

YOUR VOICE

In Sheffield Mental Health

A magazine for users, carers and professionals

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Creative arts celebrate World Mental Health Day



Some of the CAST team at the opening of 'Touching the Soul' exhibition at Jessop West Exhibition Space

To mark World Mental Health Day on October 10th, the Creative Arts Steering Team (CAST) in association with the University of Sheffield's Storying Sheffield project, held an exhibition at Jessop West Exhibition Space entitled 'Touching the Soul'.

Those attending the opening event on the eve of the 2-day exhibition had the opportunity to preview the impressive array of arts on display, including painting, film and poetry, all created by people who have used mental health services in Sheffield. As well as the displays, visitors over the weekend could

also enjoy music, singing and experimental art performances.

CAST member Nev Wheeler commented on the long hours of hard work that go on behind the scenes to produce such a spectacular exhibition before introducing a handful of speakers who each shared their thoughts on creative arts and mental health.

University of Sheffield lecturer Brendan Stone spoke of his interest in how engaging in the creative arts, as well as education and learning, can help improve our wellbeing and mental health.

Julie Leeson, SHSC's Director of Therapies and chair of the Arts and Wellbeing group, noted how the exhibitions and the team creating them had grown year on year and spoke about being impressed by the strength of people's belief in art as part of their recovery.

SHSC's Chief Executive Kevan Taylor attributed Sheffield's growing reputation for the use of creative arts in health and wellbeing to successful collaborations with other agencies, such as the University, Weston Park Museum and Sheffield United, which have brought service user art into the mainstream.

Editorial

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This issue features an update on the progress made by Sheffield Health and Social Care Trust to introduce Respect training as an alternative to current de-escalation techniques. As regular readers will know, this was one of the recommendations made by user led MAAT Probe group as a result of their quality monitoring exercise which looked at the experience of African Caribbean mental health service users. SHSC's implementation of Respect is a really good example of what meaningful service user involvement can achieve.

User involvement in research, and services being judged by user defined standards, are the user led norm in a future suggested by Peter Beresford. His book 'A Straight Talking Introduction to Being a Mental Health Service User' is reviewed by survivor activist Terry Simpson

We know that many people with mental health problems are helped by 'talking treatments' but there is evidence to suggest that instead of feeling better after therapy people can actually feel worse. A team of researchers at the University of Sheffield, which includes people who have used psychological therapy services, are looking for participants to help them find out why therapy can fail and even prove harmful.

As usual, we feature several personal accounts of mental health and recovery: Judith Haire describes how her love of writing brings empowerment and catharsis; Carol Philpotts urges others living with mental health problems never to give up; and George Eaton tells us how he came to write a self-help guide on overcoming the effects of depression (copies of which he is offering free to **Your Voice** readers).

Finally, I am very pleased that we were able to meet the request of the reader who wrote asking that we include something in this issue about the recent Soteria Network conference on 'Alternatives Within and Beyond Psychiatry'. The Network describes itself as "part of an international movement of service users, survivors, activists, carers and professionals fighting for more humane, non-coercive mental health services". We were very fortunate that Josie Coupland, who attended the event, agreed to put pen to paper and share her thoughts about information and ideas presented on the day. If you're attending any mental health conferences or events in coming months, and you'd like to share what's going on with other readers, why not write us an article? In fact, why not drop us a line on any mental health related issues or subjects? I know we say it all the time, but we really do want to hear from you!

Justine Morrison

Service user applications invited for Ministerial Advisory Group on Mental Health Strategy

Could you help shape Government policy on mental health?

The Ministerial Advisory Group on the Mental Health Strategy has recently been established to lead the delivery of 'No health without mental health: a cross-government mental health outcomes strategy for people of all ages' and support the Government's aim of achieving parity of esteem between physical and mental health – to make sure that mental health is taken as seriously as physical health.

The group, which meets four times a year, is chaired by Paul Burstow, the Minister for Care Services. It has a large membership that includes representatives from Government departments, third sector organisations and other community organisations.

For these posts you will be responsible for ensuring that the voices of people with experience of using mental health services and the family and friends who support them are heard in the Ministerial Advisory Group's discussions. You will need to be a person who has used mental health services in England either currently or in the past, or a relative or friend who

supports somebody who has used, or uses these services.

Remuneration is £150 per day. Travel and related expenses are reimbursed at rates set by the Department of Health.

These are challenging roles, but for the right individuals offer a unique opportunity to influence the mental health of the population and the lives of people with mental health problems and their families and friends.

The closing date for receipt of applications is 12 noon on Thursday 5th January 2012.

For more information and to apply online please visit:

www.appointments.org.uk
(quoting reference CS0779)

For information in easy read, braille, large type or on tape please contact:

John Wilson
0113 394 6747
Email:
john.wilson@appointments.org.uk

Can you contribute to a new book on suicide?

I am one of three editors working on a new book entitled 'Our Encounters With Suicide' and I am looking for contributors. I am looking for people who have attempted suicide or people who have been affected by the suicide or suicide attempt of a close friend or relative, and who would be willing to share their stories.

The book is primarily intended for students of the health and social care professions and will be used as a complement to service user or 'expert by experience' involvement in educational activity. However, we envisage that it will be of interest to a range of diverse audiences.

We envisage that the profits of the book will be donated to a small mental health charity.

This book will document, in narrative first-hand form, the challenging experiences of suicide. The book is needed because most texts describing issues related to suicide are written on behalf of 'mental ill-health sufferers' by either specialists in psychiatric medicine or in various forms of psychotherapeutics. Such formal accounts, in which human distress is accounted for by proxy, tend to have a narrow focus on suicide to the detriment of the contextual richness of the lives of those who experience suicide, whether as somebody wishing to commit suicide, their carers, or relatives.

In contrast to such mainstream approaches, this proposed text will consist of a wide selection of 'stories', narratives and vignettes of varying length (rather than realist scientific or quasi-scientific accounts) illustrating the rich, contextual lived experience of negotiating and struggling with suicide.

If you are interested in contributing or would like further information please contact me:

Judith Haire
Email: judithhaire@sky.com

Have your say in Sheffield City Council's Lettings Policy Review

In Sheffield last year around 10% of all homeless cases accepted for re-housing had mental health as their main priority category. In reality probably a higher amount of homeless acceptances do have mental health issues but they may have children, which would then register as the main priority need for housing. 20% of all referrals for a Health and Housing priority on the Housing Register are from people with mental health issues.

