What does the future hold for healthcare?

MEDICATION
Your rights and your safety

HUMAN RIGHTS
Are we all entitled to good health?

CHATBOT
A new method of support for friends and carers

HAPPINESS PLANNER
A tool to help bring more happiness to your life
“You are very powerful, provided you know how powerful you are.”
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The days when padded cells, straitjackets, lobotomies and lifelong containment in squalid institutions were used to manage mental health challenges are fortunately long behind us, but where are we now and what does the future hold?

That's what we decided to investigate this issue.

We are living in uncertain times at the moment, but one thing's for sure and that's that attitudes and approaches to both mental and physical healthcare are changing. This issue we start by questioning whether good mental health should actually be regarded as a human right. Danny Bowyer works to understand the thinking behind those treatments, which seem so draconian to us now but clearly seemed appropriate at the time, and how that compares to our thinking now (see page 10).

We also take a look at different approaches to medication around the world and offer you the opportunity to share your views on the issue (see page 12). People have strong views around medication for mental health challenges and some choose not to go down that route, and it's important to realise that you have rights regardless of what is recommended. If you do opt to take medication, there can be side effects and safety issues so on page 18 we address both your rights and how to stay safe while taking medication.

Other modern rights available to people with mental or physical health challenges are those around employment and access to services. The law protecting those of us with mental health challenges has changed in many ways over the last 40 years and more changes are to come. The UK has always led the way in the development of discrimination law, but will Brexit have an impact? (see page 32).

And finally, there’s no hiding from developments in technology in all fields, and healthcare is no exception. Physical health is slightly ahead, but there have been strides towards the use of digital healthcare as a way to use IT to support and improve mental health, including the use of online resources, social media and smartphone applications. Read all about it on page 14.

I hope this is an enjoyable issue that gets you thinking! If it sparks some opinion in you please do share it with us – symmagazine@cpft.nhs.uk. We might publish your views in the next issue.

Have a good read!

Kelly Mansfield, Editor
Cambridge charity starts digital health hub

Charity Cambridge Online has announced a new Digital Health project that it is running for the Good Things Foundation and NHS Digital. Specially trained Digital Health Champions will be showing learners how to access NHS services and apps on their devices and guiding them towards the health information and programmes they need. They will be helping with both physical and mental health challenges and administrative tasks such as booking a doctor’s appointment online and ordering repeat prescriptions.

The charity, which has been helping people get online and learn basic computer skills for 21 years, is learner-led: there is no formal teaching style and it helps with whatever the learner needs assistance with. Whether they need to learn everything from scratch, such as how to turn on a device and use a keyboard, or for online tasks – connecting with friends and family, learning a new skill, researching hobbies, discovering local events, booking holidays or finding a new recipe – the online possibilities really are endless!

Speaking about the new project, Head Digital Health Champion, Tom Dutton said: “This is such a rewarding project to be part of, and we shall be connecting with both GP practices and Cambridge City Council in order to reach as many people as possible. Our Digital Health Champions can’t wait to start signposting people to the many different apps available online, which are really informative and empowering.”

The charity realises the impact this new project can have on those experiencing mental health challenges and was eager to contact Speak Your Mind. Tom added: “We would love to help those feeling alone and needing support with mental health, there are so many NHS approved apps that can really help people.”

No appointment is needed to see a Digital Health Champion – people can simply drop in to see the charity’s Digital Health Hub at The Meadows Community Centre in Cambridge every Tuesday and Friday morning.

Digital Trainer Hugh Russell, who leads the Meadows drop-in, is very excited about the new project: “I want to emphasise that this is a very welcoming and friendly drop-in and our Digital Health Champions are very sensitive, warm and empathic. We are looking forward to helping people and naturally all information will be kept confidential.”

Chief Executive Andrew Entecott hopes that the project is a success and will continue for years to come: “I’m extremely proud to add this to Cambridge Online’s list of services. It will be so fulfilling to support people, easing their stress and improving their health and wellbeing.”

The charity specialises in helping disabled and disadvantaged people, but its services are available to anyone wishing to learn.

Digital Health Hub
Tuesday and Friday 10:00 to 12:00
Room 1
The Meadows Community Centre
St Catharine’s Road
Cambridge CB4 3XJ

For more information please call or email Cambridge Online:
01223 300407
help@cambridgeonline.org.uk
Charity No: 1097218

Nearly half of benefit claimants hit by the benefits freeze can’t afford essential bills

New data from Citizens Advice shows 49% of benefit claimants affected by the benefits freeze have struggled to meet essential costs such as rent. The findings are worse for Universal Credit claimants, with over half (55%) having gone without essentials such as food.

Citizens Advice is calling on the government to end the freeze on benefit rates and reduce the five-week wait for Universal Credit claims.

Since April 2016, the level of most benefits like Universal Credit and Tax Credits has been frozen. This is having serious consequences for people with over a quarter (27%) of people claiming benefits saying financial worries have made them feel lonely/isolated. Some 29% say financial worries have affected their mental health.

Citizens Advice is calling for urgent solutions from the government:
- End the freeze on benefit rates.
- Uprate payments by the Consumer Prices Index plus 2% for four years.
- Recalculate the Local Housing Allowance to at least the 30th percentile of local rents and re-establish the link with rental prices.
- Reduce the five-week wait by bringing forward the first non-repayable payment to no later than two weeks into a Universal Credit claim.

Gillian Guy, Chief Executive of Citizens Advice, said: “The benefits system is designed to help people with their finances in times of need, but too often our frontline staff and volunteers see a different story.

“We’ve found people are losing sleep and unable to afford essential things like food and housing while receiving Universal Credit. It is totally unacceptable that our benefits system is not providing the financial safety net that people need.

“The government needs to take urgent action by reducing the five-week wait for Universal Credit and ending the freeze on benefit rates.”

Advice on benefits is available from Citizens Advice at www.citizensadvice.org.uk/benefits
Landmark Supreme Court judgment means thousands could get disability benefit for struggling in social situations

Many more people with mental health challenges who find social situations debilitating could now be entitled to claim a disability benefit, a landmark judgment has ruled.

The ruling, by a panel of Supreme Court justices, was made following a challenge by a PIP claimant, a 47-year-old man known as MM, about the way the points scoring system works in PIP assessments. Mind intervened to support MM’s challenge because of the wider issues his case raised for people with mental health challenges.

It also marks the first time a case about PIP has been heard in the Supreme Court, the final court of appeal in the UK for civil cases.

MM and Mind successfully argued that the DWP needs to clearly define what counts as support and not dismiss the kinds of help that many people with mental health challenges rely on. The new ruling could especially affect people whose mental health challenges lead to isolation and problems interacting. This means more people who need different kinds of help, such as ongoing encouragement from a close family member to leave their house and engage socially, will be able to benefit from PIP.

Sophie Corlett, Mind’s Director of External Relations, said: “This is a landmark moment in the ongoing battle to make sure disabled people are supported through our benefits system to live well.

“Far too many are struggling to claim benefits they need because of draconian assessments, which often fail to take fully into account the impact a mental health problem can have. Living with a mental health problem can be extremely isolating but with the right support people can maintain important social connections that in turn can improve their wellbeing.

“Mind hopes, that, with this ruling, thousands more will be able to benefit from much needed help, which could go towards paying for a support worker, or for other help to see trusted family and friends or form and build social ties at support groups.”

Under the scoring system used by PIP assessors to decide who is eligible for money, assessors have to decide if someone needs ‘prompting’ to engage with other people, or if they needed ‘social support’.

Confusion over the criteria, and the difference between ‘prompting’ and ‘social support’ meant that MM was originally deemed ineligible for PIP.
Millions in local investment to support children and young people’s mental health

Thousands of young people across England will benefit from new mental health support including counselling, mentoring and arts programmes in their communities. This will be backed by a multi-million-pound government investment this year.

Earlier this year the government pledged to overhaul society’s approach to mental health through better access to education, training and support across communities. This included a commitment to train all teachers to spot the signs of mental health challenges in children, making sure they can intervene before issues escalate.

The funding will allow more children and young people aged 25 and under to access local services to support their mental health, with early intervention for those at risk of mental health challenges. The projects have an emphasis on improving access to support outside of NHS services, including for groups such as LGBT+ young people or those from black, Asian and minority ethnic (BAME) backgrounds.

Mental health services are being transformed through the NHS Long Term Plan so that 345,000 more children and young people have access to mental health support by 2024, including via mental health support teams in and around schools. This will significantly improve early intervention and prevention.

Minister for Mental Health Nadine Dorries said: “We know children and young people today face many pressures at home and in their social and academic lives but giving them easily accessible mental health support at an early age can help them thrive later in life.

“That’s why the government is investing billions every year to transform mental health care, and giving more money to innovative, community-led projects run by people who have chosen to dedicate their lives to supporting young people by providing them with the tools and means they need to manage their own mental health.”

