Two sides of the story
Exploring dual diagnosis

PERSONAL STORIES
Readers’ journeys to recovery

FAMILY AND FRIENDS
The underestimated role of carers

STAYING WELL AT WORK
Top tips for a healthy workplace

SLEEP HYGIENE
The importance of a good night’s rest
Weather the storms in your life as calm will inevitably follow
Editor’s letter: The impact mental and physical health has on other aspects of life

News: The latest developments in mental and physical health

Events, workshops and support groups: How to get involved this spring

Poem: Lucky penny by Mike Sharman

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Directory: Useful sources of support and information
Dealing with a mental or long-term physical health challenge can be tough and all-consuming, but even more so if you’re dealing with both, or another type of challenge on top of a health matter.

In creating this spring issue, we’ve discovered that this is the case for so many people in a range of circumstances. Without initially recognising it, we’ve put together an issue that illustrates the range of factors that influence your physical and mental health.

One of the key issues brought to our attention by readers and the many organisations we work alongside at Speak Your Mind is that of dual diagnosis. This isn’t a term that is recognised by many and, it seems, even amongst professionals there is uncertainty about what it means. As Lois Sidney of the SUN Network comments: “It’s confusing; some people think dual diagnosis means to have more than one mental health diagnosis; some have never heard of it; some have heard of it but have no idea what it means. Is it a diagnosis in and of itself?”

The term is actually used to refer to people who have both mental health challenges and challenges around substance misuse. It’s easy to see how this would be difficult to deal and get help with, particularly when there is so much uncertainty around the matter. But in addition, while we are used to experiencing stigma around mental health, which we would hope is slowly being eradicated, drug and alcohol use comes with its own set of judgements. We hope that our main feature on the matter will get people talking about dual diagnosis and help to raise awareness (see page 10).

Those who care for people with mental or physical health challenges are also frequently misunderstood, or underestimated. That is, they play a significant role in the lives of those they care for but also have needs and their own health to consider. On page 28 we look at what a carer is and the support available.

We also address a vital stage in recovery for people with mental health challenges. That is moving on from hospital. For some that means suddenly leaving behind the 24-hour support they’ve had during their hospital stay, while others are forced to remain on wards because the level of care they require is not available outside of hospital walls. This issue we investigate a new link between hospital and home that could allow a smoother recovery process – see page 18.

I’m looking forward to hearing your thoughts on the issues we’ve covered in this May 2018 edition and your ideas for future issues. Remember you can email any time with suggestions or contributions – symmagazine@cpft.nhs.uk

Best wishes,

Kelly Mansfield, Editor
Get involved!

Have you been inspired to write your own personal story, share the tools you use to aid your recovery or get your creative juices flowing through artwork or poetry? Or perhaps you’ve got a great idea for an article for the magazine?

If so, get in touch!

Speak Your Mind offers lots of opportunities for you to contribute and you can get involved simply by coming along to one of our workshops or emailing: symmagazine@cpft.nhs.uk
Students graduate peer support worker training programme

Students from the latest cohorts (10 and 11) of Recovery College East’s brand new Peer Education Programme (PEP) have now graduated.

PEP is an intensive 12-week peer support worker training programme offering people with lived experience of significant mental health challenges the opportunity to work as peer workers supporting others either on wards or in community locality teams across the Trust.

Graduation ceremonies for the 17 students from cohort 10 and cohort 11 took place at The Fleet in Peterborough and Ida Darwin in Cambridge. Both events were attended by over 100 family members and friends, as well as staff members, including keynote speakers Non-Executive Director Jo Lucas, CEO Tracy Dowling, Chair Julie Spence and former CEO Aiden Thomas.

Since the training started in 2010, 151 people have now successfully passed the Peer Employment Training programme. Fifty-one are still working in the Trust in a variety of roles, some have gone on to further their careers by completing their nurse training, while others have set up their own private businesses.

Sharon Gilfoyle, Head of Recovery and Resilience at CPFT, said: “PEP is a course that is really challenging both to get onto and then complete. To graduate is a landmark moment both to them and us.

“Once in post they can build a relationship with a peer, because they have been there themselves and can offer hope and strength to the person they are working with. It’s a very different role to other healthcare professionals, and a really vital one.”

The Peer Education Programme (PEP) is just one of the courses offered by the College, which has bases in Cambridge and Peterborough. For further information on peer support visit www.cpft.nhs.uk/patients/peer-support.htm and for information on other courses available at the college go to www.cpft.nhs.uk/about-us/recovery-college-east.htm

NHS Trust pushing for inclusion for all service users

Cambridgeshire and Peterborough NHS Foundation Trust is taking significant steps to ensure full inclusion for people who deliver and use its services, as part of its promotion of equality and commitment to embrace diversity, which is central to the vision and values of the Trust.

A new campaign, ‘Embrace’ is being launched in 2018 to raise awareness of the equality, diversity and inclusion work within the Trust and to engage staff, carers and service users in this initiative.

Trust staff have access to a range of equality and diversity (E&D) training to ensure that there is sufficient expertise and leadership of this agenda at all levels within the organisation. Quarterly E&D roadshows are being launched, the purpose of which is to bring the E&D agenda (and other aligned workstreams/services) to staff at their places of work.

One new initiative currently being rolled out as part of the Embrace campaign is the recruitment of Diversity Champions. These are Trust employees who will help the Trust to effectively embed all aspects of the equality and diversity agenda, by acting as role models, supporting change and improvements when necessary.

The Trust is also working with other NHS and public sector organisations, including Suffolk Mental Health services, who have undertaken a considerable amount of work with the Gender Identity Disorder client group. This work will seek to support a regional approach to transgender issues, including a transgender event and a web portal for service users, professionals and those supporting trans people.

For more information on the Trust’s approach to equality and diversity, go to: hwww.cpft.nhs.uk/about-us/equality.htm

Contact: Sue Rampal, Equality & Diversity Officer sue.rampal@cpft.nhs.uk or Sharon Gilfoyle, Head of Inclusion, sharon.gilfoyle@cpft.nhs.uk

New research highlights misuse of mental health terminology

New research published by Bupa shows more than half of UK adults (53%) believe that people are more aware of mental health conditions than they were five years ago, however many (49%) are using terms incorrectly.

Pablo Vandenabeele, Clinical Director for Mental Health at Bupa UK, said, “If terms for mental health are regularly being used in a negative way, it can make it more difficult for someone to feel comfortable having an honest and important conversation about their condition, potentially delaying the time it takes for them to seek medical help.”

Schizophrenic and psychotic were both seen as the most offensive (26%) terms when used incorrectly, with special needs closely behind at 19%.

Poppy Jaman OBE, CEO, Mental Health First Aid England, commented, “We can never underestimate the subtle but integral role language has to play in creating the cultures and communities in which we live and work, be that in terms of diversity, gender, or mental health.

