

YOUR VOICE

In Sheffield Mental Health

A magazine for users, carers and professionals

www.yourvoicesheffield.org

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Rhythms of Identity arts exhibition



Visitors to CAST's latest exhibition explore the arts and crafts stalls

By Chrissie Hinde
CAST Coordinator, Recovery
Enterprises

CAST (Creative Arts Support Team) held their 5th annual exhibition for Sheffield Mental Health Week at St. Mary's, Bramall Lane on 9th to 12th October.

The grand opening event for the 'Rhythms of Identity' exhibition

featured an uplifting performance by Bleat Beat drummers and inspiring speeches from Kevan Taylor, SHSC Chief Executive; Brendan Stone, Director of Recovery Enterprises; Graham Duncan, Director at St. Mary's; and CAST's very own Neil Simpson, writer and poet. This helped get the exhibition off to a flying start and testified to the wonderful energy there is for CAST and arts in mental health in Sheffield.

We showed an excellent and diverse range of artwork from solo artists, writers and teams across Sheffield. As well as viewing and participating in the art, visitors were able to relax in the café space browsing or adding to the poetry wall.

We had a fairy light grotto decorated with a growing collection of Japanese wish fish and contributions

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This issue reports on recent changes and proposed amendments to legislation that will have a major impact on the lives of people who use mental health services. A recent Department of Health and Home Office review of the sections of the Mental Health Act that relate to police powers aims to outlaw the use of police custody suites as a place of safety for people under 18 and to reduce the amount of time that people can be detained under these sections. The review is accompanied by a Centre for Mental Health report based on interviews with mental health professionals, police officers, service users and carers with experience of these sections of the Act.

The measures contained in the Care Act 2014, due to be implemented from April this year, apply to everyone who needs social care support, including people with mental health needs, and are likely to lead to an increase in the number of people who receive a personal budget. Being in receipt of a personal budget offers people the opportunity to receive the kind of support they themselves have identified as likely to increase their feelings of wellbeing and opens up possibilities for innovative approaches to dealing with distress.

This issue also features the very different experiences of two people asking for help from their GPs, who remain the first point of contact for most people seeking support for physical and mental health conditions, and how this experience can contribute to feelings of hope or hopelessness. Shaun Lawrence highlights the positive effect that coming into contact with a compassionate and understanding GP can have, whereas another contributor reports on the negative impact of not feeling properly listened to and being treated in accordance with the GP's preconceived ideas.

Justine Morrison

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The Care Act 2014

Outlining the new social care duties to be placed on local authorities from April 2015

The Care Act 2014 has been described as the most significant piece of legislation in the social care sector since the establishment of the welfare state. The Act defines the primary responsibility of local authorities as the promotion of individual wellbeing, so rather than having a duty to provide services, local authorities will have a duty to meet needs.

A key part of the Act focuses on preventing or delaying the need for support. This could result in local authorities investing in preventative services and fully utilising existing community resources to prevent people's needs from escalating unnecessarily.

Carers are given significant new entitlements under the Act, which are designed to support them to maintain their caring role for as long as possible.

Local authorities will be required to establish an information and advice service for everyone in their area, not just people who are entitled to funding or support from the council. This service will cover the new rights and entitlements that people have under the Act and how they can be accessed.

Local authorities will also need to facilitate a diverse and sustainable market for care and support services that benefit the whole population. The principles of good commissioning outlined in the Act state that it should focus on wellbeing, workforce development and appropriate pricing of services and ensure choice through strategic planning, supporting providers and developing good contracting mechanisms through co-production with local service users.

The main aim of the Act is to put people at the centre of the care and support they receive. Some people

have substantial difficulties engaging with social care processes and do not have someone appropriate to support them. Where this is the case, the local authority must arrange for an independent advocate to help them to be involved in assessment, planning, appeals or matters relating to safeguarding.

The Act establishes a national minimum threshold to identify who will be eligible for support. Needs assessments and carers assessments will have to be carried out where it appears to a local authority that they are necessary. Instead of assessing levels of need, assessments will examine if people can achieve certain outcomes.

Once an assessment has been made, local authorities will have to produce care and support plans and offer a personal budget to people who are eligible for support. There is also a duty to review care and support plans to ensure that they continue to meet a person's needs.

Adult safeguarding is clearly defined in law in the Care Act. Local authorities will be required to make enquiries if they believe an adult is (or is at risk of) abuse or neglect. They will be required to set up safeguarding adults boards, which will carry out reviews when people die as a result of neglect or abuse.