We are currently reviewing how we let Council housing in Sheffield and we would like to hear your thoughts. There are a number of ways to get involved:

- Comment on our Facebook or Twitter pages
- Fill out our online questionnaire located on our web page **www.sheffield.gov.uk/allocationspolicyreview** and by clicking on the 'Tell us your views' link.
- Email us at: **allocationspolicyreview@sheffield.gov.uk**
- Write to us at: **Allocations Policy Review Team, First Floor, New Bank House, 100 Queen Street, Sheffield, S1 2WA.**
- Telephone our Contact Centre on **0114 205 7333** for more information or to request a paper copy of the questionnaire.
- By attending one of our public face-to-face consultation events listed at **www.sheffield.gov.uk/allocationspolicyreview**



National Audit of Psychological Therapies finds patient benefits, but improvement needed

A report into the care received by patients with anxiety and depression across more than 350 NHS-funded psychological therapy services in England and Wales has revealed good overall standards of care, but substantial variation in quality.

The National Audit of Psychological Therapies (NAPT) – commissioned by the Healthcare Quality Improvement Partnership (HQIP) and carried out by the Royal College of Psychiatrists' Centre for Quality Improvement – collected data from 357 services and over 10,000 people in therapy for anxiety and depression. The audit measured ten standards, including patient satisfaction, effectiveness of therapy, waiting times and number of treatment sessions offered.

Some 80% of patients said they felt well supported by their therapist and confident in their therapist's ability. Importantly, 49% of the patients included in the audit had recovered by the end of psychological therapy. These findings indicate that good-quality NHS psychological therapy is helping many people with anxiety and depression achieve better mental health.

However, not all services routinely measure how well patients were before and after therapy, so it is not yet possible to draw firm conclusions about how effective all the services in England and Wales are.

The audit report urges all psychological therapy services to routinely collect information about what response people make to the treatment they are given.

The audit found that services are generally good at providing evidence-based psychological treatments recommended by the National Institute of Health and Clinical Excellence (NICE). Some 83% of patients with a diagnosis for which there is a NICE guideline

were given the recommended therapy for their condition. However, not all services record the diagnosis of their patients, making it difficult to know whether or not the care they are providing is appropriate for their patients.

Many services, particularly larger ones, are effective at ensuring that patients are seen quickly once referred. However, this standard was not met by all services, with one in seven people in the audit waiting more than three months for their first appointment. Waiting times are important – patient feedback indicates that long waits can have a negative impact on a person's mental health.

The report also identified concerns about the number of sessions being offered to some patients. At a service level, 56% of patients either received the recommended minimum number of sessions or recovered. Of those who did not receive the recommended number of sessions, 41% neither recovered nor made reliable improvement.

The audit findings suggest that older people are less likely to access psychological therapy compared to working age adults, and this is a finding that needs exploring further. In terms of ethnicity, no particular groups appear to be over or underrepresented at the national level.

Overall, the findings reveal that psychological therapy services are meeting a high number of standards, but support is needed to help some services improve. Services that currently fall below the audit standards are being supported to make positive changes through action planning resources. A re-audit will then take place to see what improvements have occurred.

Download the report, including a service user friendly version, at:

www.hqip.org.uk

Challenge to discriminatory mental health law

Discrimination against people with mental health problems is still legal under old and outdated Acts of Parliament which have been left unchanged. Lord Dennis Stevenson and Charles Walker MP, supported by Mind, the Royal College of Psychiatrists and Rethink Mental Illness, have been working on a Bill to repeal four such discriminatory pieces of legislation.

The Mental Health (Discrimination) Bill was presented for its second reading in the House of Lords on 25th November. Committee stage – line by line examination of the Bill – is yet to be scheduled.

Responding to the debate on behalf of the government, Lord Wallace of Saltaire revealed that the government fully supports the bill and is committed to ensuring it becomes law even if there is not sufficient time in this Parliamentary session.

The Bill aims to:

- Repeal section 141 of the Mental Health Act 1983, under which a Member of the House of Commons, Scottish Parliament, Welsh Assembly or Northern Ireland Assembly automatically loses their seat if they are sectioned under the Mental Health Act for more than six months;
- Amend the Juries Act 1974 to overturn the blanket ban on “mentally disordered persons” undertaking jury service;
- Amend the Companies (Model Articles) Regulations 2008 which states that a person might cease to be a director of a public or private company “by reason of their mental health”;
- Amend the School Governance (Constitution) (England) Regulations 2007 so that individuals detained under the Mental Health Act are no longer prevented being school governors.

Sheffield Health and Social Care Trust implements Respect

Over the last 18 months SHSC has been reviewing the training provided to staff in the Prevention and Management of Violence and Aggression (PMVA). The review, led by Lead Nurse Tony Flatley, has involved current trainers, clinical staff, service users and managers. It was based on feedback from clinical staff and trainers that the current course and its practice needed to change. Nationally there has been a call for newer techniques that are more collaborative in nature.

Training in this new approach begins in December when 12 members of staff will receive the training which will enable them to become Respect Instructors. They will then begin an intensive four-month training programme where the four acute wards, Intensive Treatment Service, Forest Lodge, G1 and the Assessment and Treatment Unit will all change over from the PMVA to Respect.

The Respect philosophy dovetails with the Recovery approach which



SHSC's new Respect Instructors

The service user group MAAT Probe from Sheffield African Caribbean Mental Health Association (featured in *Your Voice* no. 57) also provided SHSC with feedback from their quality monitoring exercise that suggested African Caribbean services users were generally satisfied with care they received in the community but dissatisfied when it came to inpatient care. They recommended that SHSC explore Respect.

The whole ethos of Respect training is to maintain the therapeutic alliance between staff and service users and collaborate wherever possible. The approach is therefore based on communication, engagement, early recognition, prevention and de-escalation, together with dignity and respect for the person throughout. There is a principle of 'no pain no panic' in its physical interventions. Respect puts support, not just control at the core of all training and interventions and ensures that the least restrictive options are used.

is an important priority for the Trust and is a tangible opportunity to improve practice and service user experience.

Two lead nurses have been appointed to oversee the implementation of Respect. They will be making contact with service user groups and individual service users to recruit people who have experienced inpatient service to participate in the Respect Training by telling their story. If you are interested please contact either:

Caroline Mackay or
Andy Algar
Tel: 0114 271 6310

The implementation of the Respect programme is being monitored and overseen by the PMVA/Respect Implementation group whose membership includes service users, members of MAAT Probe and Trust staff involved in the Respect programme. For more information contact:

Kim Parker
Senior Nurse
07812 087 637

Understanding and preventing adverse effects of psychological therapies

Can you help with this research?

Researchers from the University of Sheffield are carrying out a study across England to find out what happens when therapy - e.g. 'talking treatments', counselling, psychotherapy - makes someone feel worse or 'goes wrong'. This will help us to develop some practical ways to avoid this from happening.

This research is being funded by the NHS Research for Patient Benefit Programme.

If you have had an experience of therapy that you feel has failed, 'gone wrong' or been harmful, and were aged 18 or over when you received the therapy, we are keen to hear from you. We would like to hear from people who have had therapy and therapists/ counsellors. It does not matter whether the therapy was or was not an NHS service.