Key voluntary and community bodies face major financial pressures

Voluntary and community organisations provide essential support for people’s mental health that complements what statutory services can offer, but financial pressures are putting them under severe strain, according to preliminary research published by Centre for Mental Health.

Arm in arm, commissioned by the Association of Mental Health Providers, warns that voluntary and community organisations face numerous financial barriers including reductions in local government funding, short-term and ‘more for less’ contracts, unpredictable and delayed decision-making, and the unintended consequences of national policies.

Arm in arm is based on interviews with both commissioners and providers of voluntary sector mental health support. It shows that commissioners in both local government and the NHS were keenly aware of the extra value that voluntary and community organisations can bring. Some commissioners had taken action specifically to support voluntary and community organisations to get funding and retain their distinctive approaches. But they were frustrated that competition for contracts often stopped organisations from working well together and could lead to some going out of business altogether.

The report finds that the deepest disagreements between commissioners and voluntary sector organisation often centred on monitoring and accountability. Commissioners need to know that public money was being well spent but most voluntary sector organisations don’t have the data collection capabilities of NHS trusts or larger private sector companies.

Centre for Mental Health Chief Executive Sarah Hughes said: “Voluntary and community organisations have an essential role in complementing what statutory services can offer for our mental health. For the most disadvantaged and marginalised they can make a life-changing impact and challenge entrenched inequalities and injustices. We must ensure that their voice and role continue to be heard and valued.”
Taking place this autumn...

### Mentoring for getting closer to work opportunity

Illuminate has a fabulous opportunity for anyone who may be thinking about or interested in work, but feeling anxious about it. John Lewis Cambridge is providing mentoring for the Illuminate community. This is for you, if:
- You are wanting to work eventually but feel too anxious to really start thinking about it;
- You are actively looking for work and adding this to your CV will be helpful; or
- You are interested in retail or in the “behind the scenes” at the store.

The John Lewis brand carries a lot of respect so this personal development experience would be a great addition to your CV.

If you are interested then get in touch at info@illuminatecharity.org.uk

### Illuminate Confidence for Change

Confidence for Change is a unique course which focuses on building self-confidence and strengthening self-belief at a fundamental level, enabling people to make productive changes in their lives as they define them. This includes getting closer to work, volunteering, achieving health goals and managing anxiety and mental health. The course takes place over four days, one day a week, in a group setting. To find out when courses are running, go to www.illuminatecharity.org.uk/confidenceforchange_1.php

You can also email for further details at info@illuminatecharity.org.uk

### Arts for Positive Mental Health

A series of friendly, weekly art workshops run by Arts and Minds for people experiencing depression, anxiety and/or other mental health challenges. 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.

Workshops last for two hours and are open to all abilities. No experience is necessary. You will have the opportunity to work on something creative, stimulating and absorbing with the aim of helping you to feel positive.

[www.artsandminds.org.uk/projects/arts-on-prescription](http://www.artsandminds.org.uk/projects/arts-on-prescription)

### Lifecraft art group

The Art Course is a place where you can be creative with a range of art materials. The structure of the group is very free, you can either work on your own art projects or learn new art techniques with the guidance of an experienced art tutor. The Art Course runs for 10 weekly sessions, followed by a two-week break. Members interested in attending the Art Course should contact Lifecraft to secure a place on the next course. The course runs on Mondays 2.30pm-4.30pm.

For more information go to: [www.lifecraft.org.uk/our-services/creative-groups/art-course/](http://www.lifecraft.org.uk/our-services/creative-groups/art-course/) or call 01223 566 957

### 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 [www.thegreenbackyard.com](http://www.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 [www.meetup.com](http://www.meetup.com)

### Michaelhouse Singers

This friendly choir is open to anybody with mental health challenges – whatever their age – and their carers and friends. It meets in the Michaelhouse Centre every Friday and is supported through voluntary contribution from those attending. The Michaelhouse Singers give occasional public performances.

Arts and Minds invites people to come and sing at Michaelhouse, Trinity Street, Cambridge CB2 1SU from 2.30pm to 3.30pm on Fridays.


Telephone: 01223 353 053
**Make, Do and Mend Workshops**
Make, Do and Mend hold a variety of workshops for people with mental health challenges, which are designed to nurture self-esteem, personality and character using a strengths-based approach. Workshops provide opportunities to master new skills in a supportive, relaxed environment. If you have experience of mental health challenges, live in Cambridgeshire and would like to attend one of the workshops you can sign up and become a member via the members page at www.makedoandmendinfo.co.uk members or call 07736 916 431
Or simply go along and see what they do!

**VoiceAbility Dreamers Bar**
Dreamers is a lively drop-in information bar in Huntingdon providing a safe area 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

**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); and Mood Management. Although priority is given to people on Moodswings’ Recovery and Support projects, other people can apply. www.moodswings.org.uk/what-canwe-do/workshops

**Cafe Discussion Group**
A small, friendly discussion group for those 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

**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. www.cplearningtrust.org/whats-on
Telephone: 01354 696479

**Rethink Mental Illness Groups**
Rethink 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 health 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/supportgroups or telephone 0121 522 7007

**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 fulfilment. Visit www.richmondfellowship.org.uk/our-range-of-support/community-based

**Action for Happiness – Exploring What Matters course**
The Exploring What Matters course gives you the chance to meet friendly, like-minded people and 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

**Andys Man Club**
A peer-to-peer support group for men, taking place in Peterborough. Men are welcome to come along for a “brew and a chat”. Based on the fact that suicide is the biggest killer of men under 45, the group aims to let men know that it’s ok to talk. To find your nearest group visit the website: www.andysmanclub.co.uk

If you’d like to share your experiences of any the courses/groups featured, or indeed tell us about something we haven’t covered, please email us at symmagazine@cpft.nhs.uk
Is good mental health a human right?

The days of padded cells, straightjackets, lobotomies and lifelong containment in squalid institutions as treatments for mental health challenges are long behind us. But what are the next steps, asks Peer Tutor Danny Bowyer.

You do not need to look far back into the history of “treatment” for mental health challenges to find approaches that today seem draconian and cruel. Yet, at the time there had to be a clearly defined logic by people in positions of power as to why this was an effective and reasonable way to treat people. Thankfully those days are behind us, but what if the next step in the evolution of support for those experiencing challenges around their mental health wasn’t the great leap forward it was supposed to be? What if it had been a misstep?

A report by United Nations Special Rapporteur, Dainius Pūras, suggests that the current approach to supporting mental health, one defined by an overreliance on the biomedical model, psychotropic drugs and outdated ways of working, have acted as
barriers to addressing the real route cause of people’s distress. He proposed that instead there should be a greater focus on societal interventions as opposed to exclusively individual interventions.

The report states that the biggest factors that impact on a person’s mental health are structural factors such as poverty, discrimination, violence, social exclusion and inequality. If then these factors adversely affect mental health and yet are generated by society and perpetuated by mental health services, then wider systemic change should be the change that society strives for.

Pūras makes a connection between how infringements of human rights often result in mental health challenges. These include factors that often begin with decisions enforced top down, such as welfare cuts, attacks on trade union movements and environmental pollution, as well as ones that cascade down from the top but may be enacted by people in everyday life, such as racism, xenophobia and violence (both physical and verbal) against marginalised communities such as women, children and the LGBTQ+ community.

In the 1950s C Wright Mills spoke about the difference between “private troubles” and “public issues”. To paraphrase the example they gave, if one person out of a population of 10,000 is unemployed that is a “private trouble” as it points to no larger trend or wider systemic problem. If 2,000 people are out of work, then it is a “public issue”, which highlights something on a grander scale isn’t working. In this instance then it is important not to place the blame with the individuals but with what needs to change to ensure parity. Pair this analogy with the findings of the Mental Health Foundation who found that rates of mental health challenges are higher for poor and low-paid people and these rates increase even further with individuals out of work. Following this train of logic, it is not surprising that so many people experience mental health challenges and that these statistics are ever increasing.

Is it possible to expect good mental health in a society that does so much to cause distress? Which follows the question, is it ethical to expect individuals who as a result of these factors face challenges around their mental health to endure their circumstances and take personal responsibility for the challenges they face?

Whatever conclusions you draw, it is important that approaches to mental health remain responsive to needs, with eyes open to the broader world we live in and should task itself to ensure it is always reaching for the best possible futures.


“The report states the biggest factors that impact on a person’s mental health are structural factors such as poverty, discrimination, violence, social exclusion and inequality.”

“Whatever conclusions you draw, it is important that approaches to mental health remain responsive to needs, with eyes open to the broader world we live in.”
Many cultures across the planet have developed and managed to maintain their own ways of viewing what we define as mental health challenges. These approaches are often born out of the learning gained from centuries of knowledge, passed down and adapted, smoothed off and refined. They stand astride of psychiatry and often focus on the story of the human being and may be intertwined with cultural beliefs and folklore.