Funding reforms associated with the Act should ensure that people will not have to sell their homes and lose their assets in order to pay for care – the Government will place a cap on how much people will have to pay over their lifetime and local authorities will need to establish accounts to know when people have reached this cap.

Most of the provisions of the Act will be implemented by April 2015 and the funding reforms will come into place in April 2016.

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on what brings out the best and worst in us, such as: "What brings out the best in me is...

"Kindness, compassion and support."

"Positive people with open hearts and minds."

"Being accepted."

"Dancing, singing."

"Being outdoors and wildlife."

"What brings out the worst in me is...

"Injustice, stigma and ignorance."

"Closed minds."

"Being pathologised."

"People who don't think about their actions."

Visitors were also able to add to the Peace Mandala originally created on Burbage and Stanage wards during a series of Sunday afternoon workshops led by CAST. One visitor commented: "Being able to add to the mandala was really nice, it gave an opportunity to be involved in the exhibition on a different level, also it gave an opportunity to sit and talk to different people while doing this."

We made a special anthology of poems to accompany the exhibition which is on sale for £3.50, with all profits to help with running costs of CAST.

Big thanks to all who contributed and visited the exhibition.

CAST is always open to new members. You can visit our website or like us on Facebook:

www.castsheffield.org

www.facebook.com/creativeartsst

If you'd like to go along to one of CAST's art groups, see *Your Noticeboard* on the back cover for details.

Proposed changes to police powers under the Mental Health Act

The Centre for Mental Health was recently commissioned to produce a review of Sections 135 and 136 of the Mental Health Act.

Section 135 empowers police officers to enter private premises to remove a person suspected of being in urgent need of a mental health assessment and Section 136 confers powers on the police to remove a person from a public place to a 'place of safety' (often a police custody suite) where they can be detained for up to 72 hours pending a Mental Health Act Assessment

The review found that for many people being detained by the police was a frightening experience. The use of Section 135 powers in a person's home was especially traumatic for those who had experienced it.

There was agreement that police custody should seldom if ever be used as a place of safety and that the duration of detention should be as short as possible, and there was particular concern amongst service users about the extension of police powers recently proposed by the Department of Health and the Home Office (see below)..

There was agreement that the use of these sections with children and young people was especially problematic and the researchers found that Black people's experience of the police featured greater and earlier use of force.

The Centre's review accompanies the Department of Health and Home Office report of their review of the sections, which includes proposals to change the law to prevent the use of police custody as a place of safety for people under 18, to extend the use of Section 136 to anywhere apart from a person's home, and to shorten the length of time a person can be detained under these sections.

Carers Rights Guide

Are you looking after someone?

If you are looking after someone, find out about your rights as a carer and where you can go for financial or practical help.

Carers UK produces the Carers Rights Guide each year to outline carers' essential rights and signpost what financial and practical help is available.

There are four versions available, for England, Wales, Scotland and Northern Ireland. Each guide covers:

- **Benefits:** an overview of which benefits you or the person you care for may be entitled to and information about how to get a benefits check.
- **Other financial help:** including help with council tax, fuel costs, pensions and health costs.
- **Practical help:** including community care assessment, carer's assessment and direct payments.
- **Technology:** information about health and care technology that could make life easier for you and the person you care for.
- **Your workplace:** your rights at work, from flexible working and parental leave to protection from discrimination.
- **Other help:** how to find other help nationally and in your local community.

The England version also includes a brand new section on the Care Act 2014, and what it means for carers.

Download the guide for free from the website:

<http://www.carersuk.org/help-and-advice/get-resources>

Groups at Sheffield Mind

Sheffield Mind run a variety of group based activities held in a supported environment. Our popular groups include a men's group (Fridays), a women's group (Mondays) and a gym group (Tuesdays). These cost £3 a week to attend plus any additional costs for activities.

If you would like to take part in these or other organised activities, such as cooking or walking, and spend time with other people who have experience of mental health problems, please visit our website for an application form (address below) or contact Christie Rossiter on:

Tel: 0114 258 4489 ext. 116

Email:

christie.rossiter@sheffieldmind.co.uk

www.sheffieldmind.co.uk/services/group-work

Start2 live life more creatively

Start2 is an online resource that uses art and creative activities to boost health and wellbeing. The website provides opportunities to experience the many ways that the regular pursuit of creativity can enhance your life. Interactive features allow you to try your hand at animation, creative writing and other exercises and to engage in creative self-help, including mindfulness.

