Reaching out
Understanding those who want to take their own lives
“If I can survive the war that I battle with myself, I can survive anything.”

HealthyPlace.com
Since March 2018, 84 life-sized sculptures of men have been installed on top of ITV’s landmark headquarters on London’s Southbank as part of Project 84, a campaign to raise awareness of the fact that 84 men take their own lives every single week in the UK.

The movement is spearheaded by prevention charity CALM (Campaign Against Living Miserably) and exists because death by their own hand continues to be the single biggest killer of men under 45 in the UK.

Simon Gunning, CEO of CALM, said: “Achieving our goal of prevention requires everybody to take a stand. CALM has been campaigning and providing support services for 11 years but, try as we might, it isn’t enough to tackle this enormous problem. So, with Project 84, we wanted to make the scale of the situation very clear to everyone that sees the sculptures. By working with the families and friends of men who have taken their own lives to highlight individual stories, we hope to make the impersonal thoroughly personal.”

One of the key goals of the campaign is to get people talking about males taking their own lives in order to create better prevention. This issue, Speak Your Mind decided to be part of this movement by talking about some of the reasons behind males taking their own lives.

Deputy Editor and Peer Tutor Danny Bowyer considers what makes men more likely to take their own lives than women (page 10). He quotes CALM, who give the following potential reasons:

- They feel a pressure to be a winner and can more easily feel like the opposite.
- They feel a pressure to look strong and feel ashamed of showing any signs of weakness.
- They feel a pressure to appear in control of themselves and their lives at all times.

We also take a look at the importance of talking and saying the right thing when the roles are reversed and you find yourself supporting someone who wants to take their own life. Danny is in the unique position of being both a peer support worker and, by his own admission, someone who has considered taking their own life in the past. Here (page 12) he is able to offer some invaluable advice on what to do when someone opens up to you.

Another of our authors with personal experience is Matt Rose, who this issue tells us about his experience of living on the streets. People often assume that someone is sleeping on the streets due to some fault of their own. Obviously, this often isn’t the case and in some cases becoming homeless can be the result of mental health challenges, or vice versa, as Matt’s story highlights in the first of a two-parter (see page 18).

Inspiration can be found in many of our contributors this issue, who tell us about their personal journeys towards recovery and their wellness tools, including everything from blackout poetry and photography to sea glass craft activities and even the creation of mental health superheroes!

If you want to include your own inspirational story in the magazine, you can do so by emailing symmagazine@cpft.nhs.uk

Enjoy!
Kelly Mansfield, Editor
Share your views!

Do you have an opinion on *Speak Your Mind* that you would like to share?

Perhaps there’s an issue you’d like to see covered or maybe you have some valuable views on what *Speak Your Mind* has done so far.

Or perhaps you’d like to contribute something to the magazine; a personal story, a poem or some artwork, or an article on the wellness tools you use to aid your recovery. The possibilities are endless!

If you’d like to get involved in one of our regular magazine workshops or simply send us your thoughts, get in touch at symmagazine@cpft.nhs.uk

Here’s what some readers have had to say about the magazine so far:

“What I like most are personal stories written by real people. They are very powerful, because they are not based on knowledge or theory in general, but come from their hearts.

“What I would like to see in the future are interviews with the same idea. I would like to hear from users as well as service providers of support groups.”

Kay Miyake

“I feel the magazine is well balanced and there is something for everyone. I identified with the article Recovery Anthem (issue 3). This is such a good idea.

“I have a song which I always sing on a bad day to get me back to normal. It starts ‘When I am down’. It’s a well-known song and so helpful that I’ve written extra verses.

“Poetry and art are also among my interests, so I would like to see these in every issue.”

David Corkhill
Primary Care Mental Health Service (PRISM) wants a new name!

Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) is looking for a new name for its Primary Care Mental Health Service. The service’s name is shortened to ‘Prism’ but, from feedback received by service users and GPs, this name is confusing and has been misheard as ‘prison’. CPFT is hoping that those of you who have used the service, or might have some ideas, could help find a new name for the service. It is based in GP surgeries and offers advice and support for those with moderate to severe mental health challenges.

Email communications@cpft.nhs.uk to share your ideas.

Charities warn that proposed changes to mental health tribunals “put justice at risk”

Rethink Mental Illness has published a comment from various charities which states that the proposed changes to mental health tribunals put justice at risk.

Mental health tribunals determine whether people detained under the Mental Health Act stay in hospital or return to the community. According to the charities, since 2012, over 9,000 people have been discharged as a result of a mental health tribunal. They state: “We believe the Tribunal Procedure Committee proposals will damage the fairness of tribunals, potentially undermine human rights, and lead to longer detentions.

“Pre-hearing examinations are valued by tribunal judges and patients alike, as they give detained people an important opportunity to be heard. Abolishing them only serves as another way to cut people out of their own care.

“Giving tribunals the power to take decisions in more circumstances without an oral hearing will only penalise the most vulnerable people. This could lead to the indefinite detention of older people, people who are severely mentally ill, or people with learning disabilities.

“The Independent Review of the Mental Health Act will cover mental health tribunals in its final report this year. We urge the government and the Tribunal Procedure Committee to wait for these recommendations instead of pursuing a separate agenda for change.”

Find out more at www.rethink.org/media-centre/2018/06/an-open-letter-on-mental-health-tribunals

Government to repay thousands of disabled people who’ve lost out under UC

Mind is calling for government to quickly identify and repay thousands of disabled people out of pocket in the move to Universal Credit.

Government statistics published in June revealed that at least 4,000 disabled people receiving the severe disability premium are worse off as a result of the move to Universal Credit.

The government later announced it will make sure that thousands of people currently receiving this premium won’t have to move onto Universal Credit until there are protections in place. The government has agreed to repay people who have already lost out. People making entirely new claims to Universal Credit will still no longer be eligible for any premiums.

The government had committed to protecting payments for people who currently receive the severe disability premiums. However, in practice many people have found themselves losing these payments because, for example, they changed address and had to make a new claim to Universal Credit.

Vicki Nash, Head of Policy and Campaigns at Mind said:

“It’s really concerning that thousands of people with mental health problems lost their much-needed income in the move over to Universal Credit, and hundreds of thousands more were left living in fear that it could happen to them. It’s right that the government will repay those affected. What’s most important now is that they work quickly to identify and reimburse the people who have already lost their premiums.

“The premiums were introduced so that disabled people who live independently could get the support they need to make ends meet. Many people with mental health problems rely on this money to get to appointments, to see friends and family, and to live independent lives.”
The Mental Health Foundation (MHF) is calling on the government to introduce new standards for employers, to consider psychological hazards in workplace safety assessments.

In its recent report, Stress: are we coping? the mental health charity states that government and the Health and Safety Executive (HSE) must ensure that employers treat physical and psychological hazards in the workplace equally and help employers recognise and address psychological hazards in the workplace under existing legislation.

The call comes after an MHF survey found that over the past year, almost three-quarters (74%) of people have at some point felt so stressed that they felt overwhelmed or unable to cope.