There are many stories coming to the fore from communities such as the Native American and Maori people of New Zealand, both of which place a strong emphasis on telling a person’s story as opposed to focusing on their challenge(s). What can we learn from these approaches and what could it tell us about our own?

Approaches to mental health support in the UK have for a long time been outlined by two key approaches, religion and psychiatry. These two institutions have set the tone around the interpretation of mental health challenges and the way they should be treated and talked about.

Which leads us to wonder, what would an authentic British approach to mental health look like without religion and psychiatry to guide it? Maybe it would draw from paganism, adapted through the lens of modern life, or perhaps it would have left the old ways behind in favour of new approaches? I am interested to draw on the idea of indigenous approaches to both mental health and physical health. Do you have knowledge, be it personal, professional or enthusiastic of either global or local approaches to supporting health that differ from mainstream practices? Maybe within your own community or your own family?

If so then we’d like to hear from you, and you could have your writing shared in the next issue of Speak Your Mind. Send your contribution to symmagazine@cpft.hns.uk

Danny Bowyer invites you to share your thoughts on traditional medicines used around the world to treat mental health and how these compare to the UK’s approach.
Yes, all those years actually happened

I held the belief that I won’t cope.
Yes, all those years actually happened
Best not just to look at today
Best to consider good acts done
Thrills experienced
Yes, they come
You just live and stay free
Out of the grasp of the bureaucracy
Liquid, solvent financially
Half a life-time building, teaching, learning
Whatever is your proclivity
Until you count forward the months
What you are now is the sum
Of all those actions and thoughts
Grim purpose and hard fought
Competition drawing forth great effort
Remembering the battles
Regaling in the loves
Recoiling from angry argument
Inserting moderation to all views
Even self must be forgiven
Whoever biblical monk you may be now
All have compromised integrity
For selfish aims
It is the human predicament
Knowing an end comes
Beyond that gate
Figurative river to the sea
Where we are all brine
Finally together molecularly
After a life of singularity
Its joys, pains and equanimity
Lies the final project unity

By Visceral
Digital healthcare

With the growth of the internet, online spaces and smartphone apps, physical healthcare services are beginning to use these developing technologies to help monitor health and prevent and treat any problems. And mental health is catching up, says the Mental Health Foundation.

Digital health (or e-health as it’s sometimes known) is a wide and varying concept that includes the use of technology for digital record keeping, online booking systems, online repeat prescriptions and some more innovative uses of technology for direct treatment.

While applicable to physical health, there have been strides towards the use of digital healthcare as a way to use IT to support and improve mental health, including the use of online resources, social media and smartphone applications. Digital mental health has been associated with benefits such as improved access to services, including online self-help and reduced barriers, such as stigma.

Evidence suggests that e-health provides the potential for reaching clients in accessible and meaningful ways. Although there is evidence for the effectiveness of e-mental health services, a recent study found that the majority of people are not aware of web-based therapies and that there is low awareness of e-mental health more widely.

What is digital mental health?

Online self-help

Not everyone will feel they need or are ready to speak to someone for professional help. An alternative is to engage with some of the many online resources which allow people to engage with such self-help. This could involve using information to understand mental health, using online self-management guides or using message boards or online programmes for direct support.

Online self-help resources can be used in the privacy of your own home, on your own schedule and pace, and there is no waiting list – so they are more practical for many people. Your GP may be able to prescribe online self-help resources or local charities may have resources available.

Some online self-help sources do come at a cost therefore it may be helpful to speak to your GP or a professional who can advise you which sources work for which mental health challenges.

E-therapy

E-therapies are programmes that use the internet or mobile devices to deliver interactive interventions for preventing and treating depression, anxiety, and other mental health challenges.

“Not everyone will feel they need or are ready to speak to someone for professional help. An alternative is to engage with some of the many online resources which allow people to engage with self-help.”
E-therapies most commonly use cognitive behavioural therapy (CBT), which is typically undertaken over several weeks or months. E-therapies usually involve users completing modules or exercises while receiving feedback on their progress. This type of therapy may use message boards, instant messenger with a therapist, or offer live therapy via video-calling platforms such as Skype.

E-therapies show considerable clinical benefits, especially in the treatment of depression and anxiety, and are recommended in the UK for depression and anxiety by NICE.

Blended care
Blended care involves a combination of face-to-face treatment with online sessions. This could be online treatment sessions with structured delivery and monitoring of the core treatment information and exercises, alongside additional face-to-face sessions. In the face-to-face sessions, therapists can offer customised treatment by responding to the patient’s needs, challenges or wishes in real time.

This approach is believed to be of benefit as it allows direct contact with a therapist, however the online element helps to encourage patients to take an active role in treatment that can help support the development of self-management skills.

Online information
The Department of Health’s information strategy, which sets out the 10-year framework for transforming information for the NHS, public health and social care, notes that information must be viewed as a service in its own right.

Research has found that over 90% of adults with internet access use search engines to find information, therefore the majority of us use online sources in some way to help us make decisions. Of young adults aged 18-29 who look up health information online, 33% looked up information about mental health challenges, 38% looked up information on prescription or over-the-counter drugs, and 34% looked up alternative treatments or medicines.

In addition, it has been found that those with a mental health diagnosis use the internet to search for information about their diagnosis, different treatment options and medication side effects. With evidence suggesting an increased demand for online health resources it is important for those supporting vulnerable individuals to ensure that the quality of online services is maintained.

Why use digital mental health?
There are many reasons someone might want to use e-mental health services:

- Digital mental health resources can be available around the clock therefore can fit around your timings and schedule.
- As services can be accessed online via a computer, smartphone or tablet, digital mental health can be used for anyone who doesn’t want to work face-to-face with a therapist, or anyone who finds it difficult to leave home (i.e. because of agoraphobia or social phobia).
- As talking therapies can often have waiting lists, these services can be used when waiting for face-to-face services. Rather than replacing traditional services, e-mental health resources can offer support during these waiting times.
- Being online means that services can be offered to people in rural areas who may find it difficult to access services face-to-face due to long distances.
- Online or blended approaches are likely to be cost-effective and can possibly reduce the direct costs of treatment compared to treatment as usual.

“As services can be accessed online via a computer, smartphone or tablet, digital mental health can be used for anyone who doesn’t want to work face-to-face with a therapist, or anyone who finds it difficult to leave home.”

Further information
Mental Health Foundation
www.mentalhealth.org.uk/a-to-z/d/digital-mental-health

NHS mental health apps
www.nhs.uk/apps-library/category/mental-health/
Since I began my journey of self-help and self-improvement, I’d say that the tool which has been the most useful to me has been my Happiness Planner. Founded by Mo Seetubtim, it’s designed to help you recognise the happy moments in your life and how they all add up over time. It focusses on your achievements and encourages you to find ways to plan even more happy moments into your life.

While I certainly still endure depression due to my circumstances, the Happiness Planner has helped to shift my perspective at times so that the painful thoughts can also have some positive thoughts mixed in with them. It helps to give me perspective after being bombarded with the uninformed criticisms of people who don’t understand the daily limitations caused by my main diagnosis. One limiting belief I feel has been instilled in me when my disability makes me struggle is that I’m not productive. However, I can see that this is not true from both the fullness of my monthly calendars and the Monthly Reflection pages. My calendar pages regularly show that I have been busy accessing many different support services, doing volunteering work in mental health workshops, attending Slimming World on a weekly basis in order to help my confidence in discussing my eating

“The Happiness Planner has helped to shift my perspective at times so that the painful thoughts can also have some positive thoughts mixed in with them.”

You can bring more happy moments into your life with the help of a Happiness Planner, says Natalie Johnson.
disorder, as well as trying to arrange a little bit of social time when it’s possible for me. It helps me to spot patterns in my progress.

The Monthly Reflection pages are especially useful as you choose three words to best describe your month, as well as score yourself on a scale of one to five on happiness, boredom, tiredness, stress, health and productivity. Seeing that I regularly had poor scores for the first five criteria, while usually having a fairly high score for productivity, made me realise that I am pushing really hard through my disability to achieve what I can, and so I really should keep that at the forefront of my mind and give myself credit for that.

I also find the page at the beginning of each month to be very useful. Here you can find a text box in which to write some Positive Self-Talk to help set you up for the month ahead; a set of tick-boxes for you to list your main tasks for this time period; and a box in which to list Happy Things I Will Do. I find it very beneficial to use the Positive Self-Talk box to describe all the best points of the previous month so that I end up having a very substantial paragraph of positives I can look back on to help lift my mood when I’m feeling unsupported. It helps to remind me that I have achieved things, I have done things which have challenged and grown my confidence. I am more capable than I’ve been led to believe.