Activities at the Start2 resource are based on methods proven to benefit wellbeing. Expert tips and advice are provided to help you get the most out of using the site. To find out more, visit:

<http://www.start2.co.uk/>

Inpatient football group proves popular

Sam Dawson, occupational therapist at Pincroft Recovery Ward, on how the group is breaking down barriers



Some members of the inpatient football team

The inpatient football group has been running since January 2014. It was established by way of recognition that a number of inpatient service users were keen to play football and that opportunities to engage were limited.

The group aims to promote physical fitness, social inclusion and confidence. It also offers an opportunity to gain a sense of achievement and gives service users the opportunity to be a part of their community and get involved in activities in keeping with the general population.

The group welcomes players of all abilities and is proving to be very popular. It has been accessed by over 30 service users from nine different services across the Trust.

Using a community based facility has proved to be beneficial in allowing service users from different sites to access the sessions easily.

The group also promotes the development of relationships, independence and confidence by providing an environment for people to engage with one another in a community setting. There is a café in the venue where people can congregate before and after the game. Service users and staff from different sites have got to know each other over the year and feedback has shown that people

appreciate this, for example:

“Having staff and service users play together is great, it helps to break down the barrier.”

“It is nice to mix with, and get to know, people from different wards.”

“People act differently in group situations; it's nice to spend time with people in a different environment.”

“I enjoy playing; it gives me something to look forward to every week.”

“It is a good way for me to keep fit.”

We have also established a strong working relationship with a charity organisation called FAD FC who promote positive mental health through football and the FA through their local Community Development Team. This has led to us supporting a number of mental health football tournaments involving teams from across the UK.

The group is open to service users from inpatient wards across the Trust as well as the Sheffield Outreach Team. The group meets every Thursday at 2.30 pm, at the Powerleague venue on Woodbourn Road. For further details, please contact Sam Dawson:

Email:
sam.dawson@shsc.nhs.uk

Celebrating our talents

Rose Murphy on a night of music and poetry

An event took place on 27th November at St. Mary's Church which was to be spectacular. It was an evening of singing, music, beating of wild drums, eating and general merrymaking with the proceeds of the small entrance fee going to CAST (Creative Arts Support Team) which benefits and supports adults recovering from mental health issues to find inner strengths and confidence in being creative in a safe environment without fear of prejudice.

Occupational therapist Sam Dawson and service users from Pincroft put on the music/poetry event (in collaboration with the Timebuilders project at St. Mary's and the Friday music project) to celebrate the great talent of artists, both service users and staff, across the SHSC Trust.



Singers and musicians at the event

Sam came to me and said: “The evening has been a huge success, all the performers were fantastic, and the food!” He added: “Rose sells beautiful things on her stall which she makes... they are great for special gifts”. Indeed, one or two people got especial Christmas presents this year.

As I packed my craftwork away till another CAST spectacular, I felt happy that I had been a part of the whole thing, enjoying the music and the food, dancing and clapping, and just feeling accepted and realised for what I am, along with the other people there - human, accomplished and that I 'matter'. Thank you to Sam and the CAST members, performers and supporters for making me as a service user, and I think a lot of other people there, feel that.

Your Profiles

Shaun Lawrence, the newly appointed Reader in Residence at SHSC, on the experience of depression, reassessing life and discovering a passion for poetry and literature



What brought you into contact with mental health services?

I first came into contact with the mental health services in Barnsley in the summer of 2002. I'd had an eventful start to the year during which my job role changed leaving me with less time at home with my husband. My sister had also been ill at this time and had been diagnosed with and successfully treated for cancer, while my husband and I had also lost our well-loved pet dog.

I hadn't realised that these life events had impacted on my mental health so much. I had been steadily drinking more as a coping mechanism but this was a self-limiting method of dealing with my life and ultimately, after a heavy drinking session one weekend, this mechanism failed. That was when the tears came, along with rage at the way I was feeling, coupled with a sense of being a failure at having been unable to cope with what life was sending my way. The fact that I had seen my father have a breakdown in the early 1970s was

at the forefront of my mind and I confess to being fearful that I was heading in the same direction. I was more scared of this than I had realised. This tsunami of emotions was the cue for me to face my fears. I took the step of making contact with my GP.

What was your experience of mental health services?

I had known Brian, my GP, for around eighteen years and I had (and in fact I still have) a great relationship with him, so when I went along to speak to him that Monday morning it didn't take much effort for the whole story to come pouring out. My fears about being mentally ill, my worries about what treatments were available and the most distressing worry of all – whether I'd ever actually feel 'normal' again. As you may imagine, I was in a highly vulnerable state and can't emphasise enough how gently and positively my GP handled me that day. I was an emotional wreck, both scared and tearful. I will always be indebted to him, not only for his

compassion but also for his strength and directness.

