there will be solutions but you need to take action quickly. As well as the bills we are expecting, a

Paying the bills

Do you know how much you pay each month or year and to who? Or do you have unopened bills that you are too anxious to look at? Lynne McAulay, Project Manager for New Horizons, talks about managing bills and avoiding debt.
financial shock is an emergency cost that we were not prepared for, e.g. washing machine breaks, car repairs, pet bills, theft or lost income. Four in ten of us are unlikely to be able to manage a financial shock. Preparing for and dealing with financial shocks is vital as they happen to everyone at some point.

There are several things to think about:
• **Insurance** – protecting yourself against risks
• **Saving** – having funds set aside to cover shocks
• **Avoidance** – protecting yourself from scams
• **Alternatives** – this is about knowing where to get free and recycled items more cheaply – especially if you are replacing household goods.

If you are reading this and you already face an emergency, seek advice immediately – if you are under exceptional pressure there may be grant help. Try your local CAB or if you can get online, look at the ‘Help in a Crisis’ section of the Making Money Count website.

**How to pay your bills**
The way we pay our bills is changing as more providers ‘push’ us into online bill management. This is cheaper for them and consequently often cheaper for us. There are some things to keep in mind though:
• No more letters through the door – check that important emails aren’t going into your junk mail
• Less control over direct debits - you can always phone your bank and alter these. You need to ensure there are sufficient funds in your bank to avoid charges. This will have other positive impacts; people who check their balances more often find it easier to manage their spending.

**How can I save money on my bills?**
The answer is always to shop around.

“**The way we pay our bills is changing as more providers ‘push’ us into online bill management. This is cheaper for them and consequently often cheaper for us.”**

It doesn’t pay to be loyal anymore. From utilities to phone lines, the biggest savings are reserved for new customers. Shopping around is easiest if you are online. However, the Money and Mental Health Institute conducted a survey and found that people experiencing mental health challenges had additional barriers to finding the best deals:

“We surveyed more than 400 people with experience of mental health problems, and nearly three quarters (72%) told us that they find it hard to work out what is the best deal for them. An even greater majority (82%) reported that they find the thought of switching companies and shopping around exhausting.”

If you are struggling with the thought of making changes to managing your money, do get some help.

**Useful links**

**New Horizons**
You can find out more about the project at [www.makingmoneycount.org.uk/about-us/new-horizons/](http://www.makingmoneycount.org.uk/about-us/new-horizons/) or by phoning Lynne McAulay on 0300 111355

**Money and Mental Health**
Regulation for consumers with mental health problems
[www.moneyandmentalhealth.org/regulation-mental-health-problems-blog/](http://www.moneyandmentalhealth.org/regulation-mental-health-problems-blog/)
The images displayed here were created by participants – staff and students - of the recent Beyond Participation photography project.

The participatory photography project and PhD research study was carried out via the Cambridgeshire and Peterborough NHS Foundation trust Recovery College East. Beyond Participation – the use of participatory photographic methodologies in peer-led therapeutic environments by those accessing mental health services – provides participants with the opportunity to learn photography techniques and produce a series of anonymous self-portraits. The project in Cambridge ended with an exhibition of the participants’ photography work at Michaelhouse in Cambridge. The project now moves to the Recovery College East based in Peterborough, to provide students there with similar opportunities.

The project has been hugely supported by the expertise of Recovery College East staff including Peer Tutor Terry Protheroe, volunteer Jenny Esson and Recovery College East Manager Tracey Bartlett.

Who organised this research project?
The research has been carried out via University of the Arts London in collaboration with Cambridgeshire and Peterborough NHS Foundation Trust.

For more information about the project please contact PhD researcher and course leader of the programme Julia Johnson at bepartsdesign@gmail.com

For information about the research study please visit www.hra.nhs.uk/news/research-summaries/photo-participatory-courses-delivered-at-the-nhs-recovery-college-east

The images displayed here were created by participants – staff and students - of the recent Beyond Participation photography project.
Recovery College East delivers a peer-led education curriculum of recovery-focused workshops and courses. We asked existing students about their experiences.