While stress isn’t a mental health problem in itself, it often leads to depression, anxiety, self-harm and even people taking their own lives. It can also lead to physical health challenges such as cardiovascular disease and joint and muscle problems.

Call for psychological hazards to be considered in workplace safety assessments

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Health and safety at work legislation clearly requires employers to identify and mitigate physical and psychological hazards to workers (Management of Health and Safety at Work Regulations 1999). Indeed, the report says there are very few workplaces left in the UK in which employees working with hazardous chemicals would not be provided with protective equipment, and failures resulting in injury or even death prosecuted.

But, says the MHF, we do not currently adopt the same attitudes and behaviours towards psychological hazards.

The full report can be downloaded for free at www.mentalhealth.org.uk/publications/stress-are-we-coping.

Department for Transport extends Blue Badge scheme

The Department for Transport has announced that it is extending the Blue Badge scheme so that more people with ‘invisible’ health problems, such as autism and mental health challenges, can now apply.

The Blue Badge scheme offers accessible parking for people who find travel difficult, allowing them to park closer to their destination than other drivers.

Although Blue Badges have always been available to people with mental health challenges, when Disability Living Allowance (DLA) moved over to Personal Independence Payment (PIP), the eligibility criteria changed meaning that many people with mental health challenges lost their Blue Badges.

The government has now recognised that people with mental health challenges often struggle with these issues when it comes to taking public transport, making unfamiliar journeys or walking longer distances.

Read more about the Blue Badge scheme at www.gov.uk/get-blue-badge.
events, workshops and support groups

Taking place this autumn...

**World Mental Health Day 2018**
World Mental Health Day will take place on 10 October and this year will focus on young people and mental health in a changing world. The event is run by the World Federation for Mental Health, who want to bring attention to the issues our youth and young adults are facing in our world today and begin the conversation around what they need in order to grow up healthy, happy and resilient.

[worldmentalhealthday2018wfmh.global](http://worldmentalhealthday2018wfmh.global/world-mental-health-day-2018/)

**Moodswings groups and workshops**
A range of popular workshops designed to help people cope with a variety of difficulties. Delivered in a friendly informal atmosphere by experienced trainers, these include: Anxiety Management; Self-esteem and Assertiveness; Sleep; Anger Management; Management of Psychosis (Funny Feelings); Mood Management. Although priority is given to people on Moodswings’ Recovery and Support projects, other people can apply.

[moodswingsworkshops](http://moodswingsworkshops)

**Mind Wellbeing Workshops**
Six-week, skills-based workshops which aim to help people cope with the ups and downs of life. These workshops are all free and take place in Mind’s Cambridge, Peterborough and St Neots offices. These workshops are funded to support people with their mental health. Courses on Core Skills, I Matter Too, Anger Management for Men, Anger Management for Women and Mindfulness are also available.

[what-can-we-do](http://what-can-we-do)

**The Green Backyard Community project**
A vibrant community project in the heart of Peterborough, the team have transformed a once derelict 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 [thegreenbackyard.com](http://thegreenbackyard.com). They’re open 11am-4pm on Wednesdays, Thursdays, Saturdays and Sundays.

**Meetup clubs and groups**
Meetup is a large 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 at [meetup.com](http://meetup.com)

**Illuminate Confidence for Change**
Illuminate will be touring Cambridgeshire with its four-day Confidence for Change programme throughout the year. This course covers communicating confidently, steps to build confidence, managing fear and anxiety, resilience, overcoming procrastination, identifying strengths and what’s important, understanding limiting beliefs and gaining the motivation to set goals. If distance and travel is an issue contact Illuminate for alternative options.

[confidenceforchange](http://confidenceforchange)

**CP Learning Trust workshops**
CP Learning Trust delivers a range of fun, informative and creative workshops – from rug making to barge painting to gardening and much more – across Peterborough, Fenland, Huntingdon, Cambridgeshire and Kings Lynn.

[whats-on](http://whats-on)

**Action for Happiness – Exploring What Matters course**
This course gives you the chance to find simple ways to make yourself and others happier. The 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; and 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: [actionforhappiness.org](http://actionforhappiness.org)

**Michaelhouse Chorale**
This friendly choir is open to anybody with a mental health condition – whatever their age – and their carers and friends. Arts and Minds invites people to come and sing at Michaelhouse, Trinity Street, Cambridge CB2 1SU from 2.30-3.30pm on Fridays.

[whats-on](http://whats-on)

**Thistle Drive arts and crafts**
Based in Peterborough, the Thistle Drive Community Centre aims to enhance wellbeing through a wide variety of art and craft workshops, in a beautiful and relaxing setting. Coming up in September are a Journaling group and Ye Olde Traditional Thistles Fayre. Find out more at [thethistles](http://thethistles)

[facebook.com](http://facebook.com/thethistles)
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

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

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

VoiceAbility 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 health 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

Recovery College courses and workshops
Whether you want to develop new skills or increase your understanding of mental health challenges, 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 Becoming More Assertive, Creative Writing for Recovery, Anxiety and Panic and Combating Stigma. The timetable is available to download at: www.cpft.nhs.uk/about-us/recovery-college-east
Telephone Cambridge: 01223 227510 Peterborough: 01733 746660

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

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

Arts on Prescription Workshops
A series of weekly art workshops for people experiencing depression, anxiety and/or other mental health challenges 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

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
Boys don’t cry

Seventy-five per cent of people who take their own lives in the UK are male. Danny Bowyer explores the reasons behind these statistics.

A child falls to the floor; he looks down to see blood pouring from the fresh wound in his knee. He looks up with his eyes full of tears, but instead of being allowed to express how he feels in this moment, those old familiar words ring out: “Be a big boy. Don’t cry.” And for many those words ring out through the rest of their lives. Man up, face adversity without feeling, and whatever you do, don’t cry.

It is a fact that dying by one’s own hand is the biggest cause of death for men under the age of 45 in the UK. The idea that men – a stoic, hardy and insensitive bunch – might take their own lives flies in the face of all that we are told about the notion of masculinity. In truth, males are born but men are made. They are made by the purveyance of stereotypes, by the forced ideology of what men should think, feel and how they should behave.

On their website CALM (Campaign Against Living Miserably) identify some of the reasons that make men and boys more vulnerable to taking their own lives:

“They feel a pressure to be a winner and can more easily feel like the opposite.”

“They feel a pressure to look strong and feel ashamed of showing any signs of weakness.”

“They feel a pressure to appear in control of themselves and their lives at all times.”

Men are strong, independent, risk-takers who pay their own way, right? These stereotypes are perpetuated throughout our society. We are told that real men are useful, that they are bread winners, hard workers. This leads to the notion that if you are not useful then you are less of a man. So, then people unable to gain work, people unable to work through injury or illness, people retired find themselves without an external marker to denote their value to society and through this detachment from masculinity comes a void, and with any emotional void comes doubt, fear and uncertainty.

The stereotypes that men are not able to form close friendships, that men are afraid or unable to be intimate, vulnerable or expressive cause the most harm. These messages, perpetuated throughout society, cause many to question how, as a man, they should react? So, when facing a crisis, feeling low, hopeless and exhausted, shame and stigma rear their heads and stop people from speaking out.