I spent around forty minutes in his consultation room where he took time to reassure me that this wasn't the beginning of the end as I'd imagined. Instead, he explained to me that I appeared to be suffering with depression and that there were effective treatments available to me. I recall him explaining about the function of serotonin and the way that an imbalance in this chemical can, over time, lead to the display of symptoms such as I had. He suggested that treatment with a selective serotonin reuptake inhibitor (SSRI) was the best place to start and I was initially prescribed a low dose to work in conjunction with regular meetings with my GP to discuss the state of my health. When I left the surgery I felt that there was hope, though I didn't feel hopeful myself.

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

The medication wasn't a quick fix though from the beginning I could tell that it was making a difference. Over the next twelve months my dosage was steadily increased and I was also prescribed medication to help me sleep (something which had become erratic and often, for days at a time, non-existent). Ultimately, I was to be taking the SSRI citalopram for around five years though the final year of this was weaning me off the medication altogether.

I began to reassess my life during these years, though I always had the constant support of my loving husband who, even at the darkest times, was there to counsel and guide me. After being on medication for three years, I realised that I needed to make a break from my career in the Civil Service; my job had changed and I no longer felt the passion for the role I once had.

Indeed, by this point, I had been on sick leave for a year and realised I needed to move on and make a new start. As my husband was also looking for a change of career we both came up with the idea of making a total break and doing something together, something different, something for ourselves. With this in mind we decided to become florists and taught ourselves the required skills before buying a floristry business.

Though there were still ups and downs (and running a business has plenty of those times!) my mental health gradually stabilised and by early 2008 I was off the meds and just about back to being myself. I believe that the combination of medication, ongoing support from my GP in the form of regular visits to discuss where I was at and how I was feeling, and working for myself laid the foundations for me to rebuild my life after suffering with depression.

While running the floristry business I was also doing voluntary work at the local primary school and in one of the classes a teacher planted the seed which led me to where I am today, when she suggested that I should consider training to become a teacher myself.

I should add that obviously I didn't become a teacher – I'm actually employed as a Reader in Residence. However, I set out to become a teacher and enrolled on an access course which would enable me to progress to university. It was while I was in the first weeks of this course that I began an English literature module and where I found my true passion. Poetry. I encountered Christina Rossetti's 'Winter: My Secret' in one of my first classes and felt moved by its words to openly discuss my own 'secret' – my battle with mental ill health – with my fellow students. In doing so I started a discussion which revealed that many of my cohort had been through similar experiences, or had close friends and family who had done so.

Because the poem had touched me in this way, and by moving me to speak about my experiences, I felt that literature had helped me to lay the final ghosts of my illness to rest.

What projects, or work, are you involved in today?

I changed my plans once I discovered my passion for literature and opted to study English literature for my BA at the University of Sheffield. I graduated in July 2014. During this time my husband and I were still florists and our business had expanded so we employed two staff. As I neared graduation my husband got a job offer in his old line of work and we decided to sell the floristry business to our staff while I took some time out after my three years of studying. It was then that I saw the advertisement for an open day in Sheffield with The Reader Organisation where I could learn about their work and maybe even apply to work with them.

Two weeks after the open day I was interviewed for and secured the post as Sheffield Health and Social Care's Reader in Residence. As a result I'm now working to set up six shared reading groups in Sheffield, bringing the shared reading experience to people in acute psychiatric care, in dementia care, rehab and even a GP surgery consortium. Literature was a constant while I was recovering from my depression, and the fact that I now have the opportunity to bring the benefits of it to others with mental ill health is, to me, the perfect job. Through studying literature my passion has grown and my love of reading aloud has found an outlet that I never imagined it would. Although this is only initially a twelve-month contract, I'm hoping that funding will be secured to extend the project beyond the initial year. Time will tell.

What is your proudest achievement?

I think that my proudest achievement came on the last Friday of July last year when I walked across the stage at

university and was awarded my Bachelor's degree. Ten years before this I would have felt entirely unable to appear before such a huge crowd of people and wouldn't have believed that I was capable of studying for and gaining a degree from one of the leading universities in England. Coupled with this was the fact that we sold the floristry business the same weekend, meaning I felt a double sense of freedom from my past along with the feeling of a future opening up ahead of me. That I later secured my current role seems like a bit of a bonus to be honest, and one that I'm determined to make the most of.

Is there anything else you'd like to say?