The January 2018 issue of Speak Your Mind features an article on the impact our language can have on our wellbeing. To read this download issue 2 www.cpft.nhs.uk/about-us/recovery-college-east.htm
Call for ministerial responsibility for suicide prevention and bereavement support

A petition has been launched calling for a government minister within the Department for Health and Social Care to be made responsible for suicide prevention and bereavement support in the UK. The petition comes over a year after Teresa May announced plans for mental health reform, including a new suicide prevention strategy with a focus on high-risk people like young and middle-aged men, and is headed up by Matthew Smith, who lost his brother Dan to suicide. Matthew has joined forces with the Campaign Against Living Miserably (CALM), a charity dedicated to preventing male suicide, for the petition which aims to convince the government to take action to improve suicide prevention and bereavement support.

This would entail national quality standards for suicide prevention and bereavement support, effective implementation of local suicide prevention plans, and accurate data about people who take their own lives. Further information on what the petition is calling for is here: http://bit.ly/SuicidePetition2018FullAsks

Simon Gunning, CEO of CALM, said: “As a society we have to face this awful issue and actively work to stop it. If this was anything else, an issue with less stigma, we have no doubt the government would take immediate and decisive steps towards prevention.”

Mental Health Awareness Week tackles stress

The annual Mental Health Awareness week will take place on 14-20 May and this year will focus on stress.

The event is organised by the Mental Health Foundation, which says that although stress isn’t a mental health problem itself, by tackling stress we can go a long way to tackle mental health challenges such as anxiety and depression, and, in some instances, self-harm and suicide.

Stress can also increase risks of physical health challenges including heart disease, insomnia, muscle pain and damages to our immune system.

During the week, the Mental Health Foundation will be calling for change – for a less stressed nation – and will be producing blogs, films and resources as well as a ground-breaking report on stress.

For more information on how to get involved go to www.mentalhealth.org.uk/campaigns/mental-health-awareness-week

Duchess launches Mentally Healthy Schools initiative

The Duchess of Cambridge has launched the latest initiative from Heads Together to support children’s mental wellbeing.

Mentally Healthy Schools is a new website designed to give teachers and school staff the clarity and practical resources they need in order to support pupils with mental health challenges.

The content will be provided in four main areas; Teaching Resources, Risks and Protective Factors, Mental Health Needs, and Whole School Approach for school leaders.

More than 1,500 online resources have been reviewed and evaluated by a quality assurance group to ensure the calibre and suitability for a primary school audience.

Coordinated and financed by The Royal Foundation, ‘Mentally Healthy Schools’ has been developed by the youth-focussed charity partners of Heads Together; the Anna Freud National Centre for Children and Families, Place2Be and Young Minds. NAHT, the school leaders’ association, has been engaged in developing the initiative from the outset, and guidance on the creation of content has been provided by Centre for Mental Health.

You can view the website at www.mentallyhealthyschools.org.uk
events, workshops and support groups

Taking place this spring...

**Illuminate Confidence for Change course**
Illuminate will be delivering its free Confidence for Change course in Ely from May. The course is four days, one day a week: Thursday 17th and 24th May and 7th and 14th June. This is an in-depth course for those ready for change, no matter what that is. Participants leave the course feeling more confident, motivated and with better coping strategies for managing anxiety. If you would like to receive an application form or wish to discuss further, contact info@illuminatecharity.org.uk or 01223 520124. More about Illuminate: www.illuminatecharity.org.uk

**The Thistle Drive Community Centre**
Based in Peterborough, the Thistle Drive Community Centre aims to enhance wellbeing through a wide variety of art and craft workshops, set in a beautiful and relaxing setting. Sewing machine basics and paint your first masterpiece are coming up in May.
www.facebook.com/Thistledrivecommunitystanground

**The Green Backyard Community project**
A vibrant community growing project in the heart of Peterborough, the team have transformed a once derelict former allotment site into a beautiful and productive community garden that is open to everyone. There are plenty of ways for anyone to get involved on site - gardening, animal care, building work and many more jobs need doing every day – just drop in or visit www.thegreenbackyard.com
They’re open 11am – 4pm on Wednesday, Thursday, Saturday and Sunday.

**Action for Happiness – Exploring What Matters course**
This course gives you the chance to find simple ways to make yourself and others happier. This eight-week course is based in science and helps you: meet with like-minded people to explore what really matters in life and find new ways of looking at things; learn from the experts through videos, mindfulness exercises and a handbook full of resources to help you break big ideas into manageable chunks; take small actions each week by taking time to reflect on how to create happiness for yourself and those around you.
To find a course near you visit www.actionforhappiness.org/the-action-for-happiness-course

**CP Learning Trust workshops**
CP Learning Trust deliver a range of free, fun, informative and creative workshops – from rug making to barge painting to gardening and more – across Peterborough, Fenland, Huntingdon, Cambridgeshire and Kings Lynn.
www.cplearningtrust.org/whats-on
info@cpltrust.net
Telephone: 01354 696479

**Meetup clubs and groups**
Meetup is the world’s largest network of self-organised clubs and community groups, making it easy for anyone to organise their own local group, or find one of the thousands already meeting face-to-face to help its members better pursue hobbies, advance causes, network with peers, get health support, or just arrange a friendly playgroup for their kids. Find out what’s happening around the world and start meeting up with the ones near you: www.meetup.com

**Michaelhouse Chorale**
This friendly choir is open to anybody with a mental health condition. Arts and Minds invites people to come and sing at Michaelhouse, Trinity Street, Cambridge CB2 1SU from 2:30-3:30pm on Fridays.
www.artsandminds.org.uk/projects/michaelhouse-chorale/
Telephone: 01223 353053
**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

**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 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

**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

www.lifecraft.org.uk/our-services/creative-groups

**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

**Recovery College courses and workshops**
Whether you want to develop new skills or increase your understanding of mental health challenges, you will find that Recovery College East 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 creative writing, money matters and photography.

The timetable is available to download at: www.cpft.nhs.uk/about-us/recovery-college-east.htm
Telephone Cambridge: 01223 227510 Peterborough: 01733 746660

**VoicAbility Dreamers Bar**
Dreamers is a lively drop-in information bar in Huntingdon 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

**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

**Arts on Prescription Workshops**
A series of weekly art workshops for people experiencing depression, anxiety and/or other mental health problems in Cambridge, St. Ives and soon Peterborough. 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/artsonprescription
Telephone 01223 353 053

**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. Groups 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
Two sides of the story

The term ‘dual diagnosis’ is bandied around a lot, mostly from professionals, but what exactly does the term mean and how is it managed, asks Lois Sidney of the SUN Network.