It is common following the death of male celebrities in recent years for there to be public outpourings, a tide of people reaching out to say that it’s OK for men not to be OK. It is only with a broader compassion that says it is OK for all men to speak out that we will see these words take on a more powerful sentiment.

There are further aspects to be explored and this by no means touches upon the wealth of discrimination not only inflicted up on males by harmful stereotypes but also when the myth of masculinity is coupled with other often oppressed characteristics such as sexuality, religious beliefs, economic status and ethnicity.

Beyond the role that gender plays, which we can associate to sexism, we must consider all of the other ‘isms’ and phobic attitudes that impact on people’s lives.

Our language is important, the damage it can do is substantial, and we must seize control of it if we are to make meaningful change. The aim is to support people to feel connected to their sense of self, to a sense of happiness and hope and not simply to keep people from taking their own lives because of how it makes us feel. People may

Sources of support and information

CALM
www.thecalmzone.net/help/get-help/suicide

Samaritans

Wikipedia: Gender differences in suicide
en.wikipedia.org/wiki/Gender_differences_in_suicide
with a group of individuals who through their actions and words promote a wider consciousness and begin to make the changes needed in their own lives and impacting on the lives of those around them. Never forget the power of one individual who has compassion and love behind their motives.

I will leave you with a quote from Scott Hutchison, lead singer of Scottish indie band Frightened Rabbit, who took his own life earlier this year: “And while I’m alive, I’ll make tiny changes to earth.”

always chose to take their own lives no matter how compassionate and open we can become as a society but by first breeding such a society can we see the impact it can have for people. What we as a society need to do better is not pull people back from the edge but to listen when they call out. For every person talked down from a ledge or pulled back from the edge there are many more who slip away quietly alone.

When people are given a physical health diagnosis there is often little element of choice, we can as a species strive to end disease, but a person taking their own life is not a disease and challenging the social factors that often damage our being and sense of self from the shadows is as important as being able to speak with people when they are at their most distressed.

Ultimately, to remove many of the barriers that weigh heavily on people’s lives, we need change to happen at all levels of society. As with all significant sea-change in society and culture it begins with a group of individuals who through their actions and words promote a wider consciousness and begin to make the changes needed in their own lives and impacting on the lives of those around them. Never forget the power of one individual who has compassion and love behind their motives.

Project 84
Campaign Against Living Miserably (CALM) installed 84 life-sized sculptures in London as part of Project 84, a campaign to raise awareness of the fact that 84 men take their own lives every single week in the UK, and to initiate a much-needed conversation around this issue and a movement towards better suicide prevention and bereavement support.

Simon Gunning, CEO of CALM, said: “Achieving our goal of male suicide prevention requires everybody to take a stand. CALM has been campaigning and providing support services for 11 years but, try as we might, it isn’t enough to tackle the enormous problem of male suicide. So with Project 84, we wanted to make the scale of the situation very clear to everyone that sees the sculptures. By working with the families and friends of men who have taken their own lives to highlight individual stories, we hope to make the impersonal thoroughly personal.”

If you would like to read more about Project 84 and view the striking image of the sculptures, go to www.projecteightyfour.com
If someone decides to open up to you about feelings around taking their own life, you have the chance to make a really positive impact. Danny Bowyer provides some tips on how to be with the person, which draw on the training given to Peer Support Workers as well as his personal experience of wanting to take his own life.

If a person shares their challenges with you start by taking the time to appreciate their honesty and thank them for sharing – it may be the first time they have shared their experiences with anyone or the first time they have done so without being probed.

Try asking them how you could be of use to them. Let them take the lead. If they are distressed by talking about their feelings and want to talk about something else, find out about the things that are meaningful to them.

The aim is to support the person to a point where they choose to take a positive course of action, so avoid asking them to ‘think about how their family would feel’ or telling them that they have so much to live for, etc. This can be coercive and may lead to them telling you what you want to hear and not how they feel.

You are most powerful and effective when being with the person in the here and now so focus on the here and now. The person may speak about what they would like to change in their lives or their dreams. This is positive and we can explore these with the person and encourage them to think about how they can take the first step to reaching them.

Support the individual to think about what they can do to change their situation, what support they have at the moment and what support they can seek out. Encourage them to think about what barriers are present for them at the moment that keep them from moving forward and encourage them to think of ways to overcome these barriers. Be hopeful, hope is powerful and is conveyed in what we say as well as in our tone of voice and body language. Validate their strengths. Their bravery in speaking to you is a good place to start but as they talk about their experiences other opportunities will open up for you to connect with them.

Something else that may not feel comfortable at first is allowing a person to express challenging emotions. If a person is crying we may feel drawn to reassuring them, but these expressions of emotion are important and natural. Allow them to cry for as long as they need to and just be there for them in whatever way they would like. It is important to ask permission around physical contact; giving someone a hug or placing your hand on their arm might be very welcome for some but intrusive for others so simply ask “how would you feel about a hug?”

Anger is another natural emotion. If a person is expressing anger, as long as everyone is safe, allow this expression. We may feel a need to calm the person down but this cuts off the expression before it has naturally worked its way out. Give them space and listen.

Sometimes a physical space can have a detrimental impact on us. Consider asking the person if they would like to change space; stopping to make a cup of tea can create the space a person needs to process their emotions.

Hearing what the person wants to share also allows them to develop their thinking. We all know the cliché it helps to talk about it, well it’s a cliché because it’s true, and saying things aloud can allow us to hear what has been going on

**Key points**

- Thank them for sharing with you
- Validate their bravery and courage for sharing
- Honour the challenges they are facing
- Remain neutral, your face and body should reflect full attention and not show or any other strong reaction
- Avoid any tendency to comfort or appease how the person is feeling
- Find out how they want you to be with them and offer the support that feels right for them
- Support them to consider what comes next

**Active listening**

- Building trust and establishing a connection
- Demonstrating empathy and understanding
- Paraphrasing and offering reflective statements to show you understand
- Asking specific questions to seek clarification
- Waiting to disclose your opinion
- Using ‘I’ statements (I think, I feel, I believe)
- Disclosing similar experiences to show understanding
- Using nonverbal cues which show understanding such as nodding, eye contact and leaning forward
- Using brief verbal affirmations like “I see,” “I know,” “Sure,” “Thank you,” or “I understand”
- Asking open-ended questions (questions that cannot be answered with ‘yes’ or ‘no’)
in our minds. When we speak aloud we can often follow through with these thoughts to a point when we find what follows next. Avoid butting in and allow for silent pauses whilst the person composes themselves to speak again.

It is important that you keep yourself and the person safe. Ideally, everything we do would be with the consent of the person, but this may not be possible and we may have to act in the best interests of everyone involved.

There isn’t always a ‘right thing to say’ and we cannot be sure that our interaction with the person will lead to what we perceive to be the most positive outcome, but by taking an approach of understanding and compassion we give ourselves a stronger foundation to build from.