My work with The Reader Organisation has allowed me to become a small facet in the wide range of treatments which are available to those suffering with mental ill health in Sheffield. Though my illness wasn't as severe as that which affects many of the people I encounter in my role, I feel that even this rather limited experience has given me valuable insights into the impact such illnesses have not only on the sufferer, but also their friends and family. To see first-hand the level of care that is being given to people at one of the most vulnerable points in their lives is, to me, life-affirming. To be able to use one of my great passions to contribute to the care and treatment available to the people of Sheffield is to me such a wonderful opportunity.

Undoubtedly there will be challenges aplenty in my role; that goes without saying. However, I feel more than equal to the task and am looking forward with great excitement to bringing a wide range of poems and prose to my groups during the first half of 2015. Once the groups are established I'm looking forward to training a cohort of volunteers, enabling them to keep on bringing the opportunity to engage with good literature to the groups whether my post is funded beyond its initial scope or not.

Challenging assumptions about diversity

Chris Wood, Lead for the Art Therapy Northern Programme, writes about Race Equality and Cultural Capability training

A small mixed heritage group of SHSC staff have had a helpful three-day course with the trainer Farah Hussain. The group included nurses, medics and art therapists. The title of the course is 'Race Equality and Cultural Capability' and with a title like this, people might fear that the course would involve being told that they are racist. There was none of that. The course involved working in an interactive way through a course book. This book included different sections on the way in which we all make assumptions about others.

There was some history about mental health and this helped us think about the present. For example, there was astonishing history from the slave trade and its many cruelties. There were more hopeful parts of history offered by the group about the ways in which people from different backgrounds have struggled against injustice; for example, in the 1930s Lancashire women mill workers went on strike to support Mahatma Gandhi's bid for Indian independence. In the 1970s British Dockers supported the strike by Asian women at Grunwicks, and in the 1980s

Dunlop workers throughout the world struck against South African apartheid.

There were also lots of examples from contemporary society; of course some of these are painful, difficult and present, but they made the course real and they made us think and talk. The group worked well together sharing ideas and examples about the ways in which assumptions and prejudice often lead to deep mental distress.

Nearly half of the course involved working on examples of case material from our different mental health teams. We worked together to think about what we can do in the face of some hard issues in the lives of staff, service users, and carers. This way of working together on examples from our work made the course particularly helpful and useful.

For the future there is the chance of meetings for people who attend what will be a regular RECC training course in the Trust. All of us who attended the course would encourage other people working in the Trust to try it.

Peer support for people bereaved by suicide

By Terry Simpson

I originally got involved to support friends who've been campaigning to get a service going in Leeds. The idea was that until we had some funding, we would run a support group ourselves, since the need was clearly high, just among people we knew. Also we thought we could collect evidence of the need for a service, to help make the case.

We had support from the local bereavement forum worker, and a little start up funding, so we set a date for a drop-in. About a dozen people came and we started a fortnightly peer support group in September 2014 with five people, apart from our core group.

Between us we'd lost fathers, mothers, brothers, friends, an uncle, a sister to suicide. It was different for each of us but some things were the same and the better for being shared – the sense of guilt that we hadn't been more aware, and done something that would have made the difference; the feeling of isolation and that no-one else really understood.

Looking back now, I realise I hadn't really considered what the full impact would be on me personally. I heard some terrible, heart-rending stories, and was thrown back to memories not only of my friend's suicide, but my own unhappiness and suicide attempt post-university. The four of us in the core team supported each other, and I used my network of co-counsellors to explore the feelings the group was bringing up. A lot of support is definitely essential for this kind of work, but it's certainly been worth it.

This evening we had our second 'drop-in' and 11 new people came along. A tender has gone out for a service to support this work. It can't come too soon really.

'A Day in the Life' project calls on people living with mental health difficulties to blog about their lives

People are invited to share their experiences of what makes their mental health better and what makes it worse by submitting a 700 word blog on set days as part of the year-long project. The next day will be 10th February (the first was in November) which will be followed by 2 more dates in spring and summer.

The project, which is funded by Public Health England, is designed to provide an insight into the lives of people living with a mental health difficulty to help inform the development of policies and projects which better meet their needs. The project is also designed to better educate and raise awareness among the wider public of the reality of mental health issues. For details on how to take part, visit the website at:

<https://dayinthelifemh.org.uk/>

On not feeling listened to by my GP

A service user questions whether previous experience of depression meant concerns about her physical health were not taken seriously

About 4 years ago I started to feel really tired. This tiredness was unlike any tired feeling I'd ever had. I felt it deep in my bones. It hung around my shoulders and over my arms like a leaden stole. On my head it was a concrete crown. For three weeks I lived a sort of half life in which I struggled to pull myself from an underwater-like existence into light-filled wakefulness.