From our conversations with those who access mental health, drug and alcohol services, the term dual diagnosis doesn’t mean a lot! It’s confusing; some people think dual diagnosis means to have more than one mental health diagnosis; some have never heard of it; some have heard of it but have no idea what it means. Is it a diagnosis in and of itself?

According to Mind’s guidance on understanding dual diagnosis (available on the CPFT website at www.cpft.nhs.uk/downloads/martin/dualdiagnosis.pdf), it’s suggested that 30 to 50 per cent of people with mental health challenges also have current drug or alcohol issues and it’s possible that as many as a half to two-thirds of people who come into contact with drug or alcohol treatment services may also have some kind of mental health challenges.

So, with figures that high, why is awareness and knowledge of the subject amongst those that access mental health or drug and alcohol services so poor?

Is it stigma? A recent consultation carried out by the SUN Network about dual diagnosis and joined-up services, identified that people from drug and alcohol services were worried about being ‘put’ with the people with mental health challenges and vice versa, due to the stigma attached to both groups of people.

Is it lack of awareness? Self-medicating and not aware of it? I know of a lady who had a mental health diagnosis and was drinking whisky out of a mug all day thinking everyone would think it was tea. She had no idea that she had an alcohol addiction.

I also know people with alcohol/drug addictions that are depressed but think it’s part of being an addict – the come down. People don’t seem to identify with having both mental health challenges and substance misuse.

Is it thresholds? How addicted do I need to be to get a diagnosis? How mentally unwell do I need to be alongside my addiction before I hit the dual diagnosis threshold?

Is it services? People get pushed from mental health services to drug and alcohol services and back again with no one looking holistically at the person and what they might need.

Is it too much of a struggle to obtain support? Do people give up and fall between the gaps in service? Where do they go? Do they hit crisis before they are able to access services?

Undoubtedly, all of these issues in some way impact on those that have dual diagnosis (diagnosed or not) and their experiences within services, and these are all conversations we have time and again with those accessing services.

So, what are the facts, what are the answers, and where do you go for help? Speak Your Mind referred to Mind’s guidance on dual diagnosis and found out the following:

What is dual diagnosis?
The term was first used in the USA, in the 1980s, to refer to people diagnosed with psychotic illnesses, who also used illicit drugs or alcohol. Today, some mental health professionals have a broader understanding, and may use the term to include, for instance, someone who is depressed and drinking heavily, or using stimulant drugs (such as amphetamine or cocaine) in order to feel more socially confident.
Health professionals sometimes disagree about when to apply the term. Some believe that any substance use by people with mental health challenges is likely to lead to increased symptoms and is therefore problematic. Others accept that drinking and drug use is more common amongst people with mental health challenges than it used to be and are more flexible about it.

There is currently no standardised treatment for dual diagnosis, largely because it ranges across such a large number of challenges and involves both substance misuse services and mental health services.

People with this combination of problems often have a lot of additional difficulties, which aren’t solely medical, psychological or psychiatric. They are more likely to come into contact with mental health services in crisis, with problems relating to social, legal, housing, welfare and ‘lifestyle’ matters.

What are the symptoms?
It can be very difficult to separate out the symptoms into those caused by mental health challenges and those relating directly to drinking or illicit drug use. There are many reasons why individuals start and continue to use alcohol or illicit drugs. Each person will have their own reasons, and their background, age, class and ethnicity will influence this.

What help is available?
There’s been much debate in both mental health and drug treatment services about how best to help people with mental health challenges who use illicit drugs and alcohol.

Substance misuse services and mental health services have very different philosophies and therapies and staff may have little experience of each other’s fields.

In the USA, there has been some progress in linking mental healthcare and drug services. Dual diagnosis is still a relatively new idea in the UK.

However, services are developing and a number of organisations now offer help and support with dual diagnosis. The next page has some details on current help available.
Holistic treatment

Ben Mitchell tells us about Inclusion, a national organisation that works with individuals, families and communities who are affected by drugs, alcohol, crime and mental health...

Inclusion was established in 2002 as part of a Specialist Services Division of South Staffordshire and Shropshire NHS Trust (SSSFT). It develops new and flexible services delivered by a range of NHS clinical and psycho-social care specialists. Our team is made up of recovery workers, senior practitioners, nurses and nurse prescribers, social workers, counsellors and volunteers to name a few. The volunteer programme also takes on previous service users, who have first-hand experience of the service and have a vast wealth of knowledge, understanding and empathy towards those we work with.

We hold groups and workshops aimed at providing knowledge and an experience-based recovery process, which enables our service users to learn about areas such as relapse prevention, goal planning, triggers, cravings and some basics of CBT. These make up the core of our Inclusion Recovery Programme, a 20-week course which enables service users to take part in, learn from, and also give their own accounts of how substance use affects them and those around them. The aim is then to utilise the new skills they learn through this programme in their lives and, so far, we have had some amazing results!

We also offer some complementary therapies such as mindfulness and auricular acupuncture (that means ears). These therapies are associated with better mood, better sleep and increased energy, better coping strategies, becoming more positive and feeling better about yourself. We believe that it’s not just a case of looking at someone’s substance problem, but looking at the whole person, their lifestyle, their families and the wider picture. As well as this, we also offer support to the friends, families and loved ones of those affected by substance use. We believe that the support has to be holistic, it has to be ongoing and it has to be effective.

For more information about our services, please check out our website at www.inclusion-cambridgeshire.org.uk, email us on info@inclusionuk.org, or call us on 0300 555 0101.

Dual diagnosis cafes

The SUN Network currently runs peer support dual diagnosis cafes in Huntingdon, Ely and Cambridge where anyone who experiences either mental health or drug and alcohol challenges, or both, can come along, have a cuppa and share their experience and learn from others.

Their vision is to see a holistic, joined-up service approach to working with people with dual diagnosis.

You can find out more about the cafes by visiting the website www.sunnetwork.org.uk and if you want to share your experiences of services with them, you can contact them by email at enquiries@sunnetwork.org.uk.

Other sources of help and information

Rethink Mental Illness
Guidance on how using drugs and alcohol can affect your mental health and how you can get help to stop using drugs and alcohol. www.rethink.org/diagnosis-treatment/conditions/drugs-alcohol-and-mental-health

National Consortium of Consultant Nurses in Dual Diagnosis and Substance Use
Support and treatment for individuals who have co-existing mental health and alcohol and drug difficulties. www.dualdiagnosis.co.uk

Mind - Recreational drugs and alcohol
Explains the mental health effects of recreational drugs, what might happen if you use recreational drugs and also have mental health challenges, and suggestions for where to find support. www.mind.org.uk/information-support/types-of-mental-health-problems/drugs-recreational-drugs-alcohol/dual-diagnosis/#.WrFV3xx2vp8
We all need freedom
From prejudice and hate
We need to accept
What is down to fate

Love is the key
We all hold true
Love is a justice
To see us through

A holding of hands
A coming together
Man should be united
From now and forever

Regardless of colour
Creed or race
Sexuality or preference
We all have a place

So who are you?
I’m one of many
A unique creation
A lucky penny

by Mike Sharman
Finding meaning and purpose in song. A meditative exercise. What do the lyrics say and how do they relate to your experiences? For example, are they literal or poetical? What is the energy of the song and can it be used as a tool, for example, to elevate your mood or distract from distressing experiences? Does the song remind you of the past or enable you to imagine the future? If the song could talk to you, what would it say?