To take part in the study, you will need to fill in a short questionnaire. After this, you may be asked to take part in an interview or focus group (although there is no obligation to do so).

If you want to talk to anyone about the study please contact:

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Research Assistant
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For more information see:
www.shef.ac.uk/scharr/sections/hsr/mh/mhresearch/adept



Get Into Reading

Steve Gascoyne on how Sheffield Health and Social Care Trust is bringing people together through books

Since June of this year 'Get Into Reading' groups have been up and running on the adult acute mental health inpatient wards of Rowan and Maple at the Longley Centre, and Stanage and Burbage at the Michael Carlisle Centre. The sessions add something creative, sociable, and also cheap in these economically challenging times. Like initiatives undertaken under the Star Wards banner the reading groups attempt to make life more stimulating and diverse on the wards. To find out more about the aims and objectives of shared reading groups, and the origins of the Reader Organisation from whose inspiring blueprint they derive, read on...

The client group were young single parent mothers. Material chosen for the groups is often selected to allow discussion that enhances cohesion between those attending. Rapidly the model spread and the mushrooming success led to the Reader Organisation becoming a charity in its own right and separating from its university origins. They currently deliver 'Read to Lead' training to help people at organisations as diverse as NHS trusts, prisons, schools and libraries to spread the model and its inherent benefits.

So back to the Sheffield connection! In 2010 SHSC was able to purchase training from the

should be noted that all the facilitators deliver the sessions in their own free time and are not financially remunerated, finding reward enough in sharing their love of literature.

At present the sessions run weekly at Rowan and Maple wards, and alternate bi-weekly at Stanage and Burbage. The groups are structured in such a way that a short story or chapter of a larger work are read, along with a poem whose theme is linked. The resultant discussion is organic and often moving, relating to people's own life experiences. Whether there's shared laughter, validation or just relief to have a diversion from ward routine, the sessions have generally proved beneficial for those who come. The sessions are not prescriptive or framed to tease out preset interpretations like say school or university, but instead reveal how the literature moves people on a personal level. Those of us lucky enough to enable a group have learnt so much in return.

It seems sensible to finish with comments from the most important people involved; those who attend the groups. Their words are far more eloquent and moving than anything I can write, and sum up their experience as they see it:

- "I love it because it helps you get things out of your system."
- "I like getting the bits – other people reading, other people's choices and seeing other people when they read."

Of the sessions:

- "They're good – got better and bigger."
- "Captures my imagination and gives you visual ideas."
- "I think they should be twice a week."

For further information contact:

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Tel: 0114 226 3367

Noelle Riggott
Email: noelle.riggott@shsc.nhs.uk
Tel: 0114 271 8754

www.thereader.org.uk



From left to right: Noelle Riggott, Mia Bajin and Clair Mullineaux

Way back in 1997 'The Reader' magazine was launched with the stated aim of spreading the word about the social benefits of shared reading, pioneered at the School of Continuing Education at the University of Liverpool. Reading didn't necessarily have to be a lone and silent occupation; it could be a joyful shared community experience. In 2002 the first 'Get Into Reading' group beyond the confines of universities and in the wider community was launched.

Reader Organisation to deliver 5 days of training to enable a mixture of staff and volunteers to become facilitators of shared reading. By March 2011 the training was complete and so several people were now qualified to run groups having experienced the excellent teaching methods and camaraderie that resulted from the ethos of equality and fun engendered in the Reading Organisation experience. Those trained had very diverse roles within and external to SHSC. It

Forest Close Photography group

How developing creative skills and interests is helping to support people's recovery



Photographs by member of FC Photography Group (clockwise from top right): Wentworth Woodhouse Stables; Castleton Village; Ladybower and Upper Derwent

Forest Close (FC) is a recovery and rehabilitation inpatient service which supports individuals with enduring and complex mental health difficulties. The service aims to support people in their recovery process; this includes supporting service users to manage distressing symptoms, rebuild confidence and quality of life, and create a more positive outlook towards the future. A range of group activities are available for service users, some providing opportunities to develop creative interests and skills.

One of the more recently established groups is the FC Photography Group. Initially set up and facilitated in August 2010 by Support Worker Brian Ball, who is a keen recreational photographer, the group has since grown in size and popularity and fellow Support Worker Fay Dudley, who also has skills and experience in digital photography, has joined the group as a co-facilitator.

The group meets fortnightly, taking the morning to plan the day together then travelling to various locations including parks, historic places and countryside, to photograph beautiful landscapes and historic buildings. Some favourite locations include

Ladybower, Derwent and the Botanical Gardens. The group enjoys having lunch together and uses this time to reflect on their experiences, and talk about photos they've taken or places they would like to photograph in the future. Although facilitators have seen a growth in participants' confidence and ability, taking part in the group is not just about developing camera and photography skills; participants also enjoy having "good banter", "fun" and "spending quality time with others".

The group has had fantastic opportunities to showcase their creative work; some of their photographs have been used to decorate hospital ward environments and they have been asked to display their work at Fulwood House and Busters Cafe. They have also been invited to publish their work in various magazines and exhibit at creative events. They receive regular requests to photograph events and meetings and to take pictures for various projects. In describing a sense of pride that photography brings about, one participant said: "I feel good; looking at these pictures on the wall; it gives me a lot of satisfaction."

Come to St Wilfrid's shop for Christmas gift ideas

St Wilfrid's Centre gift shop has been open since the summer and is well stocked and ready for the Christmas rush. All kinds of items from stocking fillers and jewellery to handmade chess sets are available and could make the perfect gift. The now-famous handmade football clocks with your favourite team's logo are always in demand - please order quickly to ensure that you are not disappointed. In addition, bird boxes, candle holders, coasters and engraved glasses are always on the shelves. Photos of your loved ones can also be converted onto canvas.



All items are made at St Wilfrid's Centre in the skills workshop by clients who attend the classes and find the work very therapeutic. This increases their confidence and self-esteem but at the same time brings in money to the Centre which is used to improve the service.



Director Kevin Bradley commented: "Our priority is to help clients, many of whom have suffered mental health problems and the business side is secondary. However the money that is generated from the items made in the skills workshop helps us to help even more people."

Jimmy, a regular in the workshop, said: "St Wilfrid's gave me my life back and the workshop is something to get up for in the morning."

The shop is open 10am - 4pm, Tuesday to Thursday and available at other times by coming to the Centre door. Any queries, please contact workshop staff on: 0114 255 5720

Your Profiles



Author of 'Don't Mind Me,' Judith Haire (pictured left) tells us about the long term impact on her mental health of growing up in a dysfunctional family, the frightening and isolating experience of being a mental health inpatient and her sense of liberation on finally being discharged from psychiatric care. Today, a developing interest in writing and a return to education continue to support Judith's recovery

What brought you into contact with mental health services?