Completing the Positive Self-Talk box puts you in a better frame of mind; it’s nice to be able to list what you have to look forward to in the near future in the Happy Things I Will Do box. I like to first list all the different support services I’ll be using so that I can hammer home to myself the fact that there are actually a few different people I can gain some type of support from, and that I’m not quite as alone as I often feel I am. Then I will follow this with any social opportunities or events, and finish up with enjoyable things I will be able to find in the everyday such as continuing with a favourite television series or game.

There is space in the Happiness Planner to be able to express yourself by decorating it with nice stickers. I like to choose stickers of my favourite characters, illustrations with positive affirmations, and cute animals. There is a lot of choice on sites such as Redbubble. It’s also a good place to put any achievement stickers you’ve gained, such as the ones you gain from making progress in Slimming World.

The Happiness Planner also contains a good number of pages at the beginning titled The Happiness Roadmap, which gives a different journal prompt per page to help you plan out ways to have a happier year. Amongst these it asks you which friends and family you would like to be able to spend more time with; which activities make you happier and how to plan more time for them; what you want to have achieved in the next five and 10 years; what your strengths and weaknesses are (and that it’s okay to ask for help with your weaknesses); and what your greatest achievements are. I found the achievements page to be especially eye-opening for me, since once I got going I actually found myself running out of space on the page, and several of the things I had been absolutely certain would be impossible for most of my life, turned out to be things that I had managed to break through and achieve in the end.

At present, getting my own home where I can feel a lot healthier, and learning to drive and reducing my chronic mental health challenges, all seem extremely impossible to me, but looking back at this list and seeing that I HAVE eventually learnt to swim, got my trichotillomania under control, and beaten several rounds of malpractice by the benefits system gives me a little spark of hope that maybe I could be mistaken that these things are unattainable too.

Many sample pages of the planner are available to view at www.thehappinessplanner.co.uk

“It helps to remind me that I have achieved things, I have done things which have challenged and grown my confidence. I am more capable than I’ve been led to believe.”
Fundamentally, it is our human instinct to defend our body and to control what we expose it to. The idea that people might refuse to use medicines should not be a surprise. After all, most medicines are engineered substances that come with no guarantees that they won’t cause us some type of adverse effect.

The right to choose to take medicines or not is important, just like having any choice in what happens to us. As a species we want to control our own destiny. For almost everyone taking medicines, we can choose to start (or continue) taking a medicine recommended to us, or not to. The freedom of choice is important – but it is a heavy burden to carry. There can be big implications from the decision, and the outcomes are often impossible to predict. There is also pressure on the decision from outsiders – for example friends, family, and healthcare professions.

When we think about the medicines prescribed to people, these are all tested thoroughly, and proven to be effective for some people. In the testing phase, people are supported greatly to take treatment, and are willingly participating – hoping for good outcomes. When prescribed in real practice the wish from the doctors is to get the same positive results, but the levels of support and willingness is not always the same. Why then should the medicines work as well?

We also have to explore the motivations of all parties in the decision-making process. Doctors...
approach decisions with the aim of relieving suffering, distress or risk. They also come with their own practice habits – which medicines they have seen good results with, which ones they are most experienced with, and which ones they can remember are best for people with other issues at hand (e.g. someone who also has heart disease or diabetes). On the opposite side of the desk may be someone that doesn’t recognise the distress or risk, who has had bad experiences when they have had medicines in the past, or who feel that the root cause of the problem won’t be addressed by medicines alone.

Treatment decisions are complex and influenced by many factors. The best decisions tend to be those that are reached in partnership, with full exploration of the things to consider. This is described as shared decision making. Often though, decisions are rushed in short appointments, and with little opportunity for either patient or doctor to think and talk through options.

For a small minority of people, the ability to refuse treatment can be taken from them. Mostly this is the result of Mental Health Act (MHA) use. Under the Mental Health Act, a perceived state of significant mental ill health and risk, and a lack of consent to undertake treatment can mean someone can be taken into hospital and treated against their wishes. Use of these powers is not undertaken lightly. Getting a patient’s consent to engage in treatment is far more helpful and allows for a ‘therapeutic

“Make sure you discuss with someone before making sudden decisions to stop, start or adjust medicines. Sudden changes in what we do with medicines can have dramatic effects and can lead to problems such as severe side-effects or worsening of the original illness.”
relationship’ to develop and shared decision making to take place, rather than setting up a patient vs. doctor situation.

Of course, the person detained under the act can still reject the tablets they are offered, but this can lead to the reluctant use of injectable treatments if they are thought to be necessary. This is obviously very distressing for all involved. It is also very risky, as the injection itself might be done on someone physically resisting – leading to risk of bad injection technique or raising stress levels to a point where this could mix badly with treatments given. Acts of restraint and injection are thankfully far fewer today than several years ago, and the techniques in use are generally accepted to minimise risk of bad outcomes.

There are also some powers within the Mental Health Act where patients may be urgently taken back into hospital if they fail to take treatments in line with a pre-set agreement for treatment continuation. This is typically under the community treatment order (CTO) part of the MHA.

For the majority though, there is the chance to say no to treatment. The Mental Capacity Act means that people can make a choice like this so long as they can understand the decision, and the potential outcomes of the decision they are taking.”

“...For the majority, there is the chance to say no to treatment. The Mental Capacity Act means that people can make a choice like this so long as they can understand the decision, and the potential outcomes of the decision they are taking.”

Keep a copy of your current medicines, and make sure you order supplies in advance to prevent gaps in treatment.

Equally, never stockpile supplies – since excess supplies are both wasteful and could be dangerous in the wrong hands.

Always follow the instructions you may have been given. Really these should be on the pharmacy label on the box or the leaflet contained inside. If you are doing something different from these, let the prescriber know so that they can reflect this on your prescription.

Never take medicines that are not prescribed to you. Don’t give your medicines to someone else, even if they have symptoms that look or sound like your own.

Keep a record of the treatments you have tried and how you got on with them. Knowing what has worked and what has failed can help prevent wasted time should you need to take on a new medicine. Many people think this isn’t necessary because medical records will hold this information.

In fact, medical records are often very hard to pull together and often fail to give a true sense of what has worked and why treatments failed. Even today there is no automatic electronic transfer of information about medicines between hospitals and GPs. Your own record will be a reflection on how you feel treatments have been – rather than the opinion of others.

Check out the instruction leaflet and watch out for any warning that might apply to you. Although the leaflet with your tablets is not always reader friendly, there can be information that might help you get more from treatment. If you want someone to talk through the leaflet with you, your community pharmacist is a good place to start.

Consider keeping a diary of how things go when you are taking medication – particularly in the early days. This can be helpful for being able to follow trends in your wellbeing, and perhaps identify things that may have got better or worse, or factors around you that may have influenced good or bad days. Having records like this can prepare you and others for future experiences.

Take in as much information about your treatment and illness as you can. This arms you with knowledge to have proper informed discussions with your doctor about the options open to you. Here in CPTF we advocate a free to access resource called ‘Choice & Medication’ that offers a wealth of easy to understand information to start your own research into the common mental health disorders and the medicines used to help them.

You can access this at https://tinyurl.com/67lns3p. It is a great resource, independent of CPTF, and put together with patients to address the real questions people have about medicines. There are loads of information sources out there and many of the best ones are also linked through this website. If you can’t access this or you want to talk through you own situation, and get some medicines advice, you can contact your local CPFT pharmacy department or care coordinator.

Lastly, make sure you discuss with someone before making sudden decisions to stop, start or adjust medicines. Sudden changes in what we do with medicines can have dramatic effects and can lead to problems such as severe side-effects or worsening of the original illness. Our bodies always find it hard to adjust to changes in treatment – especially so in treatments used in psychiatry.

Further information

Mind: Agreeing to treatment

Mind: Making sense of psychiatric medication
www.mind.org.uk/media/4890281/psychiatric-medication-2016-pdf.pdf
My art
By DD

Drawing when in hospital helped me to keep well
Charlie Chatbot

Ogilvy and Time to Change have released the first ever chatbot to help people support friends and family with mental health challenges. Lauren Gasser, Senior Social Marketing Manager at Time to Change, tells Kelly Mansfield how it works.

Where did the idea for the chatbot come from?
One of our main aims at Time to Change is to give people the confidence to step in and help a friend if they think they might be struggling. We wanted to create something that would offer practical tips for starting a conversation about mental health, especially for those who felt like they didn’t know where to start. It needed to be quick to access, easy to follow, and most importantly encouraging. That’s when Ogilvy suggested a chatbot.

What role do Time to Change and Ogilvy each play?
Ogilvy helped us hugely with the development of the bot itself, offering their expertise in functionality, tone of voice, and advertising. We provided the content – tips, articles, videos and other sources of advice and support, much of which was reworked from our website.