“There isn’t always a ‘right thing to say’ and we cannot be sure that our interaction with the person will lead to what we perceive to be the most positive outcome, but by taking an approach of understanding and compassion we give ourselves a stronger foundation to build from.”

Further support

- Offer to contact someone they trust or support them to make the connection themselves
- Call 111 option-2 and speak to the First Response service
- Support the person to attend your local emergency department
- Support the person to speak with their GP
- If they are already in receipt of support around their mental health then contact their care coordinator
Where did the idea for the Super Depressed comic come from?

**Xanna:** Alex posted on Facebook about some bad feelings he had been having in a queue and it struck a huge chord, then we got chatting.

**Alex:** Yes, that’s where it all began. I’m fairly open about my ups and downs on FB – partly as a reaction to all those people who only post their majestic triumphs and omit the crushing lows. So, we got chatting and Xanna compared being on anti-depressants to having a superpower. I was thinking lately how exhausting it is when you’re fighting an invisible battle on multiple fronts and the imagery we played with lent itself to superheroes.

Who/what is your inspiration?

**Xanna:** Pass the sick bag, it’s... Alex! I wouldn’t be writing them at all without him there – this feels very much like a two-person project. He stops it from being some horribly introspective thing, which would never see the light of day.

**Alex:** I am throwing that sick bag straight back and saying Xanna is my inspiration. It all started from us just riffing on how superheroes don’t have to put up with this crippling self-doubt, then wondered what would happen if they did. I love...
that there's no pressure, just a sort of bewildered joy that what we're doing has this odd momentum that I don't think either of us expected. I love reading Xanna's new scripts and then starting to doodle my ideas, but at no point is there that crushing sense of responsibility and tedium that comes from a proper job.

**Xanna:** In people-I-don't-know terms, I really enjoy the work of Ruby Elliot. The way she talks about her experiences of mental health challenges is personal but has a wide appeal.

**Alex:** I love everything Limmy (Scottish comedian Brian Limond) does. He bares his soul outrageously, allows his mental health to fuel his mischief, doesn't flinch from it. I saw him discuss failure in a really inspirational talk that made me realise most successful people rarely acknowledge the many failures that litter our lives and how mental illness forces us to dwell on them.

**Where do the ideas for individual comics come from?**

**Xanna:** I guess they come from life -- things that have happened, things that might happen, things that are happening right now.

**Alex:** Yes. I like that responsiveness, to be able to get to the end of a rubbish day and turn that experience into something surreal and tragicomic.

**Do you have personal experiences of mental health challenges? If yes, how has that influenced your work on the comic?**

**Xanna:** I think it would be impossible to write these comics without a personal experience of this sort of thing. It's probably a horrible cliche, but it's a kind of therapy really. Once I started writing, it was hard to stop, the ideas just came flooding out.

**Alex:** In terms of my mental health, like Xanna, it's a form of therapy, and happens in bursts. I've wrestled with depression since my early 20s (I'm 40 now). For years I was fearful even of giving it a name or seeking help and it caused enormous damage to both myself, my relationships and my work. I've now got an understanding partner and also a lovely therapist who may turn up in the comics offering terrible advice for the sake of a joke.

**What response have you had to the comics?**

**Alex:** It's been very positive, I think. The reviews on the Facebook page imply a good mix of people who find they can relate to it, whether or not they have mental health challenges, which makes me happy because inclusion over divisiveness is always nice.

**How do you think the comic benefits people with mental health challenges?**

**Xanna:** It's next to impossible to offer solutions to other people's challenges but understanding goes a long way. And these little candy-coloured superheroes, struggling with life, they get it. That's kind of comforting.

**What's different about what you do?**

**Xanna:** The comics are not relentlessly miserable, and they are not relentlessly optimistic like a lot of things you see on Instagram related to depression. They are not trying to give you advice on how to cheer up, and they are not trying to wallow in misery.

**Alex:** Yeah, I think that tone is really important. I see a lot of blogs and treatment of mental health that is either 'acknowledge my pain' or 'here's how you can be normal' and those are fine, valid approaches for some people but not us.

**How many characters are there? Who are they based on?**

**Xanna:** There are infinite characters. Although, at first, I imagined just one man. Then Alex started drawing them all
different, and naming them, and I was suddenly like, ‘Yes! Let’s make Super Depressed Top Trumps!’

Alex: I have lots of monsters that live in my head and reflect different emotional states. The superheroes are the same and usually present themselves as I read each story, or, occasionally, I have to try different ones until they fit. The main hero – the titular Super Depressed – is very self-critical and overthinks everything. Emma Power is more emotionally withdrawn and self-doubting. The Freek suddenly loses enthusiasm for things he had previously enjoyed. Morphette has a problem with self-loathing. But crucially, I think we’re in there with them, rather than archly observing.

Who are your readers/followers?

Xanna: The comics aren’t exactly laugh out loud funny, and a lot of people don’t get them. But when people do get them, they “really” get them. And they find them funny. Perhaps it’s a sort of laugh of relief? We’re aiming to get at the absurdity of depression – because really it can be kind of horribly funny. Darkly funny. So, the readers are people who appreciate things that are funny-sad-truthful.

Alex: I think our work ranges nicely from the accessible to the esoteric depending on our own moods and interests, so the audience is similarly varied. Twitter has been interesting because we follow all our followers back, and the feed is fantastically diverse in terms of interests, politics, etc., so I guess the only common factor would be a clear interest in and awareness of mental health, and crucially a desire to laugh about it.

How do you think attitudes around mental health need to change?

Xanna: Humour is a good way of getting a message across. And comics are a good way of opening up a conversation. You could show someone a comic and say ‘I feel like this sometimes’ without feeling too vulnerable.

Alex: Attitudes (towards mental health, politics, everything) need to be far less binary and acknowledge we are complex, contradictory beings. I also think we have a tendency isolate ourselves sometimes as people with mental health challenges. The main thing is to remove that sense of shame that contributes to isolation.

How can the work you are doing aid this?

Xanna: Humour is a good way of getting a message across. And comics are a good way of opening up a conversation. You could show someone a comic and say ‘I feel like this sometimes’ without feeling too vulnerable.

Alex: I hope it speaks to people beyond our own background.

Do you have other jobs?

Xanna: Yes, I work part-time writing and editing, mostly children’s books and adult cult fiction.

Alex: And I am a digital animator, but I’d rather be doing this all the time.
Max Wren attended Recovery College East’s photography course and these images are the result!

Here’s what she had to say: “The photography course for me has given me the confidence in my ability to take a good photograph. I have felt able to share my work with others which in turn has meant I’ve received feedback and that has been invaluable.

“The activities as part of the course drew emotions I never thought possible which has actually helped me break down some previous barriers in my ongoing recovery.

“I am now able to express myself better through the art of photography, which gives me even more reason to continue with taking photographs I feel so passionate about.”

For information about this course, email recoverycollegeeast@cpft.nhs.uk
I have been made homeless twice. The first time was following the breakdown of my marriage.

I contacted the housing association to see what help they could offer me, but as I was working full time, there was nothing that they could do, I was on my own.

I had nowhere to go and no one to help me out. I lived in Peterborough but worked 12-hour day and night shift patterns in Cambridge.