I'll never forget the day my parents took me, without my knowledge or consent, to the child guidance clinic where I sat, with my mother, in front of a doctor in a white coat. He was a psychiatrist and I was intimidated. I was thirteen. My grandmother had recently died and I was still grieving. I was depressed, anxious, tearful, neglecting myself, struggling with my schoolwork and was hearing voices. I was growing up in a dysfunctional family and had been told never to tell anyone anything about myself or the family. I'd learned to keep my feelings hidden. So when the doctor suggested there was trouble at home or tension between my parents I strongly denied this. My mother was too frightened of my father to say anything either. There was little the doctor could do except prescribe diazepam for my anxiety. I was already taking Mogadon to help me sleep. Problem sorted, or so the psychiatrist thought. In those days there were no bereavement counsellors. I was medicated and labelled a psychiatric case. I was and still am very angry about this experience. Later another psychiatrist told me that this would never happen to a child these days. It shouldn't have happened to me.

What was your experience of mental health services?

At thirteen I found the whole introduction to mental health services very upsetting. The same

psychiatrist advised me to leave home when I was 18 as living at home was detrimental to my mental health. Later, in my thirties, while psychotic, I was an inpatient in an acute psychiatric ward for 6 months and found the experience distressing, isolating and frightening. I was sectioned under the 1983 Mental Health Act and subjected to six treatments of electro-convulsive therapy (ECT). I found the staff on the ward disinterested and difficult to approach. One was reading a book and said she wanted to finish it before she would talk to me, another left me crying at midnight saying I would have to wait until the morning to talk to someone. I was left alone for long periods and there was little to do. I had to ask for the radio to be put on. I felt unsafe and was terrified of everything and everyone but I felt no one wanted to listen to me or help me. My clothes went missing. I found psychiatrists difficult to talk to, I didn't feel as if they really understood what I was going through. The answer was always medication. Later I was assigned mental health support workers and more than once I was let down when they failed to turn up to take me out.

What aspects of your life were affected by contact with mental health services? And how were they affected?

While in the acute psychiatric unit I was medically retired from my job.

This was like having a rug pulled out from under me. I felt really angry and resentful that it had happened to me. I missed working, missed the stimulus, missed the company of my colleagues and the challenges the work brought. Now I felt like I was doing a jigsaw with no picture to follow and with more than one piece missing. I felt alone, I felt isolated, I felt like I was back at square one.

Once home from the psychiatric unit I felt weak and my leg muscles needed building up after all the inactivity in the unit. I felt upset to be assigned to a psychiatrist and to a community mental health team; it bothered me and I felt somehow different and quite worthless. The psychiatrist was based in the very same clinic I'd been taken to against my will when I was thirteen and this made it harder for me to go to my appointments as it was a painful reminder of what had happened to me in my teenage years.

I went on to develop obsessive compulsive disorder where it took me up to twenty minutes to leave the house as I kept returning to check things and also I was very frightened of explosions so I would not cook any food. I was offered cognitive behavioural therapy (CBT) and this really turned my life around. I saw a psychologist once a fortnight for nearly two years. Though I could see at the time it

was a sticking plaster approach because it did not delve into the reasons for my distress, it concentrated on teaching me techniques to deal with my distress and symptoms which was useful.

I was heavily medicated at the time of my illness in 1993 and this I did resent. At one point I was swallowing 22 pills a day. A psychiatrist told me I'd need to take anti-psychotic medication for the rest of my life. Hearing this really angered me and made me determined to come off all medication and this I did, under supervision. Back came my feelings, back came my dreams, back came me. Someone described me as "all lit up." I felt energised and alive. The medication had taken its toll on my health as in 2003 I was diagnosed with cataracts in both eyes. The ophthalmologist said they weren't the cataracts he normally saw and asked if I'd ever taken the anti-psychotic drug chlorpromazine. Yes, in huge quantities in 1993 and he said this drug had caused my cataracts. I wish I'd been told of the risks associated with some of the medications I'd been prescribed. When I took this up with the health trust I was told I could not expect psychiatrists to know about such side effects. I replied that the side effect of lens opacity had been listed in MIMS and BNF since 1981. I had cataract surgery in 2003 and 2008. It came as a great confidence boost to me when I was finally discharged from the care of the psychiatrist and the mental health team. I felt free and felt able to be myself again and felt free from labels.

What projects are you involved in today?

I love to write. This year I contributed to a new mental health text book 'Our Encounters With Madness' edited by Grant, Biley and Walker (PCCS Books). Now I am co-editing the follow up which deals with the sensitive subject of suicide. I continue to study part time and my current course is a level 3 diploma in Child Psychology. I've one assignment left to write and then an exam. I've already taken

GCSEs in Maths and Science, a level 2 certificate in Mental Health and a level 3 diploma in Anatomy and Physiology, I have my own website which I keep updated and I have my own blog there too. I write on mental health topics and invite guest posts. I search out news articles for FAB Research, a charity dealing with the relationship between food and behaviour – I'm an honorary life associate member. I support anti-stigma campaigns and post mental health stories to Facebook and Twitter. I've recently been asked to write for Women Writers, Patient Experience, Mind Your Mind in Canada, One in Four blog and the Mind blog. I've started writing a second book. I take a keen interest in mental health and read books and news items on the subject.

What is your proudest achievement?

Against the odds I finished my studies and graduated from Sheffield University in 1981 with a BA Honours degree in Politics. I'm a survivor of life and of the mental health system and though I experienced mental illness that cost me my job at 37, it did result in me writing about my mental health, first in an article for Mental Health Practice Magazine and then in my writing my first book 'Don't Mind Me' (2008). Reviewed in *Your Voice* (no. 48), it tells the story of my dysfunctional childhood, teenage depression, my abusive first marriage and experience of rape and domestic violence, my terrifying descent into psychosis, my experience of ECT and my recovery. I wrote my book to help others as well as myself, and to inform mental health professionals as a first-hand account of psychosis, with its symptoms of auditory and visual hallucinations, is surely useful. I went on to write for Community Care Magazine. I have always found the experience of writing very cathartic and empowering.

Is there anyone in mental health you particularly admire?

My GP deserves special mention because he has been the only person to recognise that my mental

breakdown had taken away my confidence. He helped me to regain my confidence and spirit. He always supported me and I really miss him following his retirement this year. I admire the clinical psychologist and writer Dorothy Rowe for her wisdom and knowledge and Alice Miller for her work on the causes and effects of child abuse and its cost to society.

Is there anything else you'd like to say?