I went to the GP and told him about the all-consuming tiredness that had suddenly enveloped me. Stress, I was told, was the cause. I was sleeping 18 hours a day, barely able to open my eyes before falling back into sleep for another hour or two, because of stress.

Something in my body seemed to be going seriously wrong. I'd gone to the GP with the honest expectation that he would listen to me and have some ideas about what might be happening to me and what I could do about it. It is difficult to describe the feelings I experienced as the realisation slowly dawned that he was not listening to what I was trying to tell him. Either he did not believe what I was telling him or he did not care.

I find it difficult to believe that the GP does not care. I find it easy to imagine that he did not believe me. Maybe as I spoke instead of listening to me he looked at the exhausted middle-aged woman slumped before him - the one trying not to cry, the one with depression in her notes, the one who's seeing a counsellor about the breakdown of her marriage - and having done the sums calculated the problem as all in the mind.

I dragged my body home, tears of frustration and humiliation heavy in my eyes. I had thought of myself as a reasonably intelligent and articulate person, well-educated and

able to assert herself. On that day I experienced a kind of shock as I found myself on the receiving end of a clinical gaze that had somehow judged me as a non-credible witness to my own experience. I was being dismissed and patronised and I felt powerless to do anything about it. The experience felt unreal.

The sleepiness did not return. In fact, increasingly I found that sleep would not come at all except for a brief and broken spell between the hours of around 4 and 9 am. As the weeks, and then the months, passed I was left with a deepening fatigue that would become increasingly debilitating to the point where I was no longer able to keep up my hobbies, my social life, and then finally my job.

A referral to the CFS/ME clinic at Fairlawns, 3 years after I first went to the GP for help, has given me some tools for managing fatigue. I sometimes wonder if my world would be bigger today had I known about things like pacing and activity management sooner.

What I would like to say to the GP I saw on that day is that just because a person has, or has had, a mental health problem it does not mean they are immune to physical illness. People do not book appointments to see a GP for fun or because they have nothing better to do with their time. When a patient comes to you for help and describes their symptoms, why not imagine they are telling the truth? Imagine they mean what they say, and are saying what they mean. I am not experiencing stress or depression. I am experiencing a new and overwhelming tiredness that is affecting my ability to get up and go to work. I am increasingly worried that something *physical* may be seriously wrong with me. How is that so hard to understand?

Mental health workers and burnout

Recent research conducted by Marieke Ledingham from the University of Notre-Dame in Australia has examined the experiences of mental health workers to find out why they are suffering burnout in such large numbers, despite understanding its causes.

The research shows a gap between mental health workers' knowledge of burnout and their ability to recognise it in themselves, which the report author attributes to a false perception that it couldn't happen to them. Rather than seeing themselves as immune to mental distress because of their occupation, mental health workers should see burnout as a major occupational health risk.

Excessive stress causes a reduction in people's capacity to make decisions and think clearly, but mental health workers were less likely than workers from other caring professions to seek help before reaching a crisis as they viewed it as a personal failing.

Many of the people interviewed for the study reported that they would be likely to blame themselves for burning out, as they believed that their professional identity meant that they should be able to withstand stress.

Ledingham believes that organisations should try to help staff recognise their symptoms and seek treatment, as they have a duty of care for employees who are unable to see their own situation. She suggests that reflective supervision and a culture of openness can go some way to helping prevent burnout.

Your Reviews

Service user Steve on 'Our Encounters with Self-Harm' edited by Charley Baker, Clare Shaw and Fran Briley (PCCS Books ISBN 978 1 906254 63 6)

This work is the third in the 'Our Encounters with...' series, the previous works addressing 'madness' and suicide. Like its predecessors it provides a stimulating and potentially challenging read. The book consists of short, punchy narratives by those affected by self-harm either as the protagonist, a carer, or a professional or voluntary worker. Indeed, several contributors represent more than one of these designations. Whilst a book delving into such emotive areas of human experience is never going to be an easy read, it provides a rich and multi-faceted look at this once taboo subject area.