What do you like about the Recovery College?
“The Recovery College is a safe home for me that has encouraged me to focus on the positive aspects of my life, and has linked me up to like-minded people. I am not judged there, therefore I do not judge.”

“The college is a life-saver. A touch of honesty, safety, acceptance and truth.”

“I like the Recovery College because it is a very freeing space, where there is liberty to speak our minds. No matter what state of mind we are in we can speak it out.”

What do you get from coming to the college?
“I get a sense of progression from going to the Recovery College. They may only be small steps, but they all are going in the right direction.”

“The best thing about the college is meeting other people on a similar journey. To know that one is not alone really is a great help.”

“In hearing others speak their minds too and sharing thoughts and experiences it validates each person’s mind and I feel that for me my mind is well. Because, after all, what is the definition of a well mind or an unwell mind?”

How is the college different?
“No pre-requisites to attend; calm, friendly atmosphere; everyone is included; fun and creative; companionship and support from tutors, peer support workers and fellow students.”

For further information about courses run at Recovery College East visit: www.cpft.nhs.uk/recoverycollege.htm
Or get in touch with us:
Email: recoverycollegeeast@cpft.nhs.uk
Phone: 01223 227 510 (Cambridge)/01733 746 660/2 (Peterborough)

Each term Recovery College East runs workshops focussing on getting involved and contributing to the magazine. Here’s what some students have had to say about the workshops…

“I feel that the magazine has a great basic structure but that as independent contributors we had huge power in sculpting its final look using our ideas and unique perspectives.”

“There's an amazing coming together of ideas between like-minded people really driving forward together to achieve a great piece of work.”

“I felt honoured to be part of the project and encouraged by how my ideas were received by my peers.”

“It’s brought me back to writing and challenging myself to produce a piece I’m happy to share with others.”

“It was great sharing experiences with other students at Recovery College East and I look forward to reading future issues of the magazine. I may even try my hand at writing sometime.”

If you'd like to take part in a workshop, share your ideas for the magazine or contribute content email symmagazine@cpft.nhs.uk
**WORDSEARCH**

Recovery  Support  Possibility  Journeys  Change
Positivity  Hope  Future

**ANAGRAM**
Rearrange the letters below to find a three-word phrase

PARSIMONY DUKE

**THE NAME GAME**

What first name links these people?

- Won the Best Actor Oscar in 2016 for his role in The Revenant
- His painting Salvator Mundi recently sold for $450 million at auction
- Leicester City striker who scored six times as they went on to win the Premier League in 2016

What last name links these people?

- Former presenter of Watchdog and the Weakest Link
- Best known for Blackadder and Time Team
- Nicknamed ‘Sugar’, often cited as the greatest boxer of all-time

Why not send your five-minute found poem into us at symmagazine@cpft.nhs.uk and it could appear in a future issue!
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

healthtalk.org
Information on young people’s experiences of long-term health conditions
www.healthtalk.org/young-peoples-experiences/long-term-health-conditions/topics

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

Imroc
Works with communities to develop services, systems and cultures that support recovery and wellbeing
www.imroc.org
0115 9691300 ext 12485

Inclusion Recovery Cambridgeshire
Support for people affected by drugs and alcohol
www.inclusion-cambridgeshire.org.uk
0300 555 0101

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
www.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 experience of 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
020 7803 1100

Mental Health Handbook, Lifecraft
Information and contact details for relevant organisations such as advocacy, hospital services, housing, employment guidance, education, benefits advice and carers
www.lifecraft.org.uk/out-services/information/mental-health-handbook

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 Focus
National group of charities providing a range of mental health and substance use support services
www.recoveryfocus.org.uk
0207 6973000

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 6973000

Royal College of Psychiatrists – Coping with physical illness
Information on the emotional effects of physical illness
www.rcpsych.ac.uk/
healthadvice/problemsdisorders/copingwithphysicalillness.aspx

Samaritans
Provides 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 King’s Fund
Information and guidance on long-term health conditions
www.kingsfund.org.uk/topics/long-term-conditions
0207 307 2400

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
“Even the darkest night will end, and the sun will rise”

Victor Hugo