Having a psychotic breakdown changed my life completely but I've come to see how the roots of my past mental illness are in my dysfunctional childhood. I've read that adult psychosis is intimately linked to pre- and perinatal influences. I've read widely on the links between childhood trauma and adult psychosis. I'm shocked that only half of all local authorities now provide mental health services for children, owing to the government cuts; this is betraying children and denying them the help they need to give them a better quality of life in adulthood. I implore the government to invest more money in mental health research. Currently only 5% of research funding is spent on mental health. Spend money on anti-stigma campaigns if you like but mental illness will remain and the priority must be research into the causes of and treatments for mental illness, which affects 1 in 4 of us, and research into developing kinder treatments with fewer side effects. Mental illness devastates lives and impacts on self-esteem, and relationships. It generates fear, a fear of the unknown. People lose hope; they lose sight of what they once had. There must always be hope; recovery needs to be the primary aim and rather than relying on medication, let's develop other ways to help those in mental distress to recover.

Judith's website and blog can be found at:

www.judithhaire.vpweb.co.uk

'Don't Mind Me' is available from: www.chipmunkpublishing.co.uk

To find out more about FAB Research visit:

www.fabresearch.org

The need for strategies to protect and promote the mental health of social workers

After experiencing a breakdown whilst working as a senior mental health social worker Mike Bush came to realise the importance of looking after his own mental health

Over thirty years ago I trained to do a very demanding, stressful job as a social worker. During my training there was nothing taught on the course relating to the importance of looking after ourselves. All the emphasis was on understanding and meeting the needs of service users and carers and, of course, although this is our *raison d'être*, it is all too easy to forget about our own needs in the pressure to meet the needs of others - but to do so can lead to drastic consequences.

This is not an academic reflection; in 2000 I suffered a very severe mental breakdown due to an intolerable combination of extremely stressful work-related pressures, problems and a bullying boss. I felt like a dead man walking. The body machine was still working but there was no one at the controls anymore. It had been a very abrupt change - one moment I had been a Senior Mental Health Social Worker, a very busy 'together' professional, the next I was designated a mental health service user, feeling utterly useless, extremely vulnerable, powerless and terrified.

This one year of living hell launched me on a journey of light years in my mind in understanding and taught me so many things about severe mental distress. Amongst the lessons I learnt in the hardest possible way was the great importance of understanding and looking after my own mental health.

This understanding led me to develop a teaching session on strategies for promoting and protecting the mental health of social workers, which I have been teaching for the last five years at universities in the Yorkshire area.

I am told by senior social work lecturers that my sessions have been highly evaluated, and valued by students. On asking students,

some in the third year of their course, if they have done anything on this subject before I have been astonished to find that they have not. I asked myself the question why? I came to the conclusion that it's a bit like the nose on your face - it is so obvious it gets missed!

There are some really important fundamental lessons here for social workers around recognising your own humanity. We are not a separate superman or superwoman species to service users and carers. A social work degree is not a suit of armour. Cut us and we do in fact bleed! We are part of the human family - and so we should be if we are to be fully human and understand and empathise with the needs and problems of other people. Together with this we need to recognise our own needs, review these and have a care plan for ourselves. Even the toughest, most resilient people can have mental health and other problems that if not accepted and dealt with will lead to breaking point. Is prevention not better than cure?

Sadly I am not the first social worker to have had a breakdown and this also applies to others in different caring professions who also do difficult demanding stressful work.

Convinced as to the great importance of the need for this, I have launched a national campaign to ensure that this is incorporated into the National Curriculum for social work courses. I think the case for it is indisputable as it is in best interests of employees, employers and service users and carers.

For more information please contact me:

Mike Bush

Email:

crossbear4953@yahoo.co.uk

Me myself and I?

Trish Staples on the concept of sub-personalities

All too often it is assumed we have one personality: personality tests, for example, focus on identifying psychological profiles reflecting an individual's overall characteristics and traits as parts of a whole, rather than acknowledging that various facets of the person's personality are more useful to some aspects of their life than others.

"I don't know what got into me." "Part of me wants to do one thing, part of me doesn't." How many of us have said or heard these and similar statements at some point in our life? Often experienced negatively, these comments reflect how different aspects of our personality will sometimes determine our responses whether or not we like or want them to.

So why does this happen? We act in different ways according to the situations we are in. These behaviours stem from different roles and identities we have adopted throughout our lives and reflect different aspects of our personality, also known as 'sub-personalities'. Each of these sub-personalities has a different idea as to how we should live our lives, and in certain circumstances these differences can result in internal conflict. For example, the 'rebel' in you wants to abseil from the Humber Bridge; the 'cautious Cuthbert' in you never takes any risks whatsoever.

The concept of 'subpersonalities' is grounded in an approach to human development called psychosynthesis (Robert Assagioli) which focuses on achieving a 'coming together' of various aspects of an individual's personality into a more cohesive self in order for the person to function in a more life-affirming and authentic way.

Trish will be encouraging participants to explore their sub-personalities at her 'Me, Myself and I' workshop on 24th January at The Circle - for further information see: www.vas.org.uk

Life can get better

Carol Philpotts shares her story and offers encouragement to others living with mental health problems



If you met me today, you would think I was cheerful, animated and positive. Little do people know that I have suffered with depression and anxiety for the whole of my life. I am a born worrier and that hasn't changed, but I have learned to offload that worry as much as possible so it doesn't drag me down.

I first became aware of my 'bad nerves' when I was at school. I had been a moody child and always suffered from insomnia. One teacher said I always 'got in a tizz'. When revising for exams I became extremely anxious and agitated and didn't rest at all. The doctor wanted to prescribe tranquilisers at 15 years, but I refused them, not wanting powerful, possibly addictive, chemicals in my body.

At university I finally cracked up, releasing all the anxiety I had bottled up for years. After months of emptiness, loneliness and depression I experienced a psychotic episode, much to the distress of my friends and family. This breakdown was followed by three others which entailed each time a four month stay in psychiatric hospital. One of the episodes was post-natal and diagnosed as puerperal psychosis, after the birth of my son in 1980. I disowned my son and said I'd never had a baby. (I describe this experience in my book 'The Nest of Sanity').

I experienced many different treatments during this time, including Largactil, psychoanalysis, ECT, CBT, group therapy and

counselling. I was at times violent, aggressive, deluded, non-cooperative and deeply depressed. I often lost touch with reality. The ECT was a dreadful experience but it did rid me of delusions and hallucinations.

I was left with no self-confidence and after four hospitalisations I felt I had to rebuild those layers of social niceties which help you survive in the 'outside world'. I was unable to enter a room full of people or get on a crowded bus. But very gradually my confidence increased, helped by family and friends and medical treatments. I managed to hold down a professional post for 23 years. Today I have a good medication regime (Stelazine saved my life!) and on the whole I cope well with life's ups and downs. That doesn't mean I don't have my anxious moments and I am aware I could easily slip down the slope to depression again.

I am now sixty years old. Over the years I have been greatly helped by kind and caring mental health nurses, CPNs, doctors and psychiatrists. I try not to bottle up my worries and fears. I swim regularly as exercise helps a great deal. I read and write and talk closely to friends and family. We sufferers all need to help and support others, using the benefit of our experience. I now work on a panel interviewing students for the MA in Social Work at the University of Sheffield, giving my view as a service user. I have run a support group and take a keen interest in mental health issues through *Your Voice* and Time to Change as well as Mind and Rethink. I just wanted to encourage those who have suffered mental health problems and tell them things CAN improve and life CAN become bearable again. So hang on in there... life can get better.