When reviewing such a fine addition to the literature in this area, it seems unfair to mention only some of the many candid contributions. However space dictates a limited overview of only some of the issues and questions raised in this book. One common thread was a riposte to those who view self-harm as a manipulative and attention-seeking behaviour that consequently should

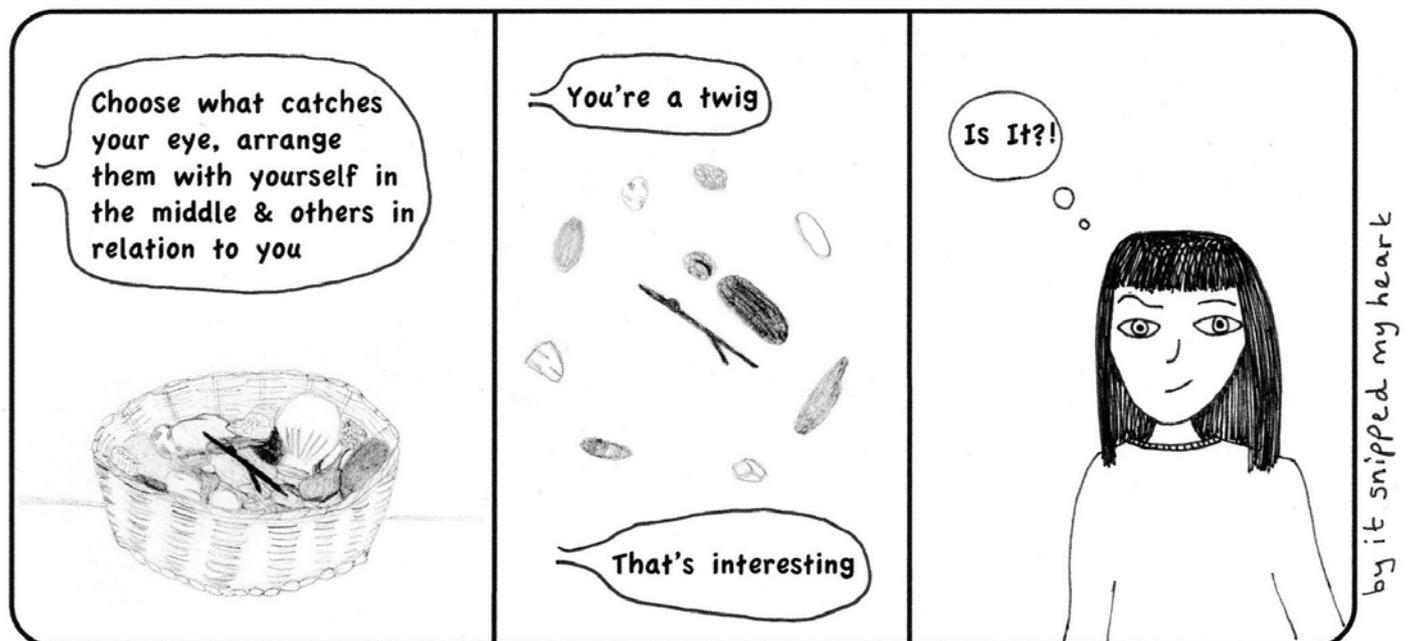
be ignored if possible, and any intellectual engagement with this phenomena seen as collusion. One author, identifying herself as YK, provides an emphatic no to this kind of response, having gone through a period where she had self-injured and then went on to become an RMN (Registered Mental Nurse). In her view, exploration of the person's inner meaning of the act is paramount. She provides an example where a patient felt disgusting and the act represented an attempt to cut out the badness they felt. Reflecting back to the person and exploring the meaning opened the door to a more collaborative dialogue of shared communication that could then hopefully focus on solutions.

Durgan's chapter challenges the manipulative behaviour thesis by stressing the vast majority of self-harm is "hidden and secretive". He adds that it is a weak argument to see the behaviour as poor communication for those who lack a language for their emotional distress. As he points out, with

regard to many positive events in life people talk of being unable to find adequate words to describe their joyous feelings, for example, falling in love, or becoming a parent. Indeed Trish Staples argues that self-harm could be seen as a logical response to "intolerable situations and overwhelming feelings". Nic Tate describes self-harm as representing one of the few areas of control one has in life at certain times, and he and other contributors state that at times of crisis it may regulate against more self-destructive urges.

Whilst it is frustrating only to be able to hint at a few of the many themes in this book, it generates much for debate. Issues around ethics, risk, harm minimisation and other novel approaches to self-harm can't hope to be covered in a short review. However, what can be said is that this collaborative effort addresses one of the stated intentions in Helen Spandler's foreword; that listening to the narratives in self-harm not only teaches us about the power of the individual act, but also about certain aspects of a society where conditions exist to make many feel worthless, and which often lacks thought for the most vulnerable in our midst. On this alone it delivers superbly.

adventures in counselling : pebbles basket = perplexed



Your Artwork



An apple a day keeps the doctor away. Intellectual property, Julie Thompson
 'An apple a day keeps the doctor away' by Julie Thompson



'Loss' by Budgie Cleveland

Your Verse

Midnight Sadness

As the sun goes down
 And I lie here
 Pensive, alone in my bed
 It isn't thoughts of a wakeful night
 But the coming of morn that I dread.