This recovery anthem, for me, is an affirmation, an ‘earworm’, a mantra, punk rock and a feel-good tune. It has been my go-to since release. A quick pick-me-up and a reminder of those important messages that help to release the anchor of despair and sail towards my hopes and dreams.

Indie bands
A quick introduction. The 2000s were a time of rise and fall for many indie bands. In an unlikely return, punk rock band Towers of London are now back and have reestablished themselves with the song and music video Shot in The Dark. The lyrics suggest a real spiritual change and recovery journey.

The band has teamed up with BrightVibes, a news and social media based organisation that writes and shares inspiring stories and, in their own words, puts “positive change makers in the spotlight” to produce the video. The lead vocalist Donny Tourette says: “The video is a really cool video, it’s all about people coming together, taking a chance”.

The song begins with a strong melody, anthemic crawling guitar riff, incandescent, foot stomping drums followed by chants from Donny of “imagine yourself...” but this time with glimpses of hope. The chorus hits and with the following “imagine your life turned around looking up”, we go from negative to positive visualisations of the future.

Verses of affirmations and gratitude continue: “thankful for your time spent out cresendos to more chants of “imagine yourself...” but this time with glimpses of hope. The chorus hits and with the following “imagine your life turned around looking up”, we go from negative to positive visualisations of the future.

Verses of affirmations and gratitude continue: “thankful for your time spent out
The video shows a clip of the band alongside a montage of fear-conquering feats, inspirational leaders of hope, communities coming together in the face of adversity, smiling children free and having fun, and people expressing themselves positively through dance and the arts. The spiritual statement: “Imagine your life now you are over the worst, the stars have aligned in the universe.”

Striking image
A striking image in the video is the band in tandem almost having a tug of war, pulling the earth’s crust (countries) back together – a nod to John Lennon’s Imagine. The song and video descend with a guitar breakdown and a shot of the band and people surrounding them, jumping up and down, fists pumping together as one unit. To me this resembles a celebration of life and community.

Donny describes the background of the song: “We were around from around 2004 so over 10 years ago now, we got signed pretty quickly, we had a few top 40 singles, we had our own TV show. Things were going pretty good for a while. We weren’t necessarily in the best state of mind to deal with it at the time. Bit of a rollercoaster – ups, highs, and lows. We essentially ended right down there at the bottom. We’ve had to learn some real lessons and what’s important to us but we’re back…”

“Everyone was on rock bottom, had nothing, living back at home with parents. My mum had just been through a year-and-a-half battle with cancer and had just died. This has inspired us to write a song which means something and comes from the heart. I guess really the moral of the song is that no matter where you are or what position you are in, you can always pick yourself up.”

I certainly hope the band continues along this path of hope, redemption, and positivity.

What is your recovery anthem?

Towers of London Shot In The Dark video is available on YouTube. BrightVibes can be found at www.brightvibes.com and www.facebook.com/brightvibes/

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At 21 I heard voices for the first time. Some utterance out of the blue that seemed no different to the occasional chatter I had experienced before in the haze between wake and sleep. I thought little of it to begin with, but gradually it began to occur more frequently and more emphatically. Occasionally I would see things that others couldn’t as well, but I responded at first by trying to ignore these experiences. And I believed that this meant I was being stoic and resolute but really I wasn’t ready to acknowledge and explore what was happening to me.

At this time, I felt I was at a crossroads. I had taken up boxing on the unlicensed circuit at 18 and this had been a constant fixture of my life since then, fighting with frequency and often success and more emphatically, converted night clubs and the like around England. In addition to this I had worked from the age of 16 stacking shelves in a supermarket and had done so alongside my fighting ambitions until the age of 20.

I had always been seen as unruly in my work, hardly a revolutionary but a small-time rebel at least, scrappy uniform, late for work (or not turning up at all), aggressive towards authority etc. and at 20 I was ‘offered’ the chance to resign or be sacked. So, I resigned and told myself I would focus on my boxing. The dream from the beginning had been to turn professional, to do it for a living, to never work in an environment that didn’t inspire me again.

I boxed in October, winning by knockout but due to my drop in motivation and significant drop in support and encouragement I had gone up a weight division and I relied on brute strength as I didn’t have the stamina to muster any grace or style. The voices were with me here, echoing around the venue, lost amongst the crowd but I did what I had always done, bit down on my gum shield and came out swinging.

Partially in response to the rhetoric of my voices and absolutely down to my choice to do so, I soon began to harm myself. I was expressing myself at least, but I still couldn’t open my mouth.

I was scheduled to fight again in February. I trained myself and again went up a weight division but I felt I was in a different world now, one where peace was at a premium. All of my waking hours were alive with the voices I heard. I was tired, right through my soul I felt tired.

I recall that final fight with clarity (partly because it was so brief). We met at centre ring, I threw out a couple of jabs that had little impact and my opponent came back with a three-punch combination. Going through the motions I covered up, stepped back against the ropes and turned into the punches to diminish their impact, but as my body moved on muscle memory my head became suddenly alert when above the roaring cacophony of a boozy and raucous fight crowd my voices rose to join the din; a soft voice whispered as though close to my ear, “It’s over, you can sleep now.”

As the third punch landed I was stunned not by the punch but by these words. Improvising, I held my glove up to my ear and motioned the referee. He called over the doctor, I told him I thought my eardrum had perforated (something which had happened to me in the past) and he called off the fight.

I believe this was the first time that I was able to hear a positive voice. Maybe they had been there throughout and I wasn’t ready to acknowledge and explore what was happening to me.

I felt calm that evening, I went out as was customary after a fight and just felt contented and relieved, that I had made a brave and partner had passed away. With my head still spinning I limped on, I was committed to the dream even if I didn’t really feel able to accomplish it on my own.

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“The night I quit and won

Danny Bowyer tells how hearing one compassionate voice while boxing finally brought him peace.

“Though the old dreams are full of romanticism and sentiment, the here and now is full of peace and happiness.”

focus on my boxing. The dream from the beginning had been to turn professional, to do it for a living, to never work in an environment that didn’t inspire me again.