Carol writes under the pseudonym Rebecca Morgan. Her books are available from Amazon and www.chipmunkpublishing.co.uk

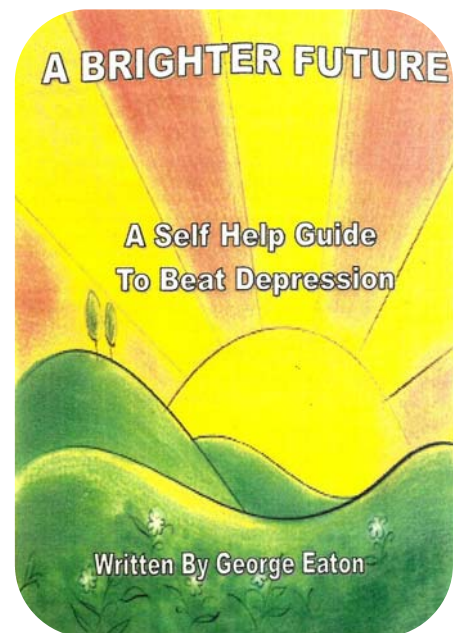
A Brighter Future

George Eaton introduces his self-help guide to beat depression

I am in no way a doctor or a psychiatrist, but what I am is a person who has for the last 35 years suffered from both mild and deep depression. Over the years I have developed some techniques, conclusions and self-advice in order to deal with the symptoms, such as negative thoughts and suicidal thoughts. On some very rare occasions almost doing the fatal deed, but through my techniques, conclusions and self-advice, managing in the nick of time to stop myself.

I am at this present moment well on my way to recovery and feel that it is my duty as a human being to pass these methods on in the hope it may release other poor souls from this horrible and sometimes fatal disease.

Therefore I hope you will relax, read through my booklet, follow the advice, use the techniques - the tools in your tool box. I strongly feel it will go a long way to ridding you of this horrible disease. So don't give up hope, there is a way out!



If you would like a copy of 'A Brighter Future', please send an A5 stamped (46p) addressed envelope to George c/o the *Your Voice* office (see page 15 for our address).

Alternatives Within and Beyond Psychiatry

The Soteria Network promotes progressive approaches to people experiencing extreme states, distress, 'breakdown' or 'psychosis' including drug-free therapeutic environments and non-coercive mental health services. Josie Coupland reports on their recent conference

The Soteria Network conference took place on 11th November in a windswept industrial estate near Derby station. The audience was about 200 people, mostly workers and academics it seemed, but a number of survivors too, reflecting that perhaps Soteria is an idea whose time is coming. The original Soteria Research Project was founded by psychiatrist Loren Mosher in California in 1971. Mosher described the core of Soteria as "the 24 hour a day application of interpersonal phenomenological interventions by a nonprofessional staff, usually without neuroleptic drug treatment, in the context of a small, homelike, quiet, supportive, protective, and tolerant social environment". Soteria comes from the Greek Σωτηρία for 'salvation' or 'deliverance'.

The first speaker, Robert Whitaker, is a journalist who has written some of the most influential books of recent times. 'Mad In America', subtitled 'Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill', is according to Wikipedia "a controversial book which is highly critical of the psychiatric profession". His latest book, 'Anatomy of an Epidemic', chronicles the rise of the drug culture in mental health. He spoke eloquently for about 45 minutes, quoting research which shows that long-term outcomes for people with major mental illnesses were better before the era of large scale drugging. Also that people treated with placebo (rather than drugs) are less likely to be rehospitalised. He gave a detailed analysis of the chemical effects of psychiatric drugs which in themselves can create long term problems for people. It was sobering, sometimes upsetting, always fascinating stuff. His conclusion was that we should delay the use of drugs when people

first come to receive treatment (in case they can be treated without), then their use should be selective, and long term use minimalised.

Jaakko Seikkula is a Finnish psychologist and psychotherapist who works in a unit where they have pioneered an approach called 'open dialogues'. His presentation seemed rather like common sense to me. Instead of one therapist analysing and diagnosing the patient, they try and gather everyone who is involved with that person and give them all a good listening to. They construct a plan together, with the therapist no more or less important than anyone else, then keep talking and listening, and adjust the plan continually until it works. It sounds like the Care Programme Approach on an exceptionally good day. Anyway they've been having good results over 20 years, so now this way of doing things is spreading through Finland.

Sonia Johnson is Professor of Social and Community Psychiatry at University College London and her talk concerned a substantial piece of research about alternatives to standard in-patient care in England. She had found some interesting services, including user led crisis services, and one unit where they gave people in crisis intensive support for a limited time, to try and help them to function without the need for hospitalisation. Her conclusion was that there are some good projects doing worthwhile things, but on the whole the alternatives are not really very radical. It's hard to say exactly why, but she pointed to a climate that encourages people to do what they have always done, rather than take risks and get clobbered if they fail.

The speakers were all interesting, but apart from a short plenary session, there had been little

opportunity for ordinary punters to participate in the morning, so it was good that the afternoon started with a workshop. I opted for the Soteria Bradford Project. This is powered by two mothers who despaired of getting the right care for their children in any conventional way. They have adapted the 'Windhorse' idea from the US, which involves creating a community of care round an individual, who would live in a house with two other volunteer resident housemates, and have up to 8 other people coming in to give help (7 volunteers and a paid co-ordinator). So far they've impressively raised £20,000 and what struck me was their practical drive. Some of this conference seemed at times academic and often idealistic, but Soteria Bradford is about the nuts and bolts - a good regional volunteering opportunity I'd say.

The final speaker, Richard Bentall, Professor of Psychology at the University of Liverpool, spent a lot of time debunking the genetic theory of mental illness. Despite a lot of money spent, researchers are no closer to finding a gene for madness, and leading figures in the field now think they never will. Bentall quoted one as saying: "They thought if they drained the lake dry, genes would be at the bottom, but the lake is now dry and there ain't no genes!" Instead Bentall gave compelling research evidence for environmental factors being the cause for most people's mental health problems - particularly social disadvantage, discrimination (especially racism), homophobia, and early trauma, including childhood sexual abuse. He finished with "one simple idea that would change things overnight. Get ordinary doctors and nurses to talk to their patients". Nah, couldn't happen, too idealistic like I say.