Can you tell me a bit about each of the organisations?
Time to Change is a growing social movement working to change the way we all think and act about mental health. Led by Mind and Rethink Mental Illness, we’ve already reached millions of people and begun to improve attitudes and behaviour. Ogilvy is an award-winning creative agency with offices and clients all over the world.

What exactly is the chatbot?
Charlie3000 is a chatbot that helps you be there for a friend, family member or colleague if you think they might be struggling with their mental health.

What is the Chatbot designed to do?
Charlie3000 can help you with practical tips for supporting someone, including:
- starting a conversation about mental health
- ways to make someone feel safe and listened to
- ways to avoid judgemental or minimising language
- confidence to be in their corner without being an expert in mental health

How does it work?
When you start a conversation Charlie will ask you a couple of quick questions to understand what advice or information will be most useful. Some people arrive at the chatbot with a particular situation or concern in mind, others are curious someone who is having a hard time. We hope that Charlie3000 will provide the advice and reassurance needed to alleviate common worries that people have around talking about mental health, worries like ‘can I make it worse?’ and ‘what if I don’t know what to say?’. The aim is for Charlie3000 to reach people who might usually avoid the subject of mental health altogether.

“Most people want to be there for their friends and family, the challenge for many is knowing what to say and do, and having the confidence to step in.”

What research was carried out in developing Charlie?
Though we aim to reach as many people as possible through our campaign work, In Your Corner has a particular focus on men and young people, as the two groups that we know still struggle most talking about mental health. Research tells us that the
“We know what a huge difference friends, family and colleagues make to the lives of people who are struggling. By targeting those in a supportive role we are reducing stigma AND ensuring that everyone gets the compassion and care they need.”

Have. We also know that most people want to be there for their friends and family, the challenge for many is knowing what to say and do, and having the confidence to step in. That’s why it’s so important to have practical, non-scary tools to give people that confidence, and demonstrate that anyone can be there for someone with mental health challenges.

Charlie is designed to help loved ones/friends of those with mental health challenges, as opposed to the individuals themselves; why do you think they need this support?

We create campaigns that speak to those who have never experienced mental health challenges, to show that they can happen to anyone and to reduce the stigma and discrimination still perpetuated by some. Also, we know what a huge difference friends, family and colleagues make to the lives of people who are struggling. By targeting those in a supportive role we are reducing stigma AND ensuring that everyone gets the compassion and care they need.

How can you ensure it helps with a person’s specific needs?

This is always difficult as every person and every circumstance is different, but we have a huge network of champions with lived experience of mental health challenges, who help us keep our content broad and inclusive. We also run evaluations on all our work to make sure that we are achieving our aims and making changes when we need to. The bot will continue to improve and grow over time as we learn from the people using it.

Why do you think it’s a good time to introduce this type of support?

There are still people (though thankfully it is a minority) who do not believe mental illness is ‘real’ or something to be taken seriously, so it’s essential that we continue to educate this group and ensure that levels of stigma do not begin to rise again. At the same time, we must remember that the more we as a society talk about mental health, the more open we as individuals feel we can be. This is brilliant, but it’s important that the people who don’t experience these challenges feel confident enough about the subject to listen and be supportive.

How do people access the chatbot?

The bot is available on the Time to Change website from October 2019.
Everyday despair

Life as a have-not, the desperation of hunger and the pain of missing out. The three vignettes below depict moments from my life of everyday despair, they are not uncommon experiences and I hope by writing about these everyday traumatic experiences it may lead others to consider the legitimate trauma caused by financial hardship and begin to realise the damage of living in a society of inequality. By Danny Bowyer.

One

On a furrowed and troubled brow, the weight of shift work shows. Sitting with papers spread before him on the table, he added, subtracted and multiplied, over and over and I think he was hoping that his calculations were wrong. That some rogue number had ambushed his equations and that the outcome might not really be the outcome, but it was. His wages stagnated on his payslips, whilst all the bills crept higher. He still smiled, although it was the sweet smile worn by the burdened. The corners of his mouth raised in defiance and spoof but smiling that smile wore him out. It was especially tiresome when I'd chance to ask for some treat or treasure. Did he plead with his desperate sums, “Are you sure we can’t spare £5?” And when that inevitable nod of no came back he was subdued. Breaking bad news to my hopeful eyes, I was snuffed out. Dressed up in disappointment, an aching shared, so I stopped asking. He would go for months without a haircut; it was how I could tell that we were harder up than usual. His clothes were discount or second hand, though he wore them calmly. He never seemed to mind his hardship, but I bet he did. How could he not? I know this is not the first slum on earth, and context will come when it’s time, but young hopes aren’t biased by threats of extinction; I just wanted to quell my desires. In lieu of sleep, I hear you come home with the sun rising and I still see the downstairs light illuminate your worries. Fair tired eyes, I wish I could take it back, those little gifts mean so much more.

“I am awake with a hunger. I have stalked the cupboards time and again, each time believing I may have somehow missed the fact that they are empty.”
Two

I cannot sleep, payday is still days away. Tomorrow morning, we will raid the change jar and scrape enough together to arm ourselves with the saviour carbs of five-pence noodles. But tonight, I am hungry, and I cannot sleep. Whilst she sleeps softly in the next room, I am awake with a hunger. I have stalked the cupboards time and again, each time believing I may have somehow missed the fact that they are empty. In the fridge is a single item. A tin of root beer. This belongs to her. It is a beverage that spawns from her memories of childhood, that reconnects her with her heritage. It has remained untouched for weeks. It stands in the fridge as a symbol of her patience, she is saving it until a moment when she will savour it most. I begin to imagine how it would feel as the sugar entered my blood stream, the satisfaction of a cold drink. But she is sleeping, and it belongs to her. I begin to grapple with myself, weighing my urge of instant gratification with the knowledge that she will be hurt when she wakes to find it gone. I move soundless through the night as not to wake her. I pull back the ring pull with careful precision and once it has cracked open, I stand silent for a moment to see if she has stirred. She hasn’t, and as soon as I take my first sip, I put the tin back in the fridge, and I hope she somehow won’t notice come the morning. I crawl into bed beside her and whisper softly “I’m sorry” but I’m not sure if it is to her or to myself.

“Sitting with papers spread before him on the table, he added, subtracted and multiplied, over and over and I think he was hoping that his calculations were wrong.”

Three

The plan is all laid out. “We’ll pick you up at 9am”, a road trip to a lads bleary-eyed weekend away. But I have been awake too long. Torn between two schools of thought. Either between now and when the dawn rises find the money to fund the excursion or be honest, just say I can’t make it. Sure, I’d have to endure some stick for letting them down, but maybe they’d understand, maybe they’d even help me out. Pay my way in the knowledge I’d do the same for them if ever I could. I am brimming with maybes as the deadline looms. My phone lights up “we’re on our way” and I panic, I search around in the hope that somewhere, for some unknown reason I have stashed away some money and forgotten about it. But the search is fruitless, I steady myself, “just be honest”, I think. But honesty fills me with fright. Honesty fills me with shame. And I hear the car pull up outside, music booming and excited voices. The car door slams shut and the door knocks. My instincts kick in and I duck down below the window. I lie still, eyes closed, each time they bang the door, each time with more enthusiasm. My phone rings time after time. Five minutes they persist and five minutes I hide until at last the sound of the engine fades.
The merge of physical and mental health in the NHS

The link between mental and physical health has increasingly been the focus within NHS services. Megan Smith, Psychological Wellbeing Practitioner with the Psychological Wellbeing Service (IAPT), discusses the implications of treating both mental and physical health holistically and the ever-expanding treatment options available.

The awareness of the extent of mental health challenges across the UK has been a big emphasis for the NHS over the past few years, with expanding services designed to provide support and raise awareness. The 2016 Adult Psychiatric Morbidity Survey found that every week in the UK, one in six adults experience common mental health challenges such as anxiety and depression, and one in five consider taking their own life at some point. Mental health challenges can significantly impact a variety of different areas of an individual’s life, such as work, relationships and hobbies.

Mental health challenges can lead to an increase in physical health challenges and, likewise, poor physical health can negatively impact your mental health. A wealth of research has shown the connection between mental and physical health, for example the association with depression and an increased risk of coronary heart disease. Researchers also showed that there was a 53% higher risk of cardiovascular disease for people living with significant mental health challenges, and these people are also twice as likely to have asthma than those with no or few mental health symptoms (the link here is still not understood and which factor brings about the other is also not understood). People with Chronic Obstructive Pulmonary Disease are 2.5 times more likely to be diagnosed with depression and anxiety than those with no long-term conditions. Diabetes research showed co-morbidity with depression resulted in more severe symptoms in both conditions and those patients were 85% more likely to have a heart attack.