I managed to buy a cheap Ford transit van; I put a fishing bed in the back and a roller blind behind the driver's seat, so no one could see me in the back of the van, to sleep in. This started a slow slipping of my mental health. I was homeless and not seeing my children, who I love with all my heart and who give me my sense of purpose. But, in one respect, I was lucky. I worked as site supervisor for a security firm that looked after a big site with 12 buildings housing multi-million-pound companies. Some of these buildings had gyms, showers and much more. I would unlock the buildings early and have a shower before employees came onto site and, again in the evening, I would shower and lock up the buildings before returning to my van at the end of each shift.

Money was tight

During the days that I worked nights I would leave site and park in a car park at a local country park. For food I would eat sandwiches made at work or a microwave meal. Money was tight as, not only did I have to pay for parking each day, fuel, laundry, etc., I still had to pay bills and maintenance money for my children. I lived like this for six months, seeing my kids as much as I was allowed until I could save enough for a small bedroom in a shared house.

The second time I became homeless was due to the changes in housing benefit (bedroom tax).

Three months after moving into a shared house, I received a phone call from the housing association asking me to pay for repairs on the family home as my ex-wife was moving into new accommodation. I made the most of the opportunity and moved back into the family home, meaning I was able to have full contact with my kids.

Eighteen months later, I had an accident at work which left me with traumatic damage to my groin, hip and lower back, leaving me with mobility challenges. I was unable to work and ended up on benefits. I managed to keep the roof over my head until six months after my accident, when the introduction of the “bedroom tax” left me with £26 a fortnight to live on, to pay for food, electric, gas and prescription costs plus food for my kids when they stayed.

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The devastating news that the damage done to my body from the accident meant that I would need the use of a wheelchair. She could not envisage herself being someone with such needs.

Point of no return

This was the point in my life that I’d had enough. Enough of the pain. Enough of my life. My mental health had reached a point of no return as this triggered an opening of my “Pandora’s Box” and all my past life traumas that were held within.

I was stood on the ledge of a bridge intending to end my life when a passer-by jumped off his motorbike and dragged me back from the edge. I was so determined that the police arrested me and I was sectioned.

I think it was a week later when I got dropped off outside the local council building and was told to sit inside until I was given somewhere to sleep. I was put into a local hotel. I lived in that hotel with only a kettle for drinks; I was not even allowed a microwave in the room, for over three months.

I was then moved into a hostel for three months before being given a bungalow, which I have now lived in for almost 18 months. I have only just started to call it home and decorate due to being scared I would lose it and need to move again.
the PEP (Peer Education Programme) course, qualified as a Peer Support Worker, am now employed by CPFT and work in the community supporting peers with mental health challenges. This has become my most rewarding job so far and is now one of my wellness tools. I am still on my road to recovery but every day I’m reminded how lucky I am to have the privilege to share peers’ journeys on their road to recovery.

Useful links

Mental Health Foundation
www.mentalhealth.org.uk/blog/homelessness-and-mental-health

Crisis – mental health
www.crisis.org.uk/ending-homelessness/health-and-wellbeing/mental-health

Mind – housing and mental health
www.mind.org.uk/information-support/guides-to-support-and-services/housing

Rethink Mental Illness – homelessness
www.rethink.org/living-with-mental-illness/housing/housing-options/homelessness

Recovery College East
www.cpft.nhs.uk/about-us/recovery-college-east.htm

During my hotel and hostel days I was assigned a Support Time Recovery Worker who introduced me to the Recovery College East Peterborough, who turned my life around. I don’t like to think where I would be if I had not come across them. I trained on

During my hotel and hostel days I was assigned a Support Time Recovery Worker who introduced me to the Recovery College East Peterborough, who turned my life around. I don’t like to think where I would be if I had not come across them. I trained on
Mental Health Foundation – the links between homelessness and mental health

Affordable and safe accommodation brings stability and security; provides a gateway to access health services like GPs; enhances social and community inclusion; and provides the basis for the right to private and family life. Put simply, a home is vital for good mental and physical health, allowing people to live in safety, security, peace and dignity.

Whilst there is no such ‘right to housing’ in itself, the right to an adequate standard of living, including housing, is recognised in the UN Covenant on Economic, Social and Cultural Rights.

Of course, there are numerous factors which can cause people to become homeless, many of which are beyond individual control, such as lack of affordable housing, disability and poverty. But what really needs to be highlighted is the two-way relationship between homelessness and mental health.

Homelessness and mental health often go hand in hand, and can be a self-fulfilling prophecy. Having mental health challenges can create the circumstances which can cause a person to become homeless in the first place. Yet poor housing or homelessness can also increase the chances of developing mental health challenges or exacerbate an existing condition. In turn, this can make it even harder for that person to recover – to develop good mental health, to secure stable housing, to find and maintain a job, to stay physically healthy and to maintain relationships.

It is a fundamental fact that single homeless people are much more likely to have mental health challenges compared to the general population. In 2015, 32% of single homeless people reported a mental health challenge, and depression rates, for example, are over 10 times higher in the homeless population. Unfortunately, other psychological issues such as complex trauma, substance misuse and social exclusion are also common.

This mental health inequality could be resolved through various measures, both within and beyond housing policy. So what changes in policy and practice should be made? Read on at www.mentalhealth.org.uk/blog/homelessness-and-mental-health

“I am still on my road to recovery but every day I’m reminded how lucky I am to have the privilege to share peers’ journeys on their road to recovery.”
The man with the light in his eyes

I had wondered for years
Not knowing who I could be
I’d put up with tears
I had needed to be free

Just one withstanding man -
I had so much hate
He saw me too well
My every move
he’d re-create

He subtly taught
all about me
He made me realise
That him and I
were “we”
The man with the
light in his eyes

You carry me,
You put me down
Neatly dress it
I can help myself
When I’m with you

In the morning it’s
My gut feeling you’re there
It keeps me alive
Aware of the knowledge
That we share

by Megan Rose
The numbers were so important. In fact, they were more than that. They were crucial to my very existence. I couldn’t remember a life where the numbers were not my number one priority. Every day, when I woke, the numbers beckoned to me.

On wakening, I would check on the biggest (and most important) number of all: my weight. I must ensure that it was executed on a particular spot in the room. A slightly wonky floorboard by the bathroom door gave the best results. If I adjusted myself correctly, it would provide the most advantageous reading.

This daily ritual was a torment, but an absolutely necessary one. If the needle had moved to the left, I’d be happy and elated. A swing to the right would ruin my day. Going out into the world would be a constant exercise in comparison. Am I bigger or smaller than her, or her, or her? This is what life was like. My reason for living was to be and look like everyone else. In my case, this became a nought, a size zero. Once I’d achieved this, there would be nothing I couldn’t do, be or have.

Logically, I knew this was ridiculous, but this wasn’t driven by a logical mind set. This was an oxymoronic existence. One that was extremely well known to an anorexic 20-year-old who had been living this way for years.