But within a year tragedy struck both on a personal level and on my dreams as both my coaches and my friend and principle sparring partner had passed away. With my head still spinning I limped on, I was committed to the dream even if I didn’t really feel able to accomplish it on my own.

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This also heralded a possibility for how life with voices could be and this is how my life is now, I still hear voices every day, but I know that whether they are cruel or kind that they are in their own way keeping me safe and I possess all of the power in that relationship.

I felt calm that evening, I went out as was customary after a fight and just felt contented and relieved, that I had made a brave and
After my review of *Hellblade: Senua’s Sacrifice* in Issue 2 of *Speak Your Mind*, I spoke to the BBC *Ouch Disability Talk* podcast about the game, my hearing voices and unique experiences. It is available here: www.bbc.co.uk/programmes/p064xln9

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bold decision to look after myself. The road ahead of me at 21 was hard but it was a turning point.

I still love to watch boxing and I still wake up and shadowbox for five minutes each morning. Sometimes I daydream as I can never resist the lure of thinking what might have been? But those daydreams dissipate amongst the reality of my life.

Though the old dreams are full of romanticism and sentiment, the here and now is full of peace and happiness.

On my way to victory for the last time October 2009.
Leaving hospital: what happens next?

Leaving hospital after an admission for mental health challenges is significant and getting that transition right is vital. Scheme Manager of SIL, Vicky Fovargue believes there is a missing link in the mental health recovery pathway and their unique services can help to complete that.

SIL has been in operation since 2009, providing enhanced community recovery services for people with complex mental health needs.

Our primary purpose is to support the early or timely transition of individuals from hospital and medium/low secure settings to a community based, high support service, providing self-contained accommodation with individual tenancies, supported by a 24/7 team of recovery support workers with ‘wrap around’ support from our Quality and Practice Team.

We believe that our services represent a missing piece of the mental health pathway, and that many individuals remain in secure units and hospitals because of a lack of suitable alternatives. At best, if an alternative does exist, it is often residential or nursing care, which we believe is less conducive to maintaining or developing the necessary skills to encourage and foster ‘recovery’.

SIL’s Quality and Practice Team, made up of experienced mental health professionals, registered mental health nurses, occupational therapists and social workers, provides support to all of our schemes to ensure a high level of professional competence and understanding across assessments, risk management and recovery interventions and support.

SIL have schemes all around the country, with 14 schemes up and running to date, and a further six in development. One of our newest schemes to open is Drake House in Peterborough, which offers 13 high quality, self-contained apartments with 24-hour on-site support, provided by dedicated and trained recovery support workers and a scheme manager.

“I am the Scheme Manager for SIL’s new development at Drake House and I’m pleased to have this opportunity to introduce myself and share the vision for our new scheme with you all. I have extensive experience working with complex client groups, both in Male HMP Prisons and Youth Offending Institutions as well as being the Senior Team Leader in a residential crisis home for adults.

Our team at Drake House are qualified and experienced in caring for clients experiencing mental health challenges. Some of us also have lived experience of mental health challenges, which gives us the confidence and understanding to be able to support individuals in a therapeutic and recovery-focused service.

As a Scheme Manager I have a strong, confident and passionate vision for Drake House and I’m eager to support residents to reintegrate back into community living. On moving in, all residents will be allocated their own key worker who will work in a person-centred way to encourage the resident to access community services/local projects; we at Drake House believe this can increase the resident’s self-confidence and motivation, giving them back their own sense of self-worth and inspiring their recovery journey.

If you would like to find out more about Drake House, arrange a visit or would like a referral form sending to you, please contact Vicky Fovargue at Vicky.Fovargue@sil-uk.com or call 01733 358639.

Drake House

profile

“Many individuals remain in secure units and hospitals because of a lack of suitable alternatives. At best, if an alternative does exist, it is often residential or nursing care.”
Megan Rose explores the idea of identity
First off what even is sleep hygiene?
Good question! Sleep hygiene is essentially positive habits and behaviours that encourage or facilitate a good night’s sleep.

Hmm ok, why is that important?
Sleep helps our mood and allows us to engage in activities which will both raise our endorphins (those chemicals that make us feel good that people are always harping on about) and encourage better sleep the following night, like exercise and eating well.

“Sleep hygiene is all about winding down, relaxing and telling your body it’s time go to sleep.”

What kind of things does it involve?
Sleep hygiene is all about winding down, relaxing and telling your body it’s time go to sleep. First off, look at the things you do around bedtime and work out whether they are stimulating your brain or not; for example, watching TV may feel passive but your brain is actually sifting through all the different information it’s seeing and processing it. You might think you’re chilling out, but your brain is actually working hard behind the scenes. It’s no surprise then that your brain doesn’t switch off as soon as your laptop does, it’s still doing its stretches and cooling down after its busy day. On top of this, your electronic devices also include a blue light. In the natural world blue light is mother nature’s alarm clock, it tells us it’s time to be awake and out and about. When we use screens...
If your mind is ticking over you can use mindfulness, lists or other tools to help you compartmentalise those thoughts, place them to one side for the morning.

Close to bedtime our brains get tricked by the blue light and think it’s time to be awake. As you can imagine, our brains get a little confused when we then also start getting into our pyjamas and into bed; experts therefore recommend switching screens off an hour before bed.

Another great way to tell our brains it’s time to go to sleep is to give it little cues. Like an actor that’s forgotten its lines our brain needs prompts to remind it what it ought to be doing. These could be things like having a bath, doing your teeth and getting into pyjamas or having a warm drink. The best cues are ones which correlate directly with going to bed, things that you don’t really do the rest of the day.

If your mind is ticking over you can use mindfulness, lists or other tools to help you compartmentalise those thoughts, place them to one side for the morning. The best thing you can do for yourself for the next day is to be well rested so it doesn’t make sense to fret over buying bin bags at 11pm.

What about insomnia?
Insomnia is defined as problems getting to sleep, staying asleep, napping during the day when tired or waking up early and the jury’s out! Sleep hygiene is a point of controversy amongst sleep experts with some believing the tools are still useful even if it doesn’t always feel like they’re doing anything and others feeling it only encourages anxiety around bedtime and sleeping. Similarly, some experts believe we should ‘punish’ our brains for waking or being up in the night by getting up and doing things that are not stimulating or interesting, such as reading the dictionary, to tell our brains they won’t be rewarded for bad behaviour. Others feel that this only adds to the stress and pressure that already exists around sleep for those with insomnia and the best we can do is not stimulate the brain as much as possible when we are awake so that we don’t exacerbate the problem. Doctors generally don’t like to prescribe sleeping tablets for long periods as they are addictive and lose their efficiency the more you use them, however your GP should always encourage you to create a treatment plan with them that feels right for you if medication is something you are interested in.