These associations are based on many factors – impact on lifestyle when experiencing mental health challenges, such as reduced ability to exercise and increased time spent at medical appointments, people who experience low-mood because of their physical health challenges and adaption to this and people from disadvantaged backgrounds have less access to good resources of food and exercise and are more likely to be given a mental health diagnosis.

“Mental health challenges can lead to an increase in physical health challenges and, likewise, poor physical health can negatively impact your mental health.”

Figure A
Cognitive Behavioural Therapy is a talking therapy that can help you manage your challenges by changing the way you think and behave. It's most commonly used to treat anxiety and depression but can be useful for other mental and physical health challenges. The CPFT Psychological Wellbeing Service offers CBT to learn the interaction between our physical symptoms, thoughts and behaviour and to learn practical coping skills to manage your symptoms.

In 2017 the service recognised the need for more holistic health treatment and created a long-term conditions integrated pathway to specialise in the management of mental health challenges related to coronary heart disease, diabetes, COPD and asthma. It has now expanded to work with conditions such as irritable bowel syndrome (IBS), chronic pain, fibromyalgia, chronic fatigue syndrome and cancer. The pathway enables joint working with physical health professionals and rehabilitation programs. It has been expanding over the years and continuously working towards accessibility for patients entering treatment.

Treatments
One of the treatments available for long-term conditions is called Pacing; a behavioural approach for the management of pain or fatigue. It allows you to gradually build up your ability to complete tasks that your physical health has previously prevented you from achieving. Pacing avoids a process called Boom and Bust whereby when you are feeling well, you tend to overdo tasks that day (boom). However, the next day what commonly happens is, because you have overdone it, you crash and are unable to complete any further tasks (bust). With pacing you identify how to work up to a 50% energy level (where you would be able to complete 50% of the task again) and then stop the task and plan in some rest time. The next day you are then able to continue the same level of activity, avoiding the boom and bust cycle which over time reduces your activity level (see figure A). Over time you gradually increase your activity level and avoid boom and bust (see figure B).

An example of Pacing is an individual who has recently had a heart attack and is finding it difficult to mow the lawn due to breathlessness and fatigue. The individual would learn that his baseline activity (the level of activity that uses 50% energy levels) is mowing a quarter of his lawn. The following week the individual would increase his mowing to half of the lawn. Gradually the individual would work towards mowing the whole lawn without fatigue or breathlessness, therefore meeting their goal for treatment. An individual who experienced the treatment discussed their learning to manage their pain as: “Learning I can still have a life despite my physical health challenges and pain”.

Another area of treatment commonly associated with long-term conditions is avoidance. A major life event can lead to a loss of confidence in our body’s abilities. Avoidance is used as a short-term technique to manage your loss of confidence, however, long-term it is detrimental. A person with diabetes may avoid restaurants because they worry about taking their blood sugar in public. In treatment we would work towards gaining your confidence back by
combined physical & mental treatment

gradually exposing you to these tasks and possibly challenging some of the thoughts and beliefs attached to the avoidance. One person’s feedback stated that Cognitive Behavioural Therapy was “a very important part of coming to terms with my diabetes diagnosis”.

Another individual commented that “without my diabetes it’s unlikely I’d have been referred … it’s helped me both with my diabetes and with the rest of my life”.

**Top management tips**
Lifestyle factors have an impact on both physical and mental wellbeing. Planning in regular exercise, a balanced healthy diet and relaxation is really important. A simple relaxation technique is taking five minutes out of your day to do the following:

Mindful breathing; focusing on a four-second breath in, expanding your stomach like an inflating balloon and then a four-second breath out, deflating the balloon. Whilst doing this, notice any thoughts popping into your head and non-judgementally bring your attention back to your breathing.

Detrimental lifestyle factors include smoking and alcohol, which can have a negative impact on your mental health. The associated physical health challenges that can be caused by smoking long-term may also impact on a person’s mental health, from the subsequent changes in physical appearance, fitness levels or more diseases.

Treatment is available across Cambridge, Peterborough, Huntingdon and Fenland. Treatment can be offered over a variety of methods such as face-to-face, telephone, online and groups such as COPD and Diabetes. You can self-refer through our website at http://www.cpft.nhs.uk or through GP referral. If you require any further information, please call our service on 0300 300 0055.
Wide awake. Heart beating.
Mind pacing.
Exhausted.
I shut my eyes,
Blistering backlashes awaiting this very
Moment.
But I still live on.
The shell of his body trembles,
Making up for when he frantically froze.
He can't sleep at night.
Scared. Alone.
But still he lives on.
She wakes herself up every night,
Horrifying hollering imposed by an
Inescapable incubus;
Tormented time after time.
Mind pacing. Tired.
But she still lives on.
Trapped in this whirlwind of unwanted
Witching hour whispering.
But still they live on.

By Destinee Huggins
Arts on Prescription

The use of arts for mental health and wellbeing has become a common practise in the UK. Elina Bresle, Project Manager for Arts on Prescription explains why it works!

It is becoming increasingly evidenced that an act of creation can be a very valuable tool for people experiencing mental health challenges such as depression or anxiety. Creating is a relaxing and rewarding activity that can lower the level of stress and leave you feeling mentally clear and peaceful. In addition, it is a great way to express one’s emotions without words, process complex feelings, and provide a foundation for the renewal of identity. We are all born with an innate desire to express ourselves, and you don’t have to be an artist with the big A to bring about the diverse outcomes art can offer to one’s health and wellbeing. The use of arts for mental health and wellbeing has become a common practise in the UK. One of the opportunities offered to people to support mental health is social referral programmes within primary care settings, often referred to as Arts on Prescription. Arts and Minds is a charity based in Cambridge, offering artist-led workshops across Cambridgeshire, Peterborough and beyond for people experiencing depression, anxiety or other mental health challenges. We draw on our experience in the field of arts for mental wellbeing to illustrate how art can provide a wide range of benefits.

Engagement in arts is profoundly concerned with meaning-making. It is an autobiographic process whereby you often engage with an external subject, whether nature or objects found around us. We tend to relate it to ourselves and experiences we have had in the past, the subject matter in the artwork unequivocally becoming oneself. The process of meaning-making through arts provides a deep sense of healing and helps to make more sense of one’s own life, as it is a valuable channel in accessing what is important to oneself. Complex emotions, such as sadness or anger, are hard to articulate just using words, therefore a simple action such as doodling can help to enable the expression of sometimes difficult, enduring emotions in a form neither verbal nor strictly textual. This helps to bring to the surface recurring thought patterns which have been prowling in the subconscious mind and, to a certain level, have been contributing to poor mental health. A total immersion in a creative endeavour is a great outlet to generate a state of flow - a focussed state of consciousness that helps to focus the mind on the activity taking place at that moment, and temporarily giving your brain a break from your usual thoughts. This state of flow is something we tend to observe in children. As adults, we have a tendency to diminish any activities that do not bring any economical outcomes, therefore forgetting the small pleasures we all experienced as children when engaging in play. The “flow” state, experienced when we allow ourselves to become playful again, stimulates the release of dopamine – a neurotransmitter, which is usually released when we do something pleasurable, making us feel happier and more relaxed. The mental clarity one can start to feel in this state helps to look into the possibilities that may have previously been bypassed, and potentially increases a desire to take an action towards one’s true goals.

As we see there are many benefits to playful art making, but when practised in a supportive social enviroment it can bring even more advantages than one could expect. For a person, who has a great difficulty in engaging with others, being in a setting where you don’t have to express yourself verbally can be a great motivator to establish new relationships. Connections made with others increases confidence and the feeling of being part of a community. It is a great way to gain a feeling of self-accomplishment, improve self-appreciation, and self-respect. This newly restored self-worth can enable a new identity to be created beyond mental health challenges, which is a great motivator to re-engage with the wider social world, decreasing social isolation experienced by so many.

For more information on Arts and Minds projects offered for people with mental health challenges see www.artsandminds.org.uk

“Just being in the room with everyone with no expectations but plenty of support, focusing on making things, was very helpful. It was the most calming and nurturing and encouraging place I’ve been.” A participant of Arts on Prescription
“It’s an opportunity to find yourself, know yourself and with luck maybe even begin upon that road that allows you to master yourself.”
A participant of Arts on Prescription

“I feel some release from a false sense of perfectionism, what is right, what I should do, be.” A participant of Arts on Prescription
In 1983, the Mental Health Act was introduced and gives rights to individuals with mental health challenges. The Disability Discrimination Act 1995 followed, placing obligations on employers and providers of services and goods in respect of the treatment of disabled people. Since then, there has been the Human Rights Act 1998 and then the consolidating Equality Act 2010, with numerous decisions in case law changing the rights and entitlements of individuals who have mental health challenges in a positive way.