It had not started like this. The young me was pretty, clever, popular. Then, at age 11, I moved to grammar school. Suddenly, I was no longer top of the class. For my mother, at least, this just was not good enough. I was from a working-class background and she wanted me to show the rich kids that I was just as good as they were.

As her disappointment and frustration in me began to manifest, I started to notice how much larger I was than my peers. At 5ft 4, I was already one of the tallest, but I was also one of the ‘fattest’ – or at least that’s how I saw it. In my not yet mature, extremely hormonal, pubescent brain, being thin would mean I would gain the praise of my mother, the top space on the honours board and be part of the gang. Looking like everyone else was the key to my plan. I could not control the world around me, but I could control what I put into my mouth.

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If I hadn’t met my first husband when I did, I’m not sure where (or what) I’d be. He nurtured me back to a semblance of normality, showed me that numbers are just that – numbers – and that love, for each other and for yourself, are far more valuable measurements to monitor. He took over my meals entirely. The food shopping, the preparation, the cooking, the washing up. We took it step by step. The only rule was that I ate something at each meal. Paradoxically, I actually lost weight and, through the years, have I smoked, about 40 a day. Guilt, shame, blame. Guilt, shame, blame. 

The importance of recognising and celebrating our own, unique and individual beauty, whatever our shape or size, has proved to be Sue’s life purpose. She is now an Image Coach who presents and trains ‘the diversity of image’ all over the world to her peers, fashion students and anyone who cares to listen!
stayed pretty much as I am today. My recovery only really started when he died. This was just a few years after we had met and it was, to this day, the most devastating experience I have ever had. I could have reverted back to my eating issues, as it’s my ‘safe’ space to be when things go awry, but apart from some panic attack days when I’d lock myself away out of sight, I did not succumb. I managed. I ate. I acted as ‘normal’ as I could.

That was a long time ago, but the little voice is still there. The one that can still distort what I see in the mirror when I look at my reflection. The one that says, “Are you really going to eat that?” as if I’m not worthy of good nutrition or special treats. The one that still says, “You are so much fatter than her”.

I am not my eating disorder, and my eating disorder is not me, but for as long as I can remember, I have struggled to identify myself without it. It’s always been by my side, in my head, tucked away, always waiting. These days I acknowledge its presence, hear what it says and then (mostly) carry on with my day and no longer allow it to govern what food I put into my mouth.

My journey has taught me that fat is not a feeling. Feeling “fat” is really a placeholder for other emotions; sadness, anxiety, anger, even success, that I may not wish to fully embrace.

These days it’s the small numbers that make me smile: two robins playing in the garden; three beautiful colours in the evening sky; 14 fabulous fruits and vegetables in the box I buy from my local farm shop.

Instead of trepidation, I eagerly anticipate these vital statistics. They prove I am living my life and it is working out. It hasn’t always been easy, but I am still here. These days I no longer want to look like the rest of a group or be just a number within one. I relish being different. I have learned that uniqueness and change are qualities that enhance my life, making it exciting and fulfilling. I’ve realised that failure is actually just another way of saying ‘opportunity to learn’ and, more importantly, perfection does not exist!

I’m not saying that my inclination towards being size zero has entirely disappeared, but I have acquired the tools, and the reasons, to manage it. Nowadays, being fit, strong and healthy take precedence, whatever my dress size (another number I manage to ignore).

In the end, most of my recovery was down to my unfailing desire to live, and to a handful of wise, compassionate people who, seeing beyond the ‘hype’, cared deeply and believed in me, helping me to discover who I really am and my purpose in life.
Mental health in this country is changing. Stigma is being challenged every day. Awareness is going up. And politicians, for the first time in decades, are putting mental health on the agenda.

Campaigns such as Time To Change and Heads Together have created a big shift in this country’s awareness of mental health.

However, there’s one area lagging far behind.

Research has treated and prevented illness after illness. From cancer to heart disease: treatments, services and support are all being transformed. And millions of lives have been transformed as a result.

But when it comes to mental health, we can’t say the same.

For many conditions, the treatments most available haven’t progressed in decades. The best treatments are hard to access and even they still don’t work for everyone.

It’s unbelievable that in 2018, we’re unable to tell millions of people with mental health challenges enough about why they are having these experiences.

And it comes down to a lack of funding into research. For every person affected by cancer, £178 is spent on research into the condition every year. For mental health, it’s less than £10 per person affected.

As the UK’s leading mental health research charity, MQ is here to change this. Since 2013, we’ve been funding the best and brightest scientists around the world, to find answers to the biggest questions facing mental health. Through psychological, biological and social research, they’re finding out more about why we become unwell, and how we can get better.

Research can create radical change,
and transform mental health through:

- Improving understanding, to find out how and why mental health challenges develop, and to speed up diagnosis.
- Improving current treatments, because everyone should have rapid access to a mental health support that works for them.
- Preventing mental health challenges. Some 75% of mental health challenges start before the age of 18 and can have lifelong impacts. Through research we can understand who is most at risk and find ways to provide better treatments earlier.

In 2017, we began to see results from our earliest studies. Every discovery our researchers make increases our ability to understand, treat and ultimately prevent mental health challenges.

**Can we accurately predict which treatment will be most successful for individual people?**

Our researchers, Dr Rob DeRubeis and Zach Cohen, have developed a tool that helps clinicians, through the Improving Access to Psychological Therapies (IAPT) programme, to recommend the best treatment for each individual who experiences mental health challenges. It uses advanced statistical modelling to compare data on the effects of different treatments, the factors that affect how people respond, and the ways that treatments interact. Their tool then shows the likely impact of each treatment option for a particular person/individual. Rob and Zach have made their research available for free and now want the widest possible audience of researchers, clinicians, people who are experiencing or have experienced mental health challenges, insurers and policy makers to put this groundbreaking tool to the test.

**Do hormones affect anxiety?**

Dr Bronwyn Graham has found that women with anxiety who have low levels of the hormone oestrogen are less likely to feel well—and stay well—following treatment. Oestrogen levels drop during the early phase of the menstrual cycle and when women take hormonal contraceptives, and Bronwyn's findings suggest that anxiety treatments could be made more effective if this is taken into account. Treatments could be given at an optimum time, for instance, or medication could contain oestrogen. Anxiety is twice as likely to affect women, and Bronwyn's work not only suggests why, but suggests ways forward.

**Could we prevent a diagnosis of schizophrenia and other serious mental health challenges?**

Dr Joshua Roffman has shown that children who were exposed to folic acid while in the womb show changes in children's brain development. In the 1990s, the US government began fortifying bread, cereals and other grain products with folic acid to prevent against spina bifida, which provided a “natural experiment” to explore its wider effects on brain development. By looking at brain scans of children born before and after the US programme began, Joshua found that folic acid had a positive impact on brain regions that are known to protect against schizophrenia risk. Joshua's findings show that public health programmes like national folate fortification could lead to more targeted support for people most at risk and have significant potential in preventing diagnoses such as schizophrenia and other serious mental health challenges.

**Would you like to take part in mental health research?**

We’ve launched a new platform to create an easy way for people to see what opportunities are available to take part in mental health research across the country. Our very own MQ-funded researcher, Dr Colette Hirsch, is using this for her study into anxiety and depression: “Together we can help find answers that will pave the way for better mental health in the future”.