Well that’s all well and good in theory... Definitely! These are all best practises and let’s be honest who doesn’t love a good Netflix box set in bed? The idea is to be aware of what can affect your sleep and go from there, you can always test things out to get a sense of what seems to impact your sleep and what doesn’t. As with all self care, the importance is on what you as an individual find useful and then making positive changes that make sense for you. It is important to be kind to yourself and allow yourself some flexibility where needed so that going to bed is never something to lose sleep over.

Hannah also writes a blog around her experiences of Bipolar, which you can read at www.psbipolar.com

Sources of support and information

National Sleep Foundation
www.sleepfoundation.org/sleep-topics/sleep-hygiene

NHS Choices - How to get to sleep
www.nhs.uk/Livewell/insomnia/Pages/bedtimeritual.aspx
Louise, CGL Aspire

Aspire is a self-referral service run by charity Change Grow Live (CGL) that supports people with their challenges around drug and alcohol use. Volunteer Louise explains how the service works and how volunteering has aided her own recovery.

What does Aspire offer – how does the service work?
We offer a drop-in referral service. So, people can walk in and come for an assessment. A decision on treatment would then be made with them during the assessment to ensure we are able to meet the individual's needs and that they feel we are the right support for them. People would then be put on the appropriate pathway for their needs; we offer lots of different pathways as stated on the CGL website: “We offer support to the individual in achieving and sustaining recovery. Working with the individual, the recovery worker will offer information, advice and guidance to develop an individual recovery plan with links to the local community. Groups and activities are also available at Aspire to assist people in their recovery journey as well as links to mutual aid groups and longer-term recovery support options.

“Our offer one-to-one support, medical prescribing and detoxification as well as structured group work, peer-led activities and counselling.”

What are Aspire’s values?
Our values are...

■ Focus – focusing on the individual as the way to achieve positive change for the person and the wider community.
■ Empowerment – this allows individuals to realise their strengths and reach their full potential in achieving their goals.
■ Social justice – this is our shared commitment as an organisation to the individuals we support.
■ Respect – for every person we work alongside without reservation or judgement.
■ Passion – we are driven by innovation and determination to enable the safest and healthiest outcomes for the individual and the community.
■ Vocation – which means our work is more than just a job.

What do service users get from working with you?
People working with our service gain a support network involving the professional support we offer as well as the peer support from other people using the service. They also gain knowledge around the effects of the substances they use. This helps them get to know, learn and explore the patterns around their behaviour and substance use to support them to move forward in their lives. Group attendees also get free food from Greggs.

How do service users come to you?
How do they find out about you?
As we are a self-referral service people usually find their way to us by way of signposting. This could be from their GP or other healthcare services, the Jobcentre or one of our many other partner organisations.

What is the age range of people that use your services?
Our service is available to anyone aged 18 and above.

Can you give examples of Aspire success stories?
Many of my colleagues have taken the peer mentor route with our organisation to utilise their lived experience to support others. On the CGL website there are personal stories to educate and inspire: www.changegrowlive.org/what-we-do/evidence-impact/real-stories

What is your role? What are your responsibilities?
I cover reception, phones; I assist assessments, drug testing, needle exchanges, pods, doctors’ appointments and can be around for a chat with people too. I am also building towards being signed off to undertake assessments and key working.

What do you like about your job?
The people I support are the best part of my job. I get so much from being able to talk and spend time with them and providing support and motivation.

“I am inspired by the people who walk through the doors each day – people who have been through significant trials in their lives, who are shunned from society. The people I see myself in, my dad in... My inspiration is facing up to the things that people too easily look away from.”
I also really appreciate the progression route available to me here. I am able to do the same training and have the same opportunities as other members of staff with no avenues closed to volunteers as can be the case sometimes.

What attracted you to volunteering with Aspire?
Having grown up close to someone who had challenges around addiction and mental health, I always felt strongly about these matters. Having experienced my own mental health challenges and finding my own way to recovery, I found myself at times turning to substances. I am greatly aware of the hole for people who have dual diagnosis of mental health and drug/alcohol dependency. After training as a peer support worker in mental health I became drawn to supporting those who seemed largely missed by mental health services.

What’s your greatest inspiration?
I am inspired by the people who walk through the doors each day – people who have been through significant trials in their lives, who are shunned from society. It’s the people I see myself in, my dad in, the suffering of this world. My inspiration is facing up to the things that people too easily look away from.

“My goal is to support people in a way that is helpful for the individual – building self-esteem through empowerment and validation. I’d like to just better one person’s existence. My goal is to show people that they can live peacefully in a world that’s often unkind.”

For me substance use is a part of mental health, because substances change the way we think and feel. And after all, what is mental health? It’s the way we think and feel.

Who are your role models?
I have always found this a difficult question. I’ve never had a hero. I think I aspire to be the kind of person I would look up to. Truth and passion and kindness are my role models.

What are your goals?
My goal is to support people in a way that is helpful for the individual – building self-esteem through empowerment and validation. I’d like to just better one person’s existence. My goal is to show people that they can live peacefully in a world that’s often unkind.

What’s the best way for people interested in working with you to get in touch?
Anyone can self-refer by walking in through the front door to be assessed by a duty worker.

Professionals can contact us by phone or letter. You can also complete the Aspire referral form and return it to us by post, fax, or email. Information can be found on the CGL website at www.changegrowlive.org/content/aspire-peterborough.
I carry a rare cancer gene called CDH1. Unfortunately, the only way to find out if you have this gene is to lose a family member to stomach or breast cancer. I have known about this gene since I was 13 when my mum died of stomach cancer. Since the age of 18 I knew I carried the gene and since the age of 25, I have been living with no stomach. Having this gene puts me at 80% risk of getting stomach cancer and the only way to eliminate this is to perform a Total Gastrectomy (TG), full stomach removal.

At the age of 18 I wasn’t ready to go through a life-changing operation, so I opted for six-monthly screenings. 2013 was when they told me that cancerous cells had been found in my stomach. Something that I had put off for so long now had to be dealt with! I took a further two years to sort myself out, mentally and physically.

I saw various medical professionals and was put in touch with people who carry the gene/had a TG. The operation was booked for September 2015 and I couldn’t be any more prepared, but nothing whatsoever could have prepared me for what was to happen.

I went from a healthy 24-year-old to being extremely poorly overnight. The eight days in hospital dealing with excruciating pain was easy compared to the months after grieving the life I used to live. I have always lived a busy lifestyle, so it became very hard doing nothing. I was weak; I slept for 20 hours out of a 24-hour period. I needed help doing the simplest of things! I cried every single day. I became so low that I started thinking what if I never do get better?

Not being able to eat a lot in one sitting and due to the fact I had to regain energy, I had to eat every hour. This became a huge chore and I hated food.