The Mental Health Act 1983 enables action to be taken to detain people who need urgent treatment for their mental health, and who are at risk of harm to themselves or others. However, with the Mental Health Act being almost 40 years old, a recent review was requested by the then Prime Minister, Theresa May, after she said it was "unfit for purpose". The review established it needs to change in many ways, such as:

- giving individuals more control over their mental health treatment;
- giving individuals the right to ask for a second doctor to check if their treatment is correct;
- letting individuals have an independent advocate unless they say they don’t want one; and
- making sure care and treatment is planned properly under a proper care and treatment plan.

The review also said that it should be made much easier to work out if someone should be treated under the Mental Health Act, or the Mental Capacity Act 2005, with the latter designed to help people who are not able to make decisions for themselves.

The review also said that it should be made much easier to work out if someone should be treated under the Mental Health Act, or the Mental Capacity Act 2005, with the latter designed to help people who are not able to make decisions for themselves.

The Human Rights Act 1998 introduced many key rights. One of those is the right to liberty, which can only be taken away in limited circumstances. An example being for the lawful detention of people of ‘unsound mind’, which should only be done when it is in an individual’s best interests. The right to liberty comes from the European Convention on Human Rights, which protects the rights of people in countries who belong to the Council of Europe. The UK became a Council Member 24 years before it joined the EU, and our membership will be unaffected when we leave the EU.

In 2010, the Equality Act was introduced and combined all the different strands of discrimination legislation into one Act. Under the Equality Act 2010, it is unlawful to treat a disabled person less favourably than a person who is not disabled. This applies both in employment and in the provision of goods and services.

"Under the Equality Act 2010, it is unlawful to treat a disabled person less favourably than a person who is not disabled. This applies both in employment and in the provision of goods and services."

The law protecting those of us with mental health challenges has changed in many ways over the last 40 years and more changes are to come. The UK has always led the way in the development of discrimination law, says Pam Loch, Solicitor and Managing Director of Loch Associates Group, but will Brexit have an impact?
“long term” for the purposes of establishing a disability, depending on the extent of the impact on their day-to-day lives.

As soon as an employer knows or could reasonably be expected to know that a person has a physical or mental disability, they then have a legal duty to consider and make reasonable adjustments. Therefore, it is important to make an employer aware of any mental health challenges. Some examples of adjustments that an employer could then make are:

- providing training for mental health first-aiders to spot symptoms of mental ill health;
- working from home;
- agreeing to flexible or shorter hours;
- changing job descriptions and roles; and
- making changes to the work environment e.g. purchasing special equipment or changing the location of a desk.

Are there more changes ahead with Brexit? The European Union (Withdrawal) Act 2018 was introduced to prepare the UK’s legal framework for when the UK leaves the European Union. The UK has always led the way in the development of discrimination law and therefore nothing is likely to change post Brexit. Indeed, the Government has made a commitment not to reduce the standards of workers’ rights and will consider making any future EU laws that strengthen workers’ rights, part of UK law.

“The Government has made a commitment not to reduce the standards of workers’ rights and will consider making any future EU laws that strengthen workers’ rights, part of UK law.”
More than a diagnosis

I want to break the stereotypes around Borderline Personality Disorder, says Beatrice Cole, Equality, Diversity and Inclusion admin, and Peer Support Worker.

One thing I wish more people could understand, especially in the workplace, is the challenges faced by people with a diagnosis of Borderline Personality Disorder.

On a bad day when I’m trying my best, it may not always appear that way to others. Dealing with the associated challenges of the diagnosis and then having to turn up at work and work hard, even if I don’t feel able to be proactive – this for me is a big achievement. This is a herculean effort and I feel I should be supported and not scolded as I have been in the past for not being perfect or productive.

People with this diagnosis are often referred to as having Borderline Personality Disorders or BPDs. It is a diagnosis that carries with it many stereotypes. These include being manipulative, toxic, unstable, moody, untreatable, unable to maintain loving relationships, attention seekers through destructive behaviour, “crazy” and abusive.

The language used around Borderline Personality Disorder can add significantly to the stigma. For example, Borderline Personality Disorder is also known as Emotionally Unstable Personality Disorder – this term, I feel, adds further stigma.

Without education around what the diagnosis is and the impact it has will only increase the stigma further. I feel at times I haven’t been given the chance to show that I am so much more than just a diagnosis.

With education, compassion and therapeutic support, it is possible to enjoy fulfilling careers and excel in the workplace. I deserve the same level of compassion and understanding as any other employee with a health challenge.

With the right support my unique skills can be allowed to thrive. I am a unique individual and I can use my mental health challenges to good effect in supporting others; traits that might be considered weaknesses to some are things I can train constructively to be become positive assets. I feel my greater capacity for empathy, understanding, caring and kindness are testament to this. When meeting other people with the same diagnosis as me, I am struck by the feeling that they are the most caring and compassionate people I know.

Working in an area of the NHS that deals primarily with providing support for people around their mental health, I feel it is my place to speak out and lead the way for people with a diagnosis of Borderline Personality Disorder to be seen for their personalities and unique qualities without the label of being unstable or unmanageable.

I want to help others move from a place of stigma to understanding and compassion. I hope that when colleagues meet with me that they can see past the diagnosis and recognise me for the person I am. Yes, I have my challenges just like everyone else.

I have worked for CPFT for a few months now and this has allowed me to realise that for the stigma to end and for behaviours to change I need to stand up and provide the education needed to facilitate that change. I would like to make a change for present and future staff, so that people never have to feel embarrassed or ashamed by their diagnosis and to see that they can see it as a chance. A chance to lead the way, to become a role model to both staff and people receiving our services and that they have nothing to hide.

I hope now by talking about my experience of having this diagnosis that I can help lead the way to challenging the current perceptions and reducing the stigma.
colouring page
These two images may look the same but there are five subtle differences. Can you find them?
Useful sources of support and information