To take part, go to www.mqmentalhealth.org/articles/take-part-in-research

With research comes the ability to change lives. To make sure one day, the one in four of us affected by mental health challenges will receive the right treatment, at the right time. And ultimately, that we might find ways to prevent mental health challenges from developing in the first place.
Recovery College East delivered a session on blackout poetry as part of the Creative Connections course. Blackout poetry is defined as "when a poet takes a marker (usually black marker) to already established text – like in a newspaper – and starts redacting words until a poem is formed. The key thing with a blackout poem is that the text AND redacted text form a sort of visual poem.” Here are some examples of some students’ work.
hello

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CLARE BALDING AND SUE AT OUR COVER SHOOT
“Walking is therapy for the soul,” says Clare (p16)

HELEN MIRREN ON HER NEW FILM Plus her favourite chef, food and kitchen gadget... (p52)

“THE MOMENT MY LIFE CHANGED” Having breast cancer led Clover to start her own business (p74)

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One of my favourite craft activities is to make jewellery out of sea glass. You cannot just go to Hobbycraft to buy sea glass. You have to go to the seaside and collect it from the beach.

One of the best beaches to find sea glass in the UK is Seaham on the North East coast. This is because there used to be a Victorian glass bottling plant near there. At the end of each day all the waste glass was dumped into the sea. Over the years the glass has been broken down and shaped by being tumbled about in the waves and smoothed by rocks on the beach. Different shapes and sizes of sea glass then end up on the beach in the sand and amongst pebbles.

I can spend hours walking along the shoreline collecting sea glass. I find it such a relaxing thing to do – each time I find a piece of glass it feels like I have found buried treasure. When I get home after a trip to the coast I sort through all the glass I have found. I pick out the glass I can use to make pendants, rings, mobiles and earrings. I really love using something I have collected from the beach and turning it into a piece of jewellery. It creates something very unique.

In the past I have sold pieces at craft fairs – it made me feel very proud that someone bought something I made. Everything to do with my sea glass hobby is, I feel, good for my wellbeing. At times when I haven’t been very well and not felt motivated to do any craft projects I sometimes just tip out all my sea glass onto a table and just go through it all – finding my favourite pieces. The sound it makes when I move it around is really nice too! Also, I may think about the last trip I went on to collect sea glass and how it made me feel, and look through photos I took when I was away.

When I start to feel a bit better I have a think about maybe planning another trip to the coast. Then I may actually book something a few months ahead to give me a goal to focus on. This can really help me feel better as I am planning for something in the future. I’m so glad I have found something special to me that involves travelling, and getting out in the fresh air – also, being able to use the skills I have taught myself to create a piece of jewellery that is beautiful and unique.

This is one of the reasons I try and encourage people who may not have ever taken part in craft activities to just give it a try. Research shows that being creative improves depression, anxiety and coping skills, while enhancing quality of life and reducing stress.
There are so many different crafts to try out. You don’t have to have any particular skills to get started. A few craft activities I have done in the past include painting, collages, model making with fimo clay, rock painting, jewellery making, making pom poms and decoupage – to name but a few!

You could just buy an adult colouring book and a pack of pencil crayons – a lot of people find this a good thing to do if they haven’t done any art and crafts since they were at school.

There are many options available when it comes to learning a craft. Community classes are great as you can connect with others and feel a sense of community as you work to create something. YouTube is also good – there are loads of video tutorials on many different crafts that give you a step-by-step guide. Facebook has lots of different craft groups where you can find different ideas – you can even post photos of things you have made. The library also has a great selection of books on arts and crafts.

Overall I feel taking part in craft activities could be really positive thing for people facing challenges with their mental health. It can provide a distraction, giving your brain a break from your usual thoughts. It can also provide a sense of accomplishment, which in turn can boost your self-esteem. I will finish with a quote from Albert Einstein: “Creativity is intelligence having fun.” I love this quote – it is so simple yet seems to sum up the essence of this article.

You can get so much out of doing crafts. At the end of the day it’s about enjoying yourself and having fun – and if that in turn helps improve your wellbeing then that can only be a good thing!

Get crafty!

If you fancy trying out a craft activity:


- **Learning for Wellbeing** also put on free courses at a few different locations around Peterborough. [www.learningforwellbeing.org](http://www.learningforwellbeing.org)

- **The Brewery Tap** has a free craft group that meets every Monday evening from 7pm. [www.thebrewery-tap.com](http://www.thebrewery-tap.com)

- I belong to a free craft club we meet at Argo lounge every Tuesday from 10.30am. [thelounges.co.uk/argo](http://thelounges.co.uk/argo)
equality and diversity

Part one: job seeking

If you’re thinking about getting back on the employment ladder after a period of mental or physical health challenges, should you be concerned about whether your health challenges might go against you in the recruitment process?

Employers must ensure a fair, diverse and equal workforce – and this starts with the recruitment process. With the advice of employment law specialist Pam Loch, here we’ll take a look at what steps employers should be taking and some of the warning signs that all is not equal.

The Equality Act 2010 protects people from discrimination in the workplace. It sets out the different ways in which it’s unlawful to treat someone under nine headings known as ‘protected characteristics’:

- Age
- Disability
- Gender reassignment
- Marriage or civil partnership (in employment only)
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

The job description

During your job seeking, if you’re reading a job description it should describe the skills, experience or qualifications needed in order to perform the role. It should not, however, specify, for example, that the role is for male candidates only or those of a certain age. This is direct discrimination.

Also, employers should not state minor requirements that are not a fundamental element of the role. For example, if they are recruiting for a desk-based role but state that they require an “active and energetic” person, they would be at risk of discriminating against someone who is disabled.

The use of language is also important. Advertising a role for a ‘waitress’ rather than stating ‘waiting staff’ or ‘waiter or waitress’, could be considered sex discrimination.

The job application

During the application process, employers need to consider and make reasonable adjustments for disabled applicants. This may include providing supplementary information, or an alternative format if using a standard form would put a person with a disability at a disadvantage.

Unless it is necessary for the role, employers should not make any pre-employment enquiries about an applicant’s health or disability, and cannot make a decision on an application on the basis of a requirement that could have an adverse effect on a protected characteristic. For example, if an employer rejects candidates who have had a career break, they could be discriminating against women who are more likely to have taken a break to raise a family, or transsexual people who have taken time off for gender reassignment. This is indirect discrimination.

The interview process

If you are required to interview for a role (by a face-to-face meeting, over the phone, or by giving a test to complete), the employer is required to make reasonable adjustments to the interview process if you request them – for example, using a textphone for a telephone interview if the candidate has a hearing impairment. If the employer changes the decision to interview you after you have

“Unless it is necessary for the role, employers should not make any pre-employment enquiries about an applicant’s health or disability, and cannot make a decision on an application on the basis of a requirement that could have an adverse effect on a protected characteristic.”
told them, or they discover when you arrive, that you are disabled, this could constitute direct discrimination.