All I wanted to do was sleep but I knew if I slept I would miss my eating window. It became a vicious cycle! I cannot explain how amazing my family and friends were, but four months down the line I felt I was being a burden on them and even though they never said it, they missed the old Amy too.

It was hard on my family and friends to see me the way I was. The positive Amy with a stomach had become a very negative stomachless Amy!

At my lowest point I visited my local GP, someone who knew nothing about my condition. “Do you want some anti-depressants,” he said. Am I depressed? I thought I was feeling this way because I was poorly and weak but it made me doubt myself. I wanted help getting better physically, building my strength back up!

I didn’t believe anti-depressants would help me at that time. I started getting angry. I regretted having the surgery! Christmas 2015 came, four months after surgery, a season of events. My husband was missing out on doing things because he felt bad leaving me so I pushed myself. Pushing myself too much left me in bed for days, but pushing myself slightly is what helped me. I was still exhausted at these events but I was with loved ones.

“Spending time out of the house and with family and friends really made me feel better. It was these events which reminded me how lucky I am to be surrounded by these people and I was not going to let something like having no stomach stop me from enjoying my life!”
Getting the work-life balance right
Are you often the last to leave work? Long hours mean you may be working harder, but not better – they’ll quickly take their toll on your concentration, productiveness and health.

Create clear boundaries between work and home
Try not to let work spill over into your personal life. If you need to bring work home, designate a separate area for work and stick to it.

Start a to do list
At the end of each day, go over your list and write up one for the next day, when your thoughts are down on paper, you’ll find it easier to not think about work.

Use your commute home to wind down
Read a book or listen to your music. Maybe try cycling part of your journey or getting off a stop early to take a shortcut through a park or quiet streets.

Ask for help
If you feel your workload is spiralling out of control, take opportunity to discuss it with your manager or supervisor.

Five steps to wellbeing
The New Economics Foundation pinpointed five essential steps to improving wellbeing on a daily basis:

1. Connect
It’s clear that social relationships are critical for promoting wellbeing and for acting as a buffer against mental ill health.

With this in mind, try to make a connection:
- Talk to someone instead of sending an email
- Speak to someone new
- Ask how someone’s weekend was
- Find out how someone really is
- Give a colleague a lift or share the journey with them.

2. Be active
Regular physical activity is associated with lower rates of depression and anxiety and essential for slowing age-related cognitive decline and for promoting wellbeing.

But it doesn’t need to be particularly intense for you to feel good. Here are a few ideas:
- Take the stairs not the lift
- Go for a walk at lunchtime
- Walk into work
- Get off the bus one stop earlier and walk the final part of your journey
- Organise a work sporting activity
- Have a kick-about in a local park
- Do some ‘easy exercise’, like stretching, before you leave for work in the morning
- Walk to someone’s desk instead of calling or emailing.

3. Take notice
Reminding yourself to ‘take notice’ can strengthen and broaden awareness. Heightened awareness also enhances your self-understanding and allows you to make positive choices based on your own values and motivations.

Take some time to enjoy the moment and the environment around you.

Creating a Wellness Action Plan (WAP)
A 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.

It also opens up a dialogue with your manager or supervisor, in order for them to better support your mental health. WAPs are also particularly helpful during the return to work process if you have been off work due to mental health challenges.

A WAP should cover:
- approaches to supporting your mental wellbeing
- early warning signs of poor mental health
- any workplace triggers for poor mental health
- potential impact of poor mental health on your performance
- what support you need from your line manager
- actions you and your manager will take if you are experiencing poor mental health

For more information go to www.mind.org.uk/media/4229240/mind-guide-for-employees-wellness-action-plans_final.pdf
Reasonable adjustments and the Equality Act 2010

A reasonable adjustment is an alteration that an employer makes which enables an employee to continue with their duties.

Under the Equality Act 2010, there is a legal duty on employers to make these reasonable adjustments for employees with a disability. Whether mental health challenges are defined as a disability or not, employers are encouraged to make adjustments for staff who are experiencing mental health challenges.

The types of reasonable adjustments made should be tailored to suit you. For more information go to www.mind.org.uk/media/4229240/mind-guide-for-employees-wellness-action-plans_final.pdf

Here are a few ideas:

- Get a plant for your workspace
- Have a ‘clear the clutter’ day
- Take notice of how your colleagues are feeling or acting
- Take a different route on your journey to or from work
- Visit a new place for lunch.

4. Learn

Continued learning through life enhances self-esteem and encourages social interaction and a more active life.

The practice of setting goals has been strongly associated with higher levels of wellbeing. Why not learn something new today?

Here are a few more ideas:

- Find out something about your colleagues
- Sign up for a class
- Read the news or a book
- Set up a book club
- Do a crossword or Sudoku
- Research something you’ve always wondered about
- Learn a new word.

5. Give

Individuals who report a greater interest in helping others are more likely to rate themselves as happy.

Research into actions for promoting happiness has shown that committing an act of kindness once a week over a six-week period is associated with an increase in wellbeing.

For more information on staying well at work, go to www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-yourself/tips-for-employees

If you are looking for information on taking time off work or returning to work following a period of poor mental health, see the October 2017 and January 2018 issues of Speak Your Mind, which are available to download here: www.cpft.nhs.uk/about-us/recovery-college-east.htm
Carers play an invaluable role in helping people manage health challenges and they should be acknowledged, valued and supported, says Jonathan Wells of Rethink Carer Support.

Many people with health challenges have family or friends who are keen to support them in any way they can. But, especially at first, they often feel ignorant about the challenges faced by their family member/friend.

Who is a carer?
The Care Act (2014) came into force in April 2015, formally recognising the role and importance of carers, and giving carers more statutory rights to access support.

Carers’ assessments are a key feature of the Care Act and there is a duty on local authorities to offer carers an assessment of their needs, in order to identify any entitlement to support.

The Care Act defines a carer as “an adult who provides or intends to provide care for another adult (‘an adult needing care’)”.

This is a very broad definition. If you, as a neighbour, friend or family member provide support to someone who could not do without it – and this includes “practical or emotional support” – then you are a carer.

Support for carers
In my experience, families and friends tend to have differing support needs, because each person’s medical needs are different.

However, there are some key areas of support that you, as a carer, may identify with:

- The best possible care for your loved one; this means good access to services, effective, well-organised treatment and support for as long as it is needed.
- Understanding from others that the role of carer can be very lonely and stressful.
- Help to look after yourself. The role of carer can become all-consuming. You might end up sacrificing your own health.
- Help with finances and employment. A high proportion of carers give up paid work to look after their loved one.
- Help in emergencies. If a carer becomes unwell or is suddenly prevented from caring, a crisis often arises. It

One mother’s story

One of my biggest frustrations for my daughter has been the lack of knowing what treatment she was waiting for and when it might happen.