For full details of the presentations from the 'Alternatives Within and Beyond Psychiatry' conference and for further information about the Soteria Network visit their website at:

www.soterianetwork.org.uk

Your Reviews

Long term survivor activist Terry Simpson shares his thoughts on 'A Straight Talking Introduction to Being a Mental Health Service User' written by Peter Beresford (PCCS Books) ISBN 978 1 906254 20 9

I was worried that this book would be in the 'worthy but dull' category, but in fact I was pleased to find it well written, mostly interesting and pleasantly thought provoking. Peter Beresford is Professor of Social Policy at Brunel University, as well as being an open and outspoken mental health survivor, and he writes about complicated things in a clear way. The book begins with a dim view of the present mental health system. One person is quoted as saying "the ward, I think it's as dreadful as it's always been". Although some things have improved, like more access to one's own room, the experience of being a mental patient is still shown to be a harsh one for most people. The old problems like staff huddling in the staff room are still there, along with new ones, like more drug and alcohol problems on inpatient units, and discharge too soon.

The main tone of this book is hopeful, however, with the message that "there is a life during and after mental distress". Beresford goes into detail about the history and strengths of the survivor movement, and suggests that it's more helpful to understand mental issues as part of the human condition, rather than something that happens to certain flawed individuals. There's an interesting section about mental health and inequality, and how different minority groups fare badly in the current mental health system. "The psychiatric system can be seen as one which has worked to reinforce and enforce conformity and to undermine and reject diversity."

One of Peter Beresford's strengths is the broad vision he has of mental health issues, and the way he connects them to the wider disability movement. The most interesting part of the book for me was where he talks about the social model of disability (as opposed to the medical model), and his

suggestion that the problems people face are primarily about civil rights, rather than welfare, issues. This is a big idea, but it has transformed the lives of many disabled people, and applied to mental health, could affect a similarly revolutionary change. Imagine if mental health issues were seen to be an everyday thing, to be accommodated in our society in the same way that we now accept ramps and lifts, traffic crossings that beep and Braille in lifts for other disabled people? It's a world I can only dimly imagine.

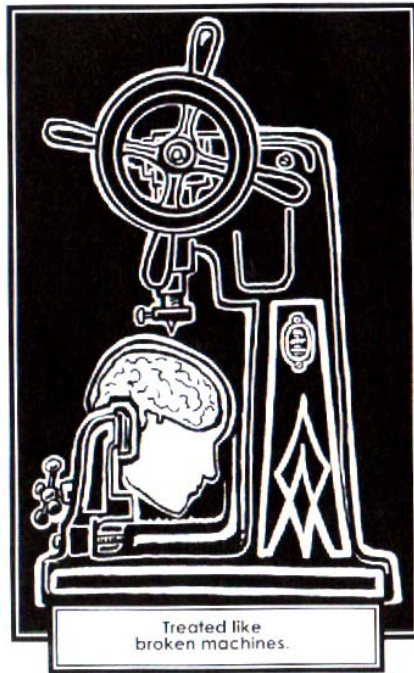


Illustration by Simon Kewer

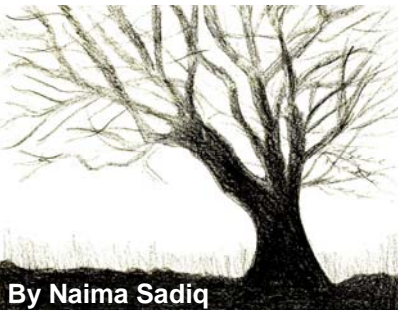
Although this book is fairly short, it does manage to raise some interesting contemporary issues. Among other things there's a short section on the concept of recovery, with its good side, (optimism that there is life beyond mental health problems), and its darker side, (the suspicion many have that it's been hi-jacked by professionals keen to get people off benefits and back into work). Beresford is not shy of raising the issue of compulsion, and suggesting that "the longer-term goal should be to end it. There are other ways of ensuring that

people do not harm themselves or others". The book goes on to look at survivor led alternatives, peer support through co-counselling, talking therapies beyond the current vogue for cognitive behavioural therapy (CBT), service user led training, and personal budgets, which Beresford is very much in favour of. He suggests a future where independent user controlled organisations are well funded, user involvement in research is the norm, and services are judged by user defined standards.

However, he also criticises the current "war on benefit cheats" as hitting mental health service users/survivors particularly hard, and increasing hostility and stigma. He describes the "maddening" world around us, which creates mental health problems and distress, and the book ends with his own personal list of helpful tips for survival (for example: "Don't feel ground down by your failures. Everyone has them. Don't beat yourself up. Try and learn from them").

Simon Kewer's black and white illustrations are quite varied and generally work apart from one or two where service users appear as strange skull-like creatures, or middle aged businessmen. Perhaps I just haven't met those.

I think this book is an interesting overview both for experienced survivor activists, and also for professionals who should be curious about a survivor perspective. Sadly I suspect neither of those groups will read it in great numbers. The hope must be that people who might be newly experiencing mental health issues, and the mental health system, will find their way to it and find comfort and information in what it has to offer. In Beresford's own words: "If this book and similar initiatives help one person to feel less guilty or ashamed about themselves, work through what has happened to them, feel they don't have to have secrets unless they want to and get to grips better with demons they may have had, then it has been worthwhile."

Your Artwork

By Naima Sadiq

Win a £10 book gift card

Your Voice will send a £10 book gift card to the sender of our favourite poem, artwork or letter in each issue - not including items from current members of the *Your Voice* management committee and editorial group. (J. Reah receives a gift card for her poetry in issue 61).

Your Verse**The Blessing**

It was 5 am on the Ward, in the smoke room.
You didn't ever say much, did you, Fred?
You watched us all, or dozed.

You watched our silences, our sorrows,
the crazy fun, all the talking
of drugs and pain and joys.

Maybe you'd say "mornin'" . . .
. . . but only if someone said "alright, Fred?"
Or, maybe, you'd just nod back.

Well, . . . we were sitting there
I was rolling up a smoke,
Then the quiet magic began.

Fred turned towards me
He pushed the huge ash tray . . .
. . . ever so slowly . . . towards my chair.

"Thanks, Fred," I said.
He nodded. Silence just felt good,
at 5 am.

Time passed.
Fred got out a smoke.
I took my time.

I knew, I knew!
I sensed in a flash of foresight,
Joy in what was to come.

So I turned towards Fred.
I pushed the huge ash tray . . .
. . . ever so slowly . . . towards his chair.

His face lit up, the sun
breaking through my clouds.
A peaceful warmth between us.

The room seemed brighter.
"Thanks, Claire," he said.
I had been accepted

by this grounded, discerning being.
And during that lonely Christmas
I felt I had been blessed.