<table>
<thead>
<tr>
<th><strong>ACAS</strong></th>
<th>Information and advice on workplace relations and employment law</th>
<th><a href="http://www.acas.org.uk">www.acas.org.uk</a></th>
<th>0300 123 1100</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anna Freud National Centre for Children and Families</strong></td>
<td>Children's mental health charity</td>
<td><a href="http://www.annafreud.org">www.annafreud.org</a></td>
<td>020 7774 2313</td>
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<tr>
<td><strong>Anxiety UK</strong></td>
<td>Charity for people with anxiety, stress and anxiety-related depression</td>
<td><a href="http://www.anxietyuk.org.uk">www.anxietyuk.org.uk</a></td>
<td>08444 775 774</td>
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<tr>
<td><strong>Arts and Minds</strong></td>
<td>Arts and mental health charity in Cambridgeshire</td>
<td><a href="http://www.artsandminds.org.uk">www.artsandminds.org.uk</a></td>
<td>01223 353 053</td>
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<tr>
<td><strong>Best Beginnings</strong></td>
<td>Supports the mental health of pregnant women and new mothers</td>
<td><a href="http://www.bestbeginnings.org.uk">www.bestbeginnings.org.uk</a></td>
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<tr>
<td><strong>Blurt</strong></td>
<td>Support for people affected by depression</td>
<td><a href="http://www.blurtout.org">www.blurtout.org</a></td>
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<td><strong>Campaign Against Living Miserably</strong></td>
<td>Charity dedicated to preventing male suicide</td>
<td><a href="http://www.calamzone.net">www.calamzone.net</a></td>
<td>0800 58 58 58</td>
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<tr>
<td><strong>Carers Trust</strong></td>
<td>Support, services and recognition for anyone living with the challenges of caring</td>
<td><a href="http://www.carers.org">www.carers.org</a></td>
<td>0300 772 9600</td>
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<tr>
<td><strong>Centre for Mental Health</strong></td>
<td>Charity specialising in research, economic analysis and policy influence in mental health</td>
<td><a href="http://www.centreformentalhealth.org.uk">www.centreformentalhealth.org.uk</a></td>
<td>020 7717 1558</td>
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<tr>
<td><strong>Change Grow Live</strong></td>
<td>Help and support across a wide range of areas including mental health, substance use, criminal justice and homelessness</td>
<td><a href="http://www.changegrowlive.org">www.changegrowlive.org</a></td>
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<tr>
<td><strong>Citizens Advice</strong></td>
<td>Free advice to everyone on their rights and responsibilities</td>
<td><a href="http://www.citizensadvice.org.uk">www.citizensadvice.org.uk</a></td>
<td>03444 111 444</td>
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<tr>
<td><strong>Crisis</strong></td>
<td>Charity for homeless people</td>
<td><a href="http://www.crisis.org.uk">www.crisis.org.uk</a></td>
<td>0300 036 1987</td>
</tr>
<tr>
<td><strong>Dancing With The Black Dog</strong></td>
<td>Charity dedicated to the eradication of the stigma of anxiety and depression</td>
<td><a href="http://www.dancingwiththeblackdog.com">www.dancingwiththeblackdog.com</a></td>
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<td><strong>Do-it</strong></td>
<td>National volunteering database</td>
<td><a href="http://www.do-it.org">www.do-it.org</a></td>
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<td><strong>Equality and Human Rights Commission</strong></td>
<td>Statutory body dealing in discrimination and human rights</td>
<td><a href="http://www.equalityhumanrights.com">www.equalityhumanrights.com</a></td>
<td>0808 800 0082</td>
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<tr>
<td><strong>Heads Together</strong></td>
<td>Campaign inspiring charities that are tackling stigma, raising awareness, and providing vital help for people with mental health challenges</td>
<td><a href="http://www.headstogether.org.uk">www.headstogether.org.uk</a></td>
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<tr>
<td><strong>The Helpful Clinic</strong></td>
<td>A social venture that helps people cope better with everyday life</td>
<td><a href="http://www.thehelpfulclinic.com">www.thehelpfulclinic.com</a></td>
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<tr>
<td><strong>Illuminate</strong></td>
<td>Provides coaching and personal development courses throughout the east of England</td>
<td><a href="http://www.illuminatecharity.org.uk">www.illuminatecharity.org.uk</a></td>
<td>01223 520124</td>
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<tr>
<td><strong>Imroc</strong></td>
<td>Works with communities to develop services, systems and cultures that support recovery and wellbeing</td>
<td><a href="http://www.imroc.org">www.imroc.org</a></td>
<td>0115 9691300 ext 12485</td>
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<tr>
<td><strong>Inclusion Recovery Cambridgeshire</strong></td>
<td>Support for people affected by drugs and alcohol</td>
<td><a href="http://www.inclusion-cambridgeshire.org.uk">www.inclusion-cambridgeshire.org.uk</a></td>
<td>0300 555 0101</td>
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<tr>
<td><strong>International Workplace</strong></td>
<td>Employee relations advisor</td>
<td><a href="http://www.internationalworkplace.com">www.internationalworkplace.com</a></td>
<td>0333 210 1995</td>
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<tr>
<td><strong>Keep Your Head</strong></td>
<td>Local support for children and young people</td>
<td><a href="http://www.keep-your-head.com">www.keep-your-head.com</a></td>
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<tr>
<td><strong>Lifecraft</strong></td>
<td>User-led organisation offering creative activities, recovery groups, social activities and employment and volunteering opportunities</td>
<td><a href="http://www.lifecraft.org.uk">www.lifecraft.org.uk</a></td>
<td>01223 566 957</td>
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<tr>
<td><strong>Loch Employment Law</strong></td>
<td>Specialist employment lawyers acting for employers and employees</td>
<td><a href="http://www.lochlaw.co.uk">www.lochlaw.co.uk</a></td>
<td>0203 667 5400</td>
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<tr>
<td><strong>Make, Do and Mend</strong></td>
<td>Skills workshops, volunteering opportunities and peer support to people who have experience of mental health challenges</td>
<td><a href="http://www.makedoandmendinfo.co.uk">www.makedoandmendinfo.co.uk</a></td>
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<tr>
<td><strong>Making Money Count</strong></td>
<td>Provides financial information and support across Cambridgeshire, West Norfolk and Peterborough</td>
<td><a href="http://www.makingmoneycount.org.uk">www.makingmoneycount.org.uk</a></td>
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<td><strong>Mental Health First Aid</strong></td>
<td>Offers training for all in mental health first aid</td>
<td><a href="https://mhfaengland.org">https://mhfaengland.org</a></td>
<td>020 7250 8062</td>
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<tr>
<td><strong>Mental Health Foundation</strong></td>
<td>Charity for mental health, aiming to find and address the sources of mental health challenges</td>
<td><a href="http://www.mentalhealth.org.uk">www.mentalhealth.org.uk</a></td>
<td>(0)20 7803 1100</td>
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<tr>
<td><strong>Mental Health Handbook, Lifecraft</strong></td>
<td>Information and contact details for relevant organisations such as advocacy, hospital services, housing, employment guidance, education, benefits advice and careers</td>
<td><a href="http://www.lifecraft.org.uk/our-services/information/mental-health-handbook">www.lifecraft.org.uk/our-services/information/mental-health-handbook</a></td>
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<tr>
<td><strong>Mind</strong></td>
<td>Charity which provides advice and support to empower anyone experiencing mental health challenges</td>
<td><a href="http://www.mind.org.uk">www.mind.org.uk</a></td>
<td>020 8519 2122</td>
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<tr>
<td><strong>Mind CPSL</strong></td>
<td>Provides a wide range of services across the county (Cambridgeshire, Peterborough and South Lincolnshire) to support those recovering from mental health challenges</td>
<td><a href="http://www.cpslmind.org.uk">www.cpslmind.org.uk</a></td>
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<tr>
<td><strong>Money and Mental Health Policy Institute</strong></td>
<td>Independent charity committed to breaking the link between financial difficulty and mental health challenges</td>
<td><a href="http://www.mymoneyandmentalhealth.org">www.mymoneyandmentalhealth.org</a></td>
<td>0207 848 1448</td>
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<tr>
<td><strong>MQ</strong></td>
<td>Championing and funding research into mental health</td>
<td><a href="http://www.mqmentalhealth.org">www.mqmentalhealth.org</a></td>
<td>0333 440 1220</td>
</tr>
<tr>
<td><strong>National Sleep Foundation</strong></td>
<td>Dedicated to improving health and wellbeing through sleep education and advocacy</td>
<td><a href="http://www.sleepfoundation.org">www.sleepfoundation.org</a></td>
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<tr>
<td><strong>Recovery College East</strong></td>
<td>Delivering courses and workshops to explore and improve personal wellbeing</td>
<td><a href="http://www.cpf.org.uk/about-us/recovery-college-east.htm">www.cpf.org.uk/about-us/recovery-college-east.htm</a></td>
<td>Cambridge 01223 227510</td>
</tr>
<tr>
<td><strong>Red2Green</strong></td>
<td>Cambridgeshire charity supporting people with learning disabilities, on the autistic spectrum or living with mental ill health</td>
<td><a href="http://www.changingtheredlightsgreen.co.uk">www.changingtheredlightsgreen.co.uk</a></td>
<td>01223 811662</td>
</tr>
<tr>
<td><strong>Rethink Mental Illness</strong></td>
<td>Expert, accredited advice for everyone affected by mental health challenges</td>
<td><a href="http://www.rethink.org">www.rethink.org</a></td>
<td>0300 5000 927</td>
</tr>
<tr>
<td><strong>rethinkyourmind.co.uk</strong></td>
<td>Developed by those with experience of mental health challenges, to creatively express wellbeing</td>
<td><a href="http://www.rethinkyourmind.co.uk">www.rethinkyourmind.co.uk</a></td>
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<tr>
<td><strong>Richmond Fellowship</strong></td>
<td>Recovery-focused organisation offering a range of mental health support services</td>
<td><a href="http://www.richmondfellowship.org.uk">www.richmondfellowship.org.uk</a></td>
<td>0207 6973300</td>
</tr>
<tr>
<td><strong>Samaritans</strong></td>
<td>Offers a safe place to talk at any time about whatever is getting to you</td>
<td><a href="http://www.samaritans.org">www.samaritans.org</a></td>
<td>116 123</td>
</tr>
<tr>
<td><strong>Scope</strong></td>
<td>Provides support, information and advice to disabled people and their families</td>
<td><a href="http://www.scope.org.uk">www.scope.org.uk</a></td>
<td>0800 800 3333</td>
</tr>
<tr>
<td><strong>The Mix</strong></td>
<td>Support service for young people</td>
<td><a href="http://www.themix.org.uk">www.themix.org.uk</a></td>
<td>0808 808 4994</td>
</tr>
<tr>
<td><strong>The SUN Network</strong></td>
<td>Aiming for everyone in Cambridgeshire to have equitable access to mental health and/or drug and alcohol interventions and services</td>
<td><a href="http://www.sunnetwork.org.uk">www.sunnetwork.org.uk</a></td>
<td>07712 358172</td>
</tr>
<tr>
<td><strong>Time to Change</strong></td>
<td>Campaigning to remove stigma around mental health</td>
<td><a href="http://www.time-to-change.org.uk">www.time-to-change.org.uk</a></td>
<td>020 8215 2356</td>
</tr>
<tr>
<td><strong>YoungMinds</strong></td>
<td>Charity committed to improving the wellbeing and mental health of children and young people</td>
<td><a href="http://www.youngminds.org.uk">www.youngminds.org.uk</a></td>
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</tbody>
</table>
“There’s no one giant step that does it. It’s a lot of little steps.”