It was a month between the first appointment and getting the letter to say that treatment would be offered and then we waited and waited for what seemed like weeks and weeks. This lack of communication felt like lack of caring to my daughter and just re-enforced her sense of worthlessness.

As a carer I had expected to be more involved with my daughter’s treatment. I went with her to her original appointment and, although she is an adult, she is vulnerable, and her head is busy thinking too many thoughts so it’s not always easy for her to remember or understand things.

My daughter’s care coordinator did call me after I requested a call but although he spoke to me at length I don’t feel that I was given any explanation about the planned treatment and how I could support her at home.

This is beginning to sound like a moaning session and I don’t want it to be all negative – there is always someone for my daughter to talk to in a crisis and somewhere for her to go.

As with many of our public services, we whinge and moan about the ‘organisation’ who often leave us feeling let down but when it comes to the big stuff they come up trumps and provide some fantastic services.
makes sense to plan for such contingencies. The Carers Trust provides “What if?” plans, which mean that if such a crisis occurs the Carers Trust is contactable 24/7 and is ready to put in home care.

Young carers are a special case. Children in a family can end up doing a huge amount to look after mum, dad or another family member, often at the expense of their own health and education. Excellent support for young carers can be accessed from the specialist team at Carers Trust and counselling from Centre 33.

The Triangle of Care
Carers have been encouraged to work with the Trust in the past couple of years to implement the Triangle of Care. This is based on a very simple idea, which is that patients themselves, professional staff, and carers, all have their own expertise which
when shared and respected leads to better outcomes for all.

Working in partnership might mean:

■ In mental health, always obtaining information from carers as part of the clinical risk assessment.

■ In community services, explaining what a spouse can do to enable their loved one to cope with their Diabetes or Parkinson’s, offering education but also training in skills such as moving and handling.

■ Checking practical details with the carer when allocated a new case – e.g. does the client answer the phone? Are they able to keep appointments?

■ When someone is discharged, involving the carer in future plans, e.g. self-management, coping strategies.

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**The underestimated carer**

_Simon Graham, carer_

To me the term ‘carer’ seems to encompass a huge number of roles, but primarily, a carer is here to support someone not for money but for love.

This should be the highest calling. Carers, those who dedicate themselves to the service of others, should be honoured, as those that champion a charitable cause or sacrifice for the common good.

And yet, so often, it feels the opposite. The term carer carries stigma. It is “amateur”, by which they mean done badly. “They never chose it”, by which they mean undesirable. It is “only a support role”, for the main character is the person that has health challenges.

Yes, it is “amateur” but in the sense of “ amatort”, or one who loves. It is unchosen only in that a change in circumstances means that priorities change and those things that we really care for come to light.

And so, I challenge you all. If you know a carer, how do you treat them? When you speak to them, do you ever ask how they are or only the person they care for? When you speak of them, do you relate to them as a person or only in the role that they play for the person they care for?
An introduction to Coping with Panic, second edition
Charles Young
My mum borrowed this book from our local library. At a time when I was finding my anxiety and feelings of panic extremely challenging, she came home from the library armed with a pile of books that would supposedly help both her and me understand those challenges and get back on top of things.

I have to admit to being rather sceptical that any book could really do much to help. I know me best, I thought, so I doubted any book was going to be able to help with my particular difficulties.

I was wrong. Well, partly. I read this compact little book in an afternoon. That was one bonus – I find it hard to commit to reading anything like this if it’s lengthy. And I did actually recognise myself in many of the anxious habits it highlighted. For example, the author advised that you shouldn’t carry a bag around with you in case you’re sick. You shouldn’t carry mints or chewing gum in case you feel anxious and, for the same reason, you shouldn’t carry sedating medications with you. I, in fact, do all of the above!

There were areas of the book that didn’t quite fit with my own experiences. Still, everyone’s different.

Despite my uncertainty, this is definitely worth a read. It gives you clinically proven CBT techniques to help you recognise the link between your thoughts and your panic – something I personally struggle with as I’m never sure which comes first: the thought or the anxiety! It also helps you keep track of your thoughts and feelings through diaries and notepads scattered throughout the book.

The publication is available to purchase from many online stores – or visit your local library!

The Self-Care Project
Jayne Hardy, The Blurt Foundation
The Blurt Foundation, whose mission is to make a difference to those affected by depression, were kind enough to send me a copy of this book. I was interested to see how they would approach the issue of self-care.

True to form the author, Jayne Hardy, Blurt’s Founder and CEO, takes a complicated issue and humanises it. She brings her chatty, creative personality to what could otherwise be a dull and instructive publication, making it much more accessible.

It’s clear she has personal experience – she knows what it’s like to be struggling to look after yourself when you’re experiencing mental health challenges, or, indeed, any kind of challenges. As a result, she is perfectly positioned to offer treasured words on how, through self-care, you can make that journey to recovery more manageable. What’s more, says Jayne, self-care is the best preventative measure available to combat overwhelmedness, stress and ill health in our hectic, modern world.

This is not a quick read. It’s quite a lengthy publication that you need to commit to, but it does cover every aspect of self-care you could possibly think of and I could certainly recognise myself in much of what Jayne has to say.

What’s more, it’s practical. Readers are given several opportunities to get to know themselves, by filling out tables along the way, drawing images to reflect how they feel and describing themselves through written words and illustrations.

Finally, what I liked about this book was that it didn’t suggest that reading it would be the solution to everything. Instead, it recognised that we do have dips and sometimes we need to retreat to our comfort zones, but that in getting to know ourselves and taking proper care, we can give ourselves a big helping hand. The Self-Care Project is available to buy here: www.blurtitout.org/product/self-care-project
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
0844 477 5774

**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

**Carers Trust**
Support, services and recognition for anyone living with the challenges of caring
www.carers.org
0300 772 9600

**Change Grow Live**
Help and support across a wide range of areas including mental health, substance use, criminal justice and homelessness
www.changegrowlive.org

**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

**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, 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 First Aid**
Offers training for all in mental health first aid
www.mhfaengland.org
020 7250 8062

**Mental Health Foundation**
Charity for mental health, aiming to find and address the sources of mental health challenges
www.mentalhealth.org.uk
(0)20 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/our-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
wwwcpslmind.org.uk

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

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

**National Sleep Foundation**
Dedicated to improving health and wellbeing through sleep education and advocacy
www.sleepfoundation.org

**Recovery College East**
Delivers courses and workshops for those receiving secondary services from CPFT
www.cpft.nhs.uk/about-us/recovery-college-east.htm
Cambridge 01223 227510
Peterborough 01733 746660

**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 challenges
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

**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

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“Our greatest glory is not in never falling, but in rising every time we fall”

Confucius