Anon

Life

Life is a folded flower
What it holds we know not
Unwinding another from another
Petal from petal
Leaf from leaf
Bares its fragrant heart
To visions brief

A Duke

The Children

"Get those children out of my sight!"
Shouted the princess,
And she strained at the crown
That was fastened to her head.
"I don't want to know them any more!"
She told her bishop this:
"If I see another naughty child
That taunts and spits
Then I'll run him through – I'm sure!"
Why can't you keep them out?
They insult me, you know...
Me! I am nobility!
They have no respect.
No humility.
For years now they've ground me down
And I shall never marry
Or have children of my own
Because nobody wants a princess
Who is cursed by the unknown.
Grind them up with pepper and salt
And feed them to the geese –
For I would have them out of my head!
Mama! Mama! Papa!
Won't you let me out of this
Confining vest!
I'll be good I promise...
Dear doctor...I do promise.

Rose Murphy

Pipsqueak

The pipsqueak lay in bed
And listened to the radio.
A melodic tune
But the pipsqueak didn't want to know.
It just lay there
And thought about
How it had to put up with itself
Being itself,
And how it was in its room
With the radio on
And dust all over the shelves.
"What a terrible, terrible world
With all its enormities of woes!"
It thought.
"But they are away
Outside of my room
And I can't feel any of them
Or smell any of them...
I can't see further than
The ends of my toes...
No-one knows I'm here
Except for a handful of relatives."
Eight o'clock.
The pipsqueak didn't want to listen
To the news
And it switched the radio off.

Rose Murphy

Your Letters

What is personality disorder?

In 2000, I wrote a piece for *Your Voice* (issue no. 11) about 'personality disorder' and so I was interested in Dr Haddock's article (issue no. 61) which is mostly about problems and skills and what can go wrong with development. The objection might be that he makes no attempt to define 'personality'. What is the difference between personality and 'character' and 'neurosis'? What kind of psychology is involved in 'personality disorder'? Is it psychological or psychiatric or both? There are various interesting questions about the diagnosis. Is it an actual illness or a psychological condition?

I myself met Dr Haddock in 2002 and was more or less diagnosed 'personality disorder'. Since that time I have received no help from psychiatry but this might be to do with my age. There is a reluctance to help people who are diagnosed 'personality disorder'.

Name and address supplied

Survivors of Bereavement by Suicide

In the last edition of *Your Voice*, Mike Bush writes personally about the effect suicide can have on those left behind. He goes on to highlight the benefits of suicide bereavement support groups and mentions having been involved in such a group in Leeds. We thought your readers would like to know that Survivors of Bereavement by Suicide (formerly known as SOBS) now has a group here in Sheffield – it's basically a self-help group for anyone who has lost a relative or close friend to suicide. We meet once a month in a city-centre location; anyone interested in attending is welcome to call myself or June on the group's local helpline which is **0114 221 5350**. Further information about the national organisation is available on our website: **www.uk-sobs.org.uk**

Nick Cocking
Group co-facilitator

What causes mental illness?

As someone who has had psychiatric treatment for over 35 years and still cannot see an end to suffering, I often wonder what causes mental illness.

Mine cannot be hereditary as no-one else in my family has been treated for mental problems and, although they help, the chemicals prescribed to treat the symptoms are not a cure. Thus I sometimes think that the illness is caused by other people and can start as early as schooldays.

My first symptoms were physical as a child but they never responded to treatment until I was given the anti-depressant Anafranil by my psychiatrist when I was 30 years old. Even today I have physical problems which my GP has tried to treat but which do not respond.

Then there is the environment such as the places I used to work as a telephone engineer and the people who interact with me on a day to day basis. All could have an effect but until the causes are understood it seems that there will be no end to the suffering of mental patients. Perhaps other readers can throw more light on this subject.

Alan Hilton

Getting connected through *Your Voice*

Well done to everyone at *Your Voice* for the brilliant work and effort you all put into such an excellent tool for mental health service users and their carers.

I have emailed 4 different organisations because of the latest edition of *Your Voice*. I feel strongly that it provides a link to outside life for people who are put into (or choose to be in) a situation of solitude.

Neel Khan

About *Your Voice*

Disclaimer: The views expressed in *Your Voice* are those of the individual contributors and do not necessarily represent those of the Editorial Team. While every effort is made to ensure accuracy, we cannot be held responsible for alterations which occur during the publication process.

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We are grateful to Friends of *Your Voice* who support the aims and objectives of the organisation. (See *Your Voice* website for full list)

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NEXT DEADLINE

Please send contributions
by 22nd February 2012

YOUR NOTICEBOARD

The Write Space

Would you like space to think, space to create, space to be yourself? The Write Space is a friendly group who use creative writing for health, wellbeing and fun. Don't worry about spelling or grammar, the aim is to use writing as a reflective tool which can reduce stress, enhance wellbeing and unlock creativity.

We meet alternate Tuesdays at 2.30pm at The Quaker Meeting House, 10 St James Street, Sheffield. Sessions cost £2.50 per person. Come along and join us – the right space to write in. For more details please contact:

Patsy
Mobile: 07827 797 735

Healthy Living Workshops

Sheffield Improving Access to Psychological Therapies (IAPT) Service is running 2 workshops each month to promote healthy living. The workshops - 'Understanding Stress and Anxiety' and 'Managing Low Mood' - are free and no referral is needed. They run from 10am - 3pm, and will be held at Wolfe Road Healthy Living Centre in Sheffield. To find out the dates of forthcoming workshops, or to book a place, contact:

IAPT
Tel: 0114 226 4380
www.sheffielddiapt.shsc.nhs.uk

Sheffield Mind social group

Sheffield Mind's Wednesday social group is looking for new members. The group meets every Wednesday from 11am till 1pm and offers weekly social contact for people with long term, ongoing mental health problems. Members share lunch together and then have an activity such as a game or quiz. Every few weeks they go out for a pub lunch together. If you are interested in joining, or would like more information about the group, please contact:

Alison
Sheffield Mind
Tel: 0114 258 4489

Remploy survey on mental health, employment and stigma

Remploy specialises in helping people with a variety of health conditions and disabilities find sustained employment. Remploy are currently piloting several initiatives aimed specifically at assisting people with mental health problems. As they work closely with employers and are looking at promoting awareness with them, they are conducting some extensive research to gain a clearer understanding of mental health, employment and stigma. To take part in the survey visit:

www.surveymonkey.com/s/5CK6S5H

Developing a User Led Organisation as a Social Enterprise

A training session at 10am - 4pm on 5th March 2012 at The Circle, Rockingham Lane, Sheffield.

The Social Enterprise Coalition defines a social enterprise as "a business that trades to tackle social problems, improve communities, people's life chances, or the environment." There has been a lot of interest from service users and their organisations in social enterprises but many people remain confused about the opportunities that becoming involved might provide for them.

This training session focuses on setting up or developing a user led social enterprise; considers how participants' ideas can be turned into business proposals; and provides an opportunity to learn about sources of funding available to social enterprises.

Course fee is £60. Free lunch and refreshments provided. Free places may be available to people from unfunded user led organisations

To book a place, or for further information, please contact:

Patrick Wood
SUST
Email: p.wood@vas.org.uk
Tel: 0114 253 6626

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