An employer could also unlawfully discriminate against an applicant by, for example, asking questions about a female candidate’s family situation, or whether she is planning on having a family. Making jokes about someone’s race or religion could constitute harassment, which is a form of discrimination.

The job offer
Congratulations – you’ve been offered the job! You may or may not have already disclosed to your new employer that you have a disability. In accordance with the Equality Act 2010, you are not required to disclose this during the interview process, and the job offer should not be withdrawn if you do tell them. In fact, the employer is under an obligation to consider and make any reasonable adjustments to enable you to do the job once they know that.

Likewise, a woman does not have to tell the employer she is pregnant during the interview process and cannot later be lawfully dismissed as a result.

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As a service user, you can always expect and have the legal right to be treated equally and with respect and dignity. Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) is one service provider committed to ensuring that everyone who receives its services receives the same level of service. Here, Sharon Gilfoyle, Head of Inclusion at CPFT, explains how they go about it.

Everyone that works with CPFT or receives its services can expect to be treated with respect and dignity, and have their personal, cultural and spiritual needs taken into account. In this way CPFT is able to deliver quality care and services whilst giving the service users the opportunity to reach their full potential.

To further support the Equality, Diversity and Inclusion (ED&I) agenda the Trust launched a campaign in April 2018 called Embrace: 2018. The purpose of this is to highlight and raise awareness of the equality, diversity and inclusion work within the Trust and to engage staff, carers and service users in this initiative.

Research tells us that diversity is a competitive differentiator; a more diverse workforce increases employee satisfaction, fosters innovation and creativity and improves decision making. The Trust is an employer that embraces the equality, diversity and inclusion agenda, however we want to develop this further:

**Embrace equality:** The Trust will ensure fair and equitable access to all of its services, wherever they are needed, whether by patients, carers, staff, volunteers or members of the community.

**Embrace diversity:** The Trust will recognise and embrace difference, within its workforce and among those who live, work and receive care in Cambridgeshire and Peterborough.

**Embrace inclusion:** The Trust will welcome and celebrate diversity within the Trust and the wider community and aim to be an employer of choice, creating an environment where everyone can develop their talents, prosper and succeed.

**Our priorities for 2018/19 are:**
- Improvement capturing staff ethnicity data e.g. BME, disabled and LGBT staff. To get a better understanding of the diverse staff working within the Trust.
- Increase the number of Diversity Champions and raise the profile of Equality Diversity and Inclusion (ED&I) agenda.
- Further training, education and development for specific work streams.
- Improve our processes and practices to ensure the Trust is inclusive with regards to the nine protected characteristics as set out in the Equality Act 2010.
- Celebrate diversity by understanding the diverse staff who help deliver our services.

To support the campaign the Trust has developed a ‘Diversity Champion’ role to support the Trust to effectively embed all aspects of Equality and Diversity agenda. The champions – within their own roles as clinicians, administrative colleagues, managers and so on – act as role models, taking actions when appropriate and addressing behavioural issues when necessary. They ask questions to check that diversity in its broadest sense is being recognised, understood and considered as integral to the decision making and evaluation processes.

A good Diversity Champion doesn’t need to know all the answers but needs to be prepared to spend some time developing their own personal competencies around this and to be open to equality and diversity issues and opportunities, champion equality and diversity in the workplace and share learning. CPFT now has over 35 Diversity Champions across the organisation.

CPFT remains committed to providing an environment where all staff, service users and carers enjoy equality of opportunities. We are hopeful that staff, patients, carers and the community will support this exciting initiative – by eliminating prejudice and discrimination we can deliver services that are personal, fair and diverse and in doing so support a community that is healthier and happier.

For more information, email EDI@cpft.nhs.uk
Having been ill with Fibromyalgia for nearly seven years, I know all too well the challenges and obstacles to recovery. As I recovered, I became determined to address what I found to be one of the key issues: the one-dimensional approach to health.

By looking at health from just the psychology side or just the physical, we are taking a lopsided view. It’s like rowing a boat with just one oar. You can put a lot of effort in – maybe even make progress – but it takes a lot of effort and rarely helps you achieve what is truly possible.

Taking the three-dimensional approach of biology, psychology and social context, referred to as the BioPsychoSocial model, means that we work across the three dimensions to address all the contributing factors of illness. This allows us to harness every available potential for improving health and, where possible, reach recovery. This is the fundamental reason for launching The Helpful Clinic back in 2015.

The Helpful Clinic specialises in working with conditions that are often grouped under the heading ‘Medically Unexplained Symptoms’. Conditions like ME/Chronic Fatigue Syndrome, Fibromyalgia, chronic pain, migraines, etc. We like to call them ‘Sherlock Symptoms’ because, more often than not, they require us to be curious and tenacious in order to reduce and, where possible, resolve them.

The 3D approach of the BioPsychoSocial model means that we look at what’s happening in different biological systems, like immunity, digestion and the central nervous system, in conjunction with thought patterns, behaviours and feelings, as well as looking at social context such as relationships and responsibilities, for example, at home and at work.

In one-to-one consultations, we get curious using modalities like Neuro-Linguistic Programming, Clinical Hypnosis, Tapping (often called EFT) and coaching. Sharing our in-depth understanding of the physiology of these types of conditions, our priority is that each person is in the driving seat of their health and their recovery. We work alongside other medics and health professionals that may be involved and collaboratively encourage that three-way conversation between the person experiencing the symptoms and the experts.

With all consultations being via Skype or phone, we not only ensure that support is easily accessible regardless of functional ability, but we also keep our carbon-footprint low. The Helpful Clinic is a social venture meaning that it has a clear social mission for both people and the planet.

With increased awareness of the importance of looking across all three dimensions of health, The Helpful Clinic is participating in shifting the old school paradigm of understanding health and illness. Our invitation to you is develop and strengthen your understanding of how all three dimensions affect your illness and remember, it’s always more helpful to be curious than critical.

For more information about The Helpful Clinic go to www.thehelpfulclinic.com
colouring page
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.blurtout.org

**Campaign Against Living Miserably**  
Charity dedicated to preventing male suicide  
www.calamityzone.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

**Centre for Mental health**  
Charity specialising in research, economic analysis and policy influence in mental health  
www.centreformentalhealth.org.uk  
020 7717 1558

**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

**Crisis**  
Charity for homeless people  
www.crisis.org.uk  
0300 036 1987

**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

**The Helpful Clinic**  
A social venture that helps people cope better with everyday life  
www.thehelpfulclinic.com

**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  
0303 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 challenges  
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 challenges  
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/our-services/information/mental-health-handbook

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

**Mental Health First Aid**  
Offers training for all in mental health first aid  
https://mhfagland.org  
020 7250 8062

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

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

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

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

**Recovery College East**  
Delivering courses and workshops to explore and improve personal wellbeing  
www.cptf.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 for everyone affected by mental health challenges  
www.rethink.org  
0300 5000 927  
rethinkyourmind.co.uk

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

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

**Scope**  
Provides support, information and advice to disabled people and their families  
www.scope.org.uk  
0800 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 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
Stay strong, your story isn’t over yet