The night owl calls
 I hear the rain
 The wind rattles the branches
 Against the window pane.

Sleep won't come
 Try as I might
 I reach for the switch
 And turn out the light

My brother snores
 From his bed down below
 My self disappears
 As I care for him so.

And I know that when morning
 Lifts the darkness from the sky
 I shall find it hard to waken
 As the hours pass by.

My bones will hurt and ache
 And my head won't seem my own
 And all that I am knowing
 Is my life is not my own.

They took away the love
 When they medicated me
 A zombie in the making
 For all the world to see.

I've joined the army of nutters
 To please the powers that be
 And hide away the tears I shed
 From little old useless me.

Angela Hirst

Win a £10 book gift card

Write us a letter or send us your artwork or poetry and you could receive a £10 book gift card. The Your Voice editorial group will send the prize to the person who contributes our favourite poem, artwork or letter in each issue - not including items from current members of the Your Voice management committee and editorial group. (Carol Kelland receives a gift card for poetry in issue 73).

Your Letters

Brightening the darker days

Thanks for another great issue of Your Voice (No. 73). I really look forward to its colourful cover especially in the dark and dismal days of December. I loved reading about Andrew Hudson and the following anonymous piece about the therapeutic effect of nature. I liked the drawings of dogs too. It's great there's so much variety in so few pages. Please keep up the good work.

Orlando Smith

YOUR NOTICEBOARD

Suicide and Risk Assessment - an introduction

This introductory half-day training course looks at suicide within the context of people with common mental health problems who use the access help from Primary Care or community based services. The course also considers principles and best practice in risk assessment.

Date: 13th April 2015

Time: 1.15 pm to 4.30 pm

Cost: £100 (discounted price for voluntary/community organisations is £50).

For more details see the training section of the VAS website at:

www.vas.org.uk

Tel: 0114 253 6623

Email: training@vas.org.uk

CAST art groups

The following CAST art groups meet at St. Mary's Church and Community Centre, Bramall Lane.

Botanical Drawing Group

Day: Monday (every 2 weeks from 12th January 2015)

Time: 10 - 11.30 am

Cost: One time credit or £1

Acrylic Art Group

Day: Tuesday

Time: 11 - 1 pm

Cost: Two time credits or £2

Creative Writing Group

Day: Wednesday

Time: 1.30 - 3.30pm

Cost: Two time credits or £2

For information visit the website at:
www.castsheffield.org

Mental Health Carers Group

For carers of people with mental health problems. The groups meet on the third Thursday of each month, 10:30 am till 12 noon. Dates for forthcoming groups are:

- Thursday 19th February
- Thursday 19th March
- Thursday 16th April

Venue: Sheffield Carers Centre, Concept House, 5 Young Street, S1 4LA.

Booking is not necessary, but if you want to talk to someone in advance, please ring Jan or James:

Tel: 0114 278 8942

Free Carer's Toolbox courses with the Sheffield Mind & Body project

Have you experienced feelings of exhaustion, depression, frustration or anxiety as a carer? Would you like some time and focus for yourself, and to exchange support with others in a similar situation?

This programme will explore ways for carers to increase personal wellbeing and achieve a balanced lifestyle.

The course takes place on Fridays at 10.30 am - 12.30 pm for 5 weeks in a city centre location. Course start dates are:

- Friday 6th February
- Friday 20th March

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

Tel: 0114 258 4489 ext.108

Email:

mindandbody@sheffieldmind.co.uk

Free Healthy Living Workshops

Improving Access to Psychological Therapies Sheffield (IAPT) runs a series of free group workshops at various venues throughout the year offering informative introductions to the common mental health issues which can affect everyone. The workshops will enable you to improve your understanding and learn simple ways to overcome problems you're experiencing. Each workshop is a stand-alone session. There are 6 different workshops to choose from:

- Understanding stress and anxiety
- Managing sleep problems
- Assertiveness
- Managing low mood
- Living with a long-term condition
- Living well with pain

The workshops are free and no referral is needed. You can attend as many workshops as you like. For dates and venues, please see the Healthy Living Workshops 2015 schedule at:

www.sheffielddiapt.shsc.nhs.uk/how-can-we-help-you/healthy-living

SUN:RISE Service User Network

SUN:RISE meets on the 2nd Wednesday of each month from 1 pm – 4 pm in Conference Room 2, The Circle, 33 Rockingham Lane, Sheffield S1 4FW. For further information please contact:

Noelle Riggott

Tel: 0114 271 8789

Email: sunrise@shsc.nhs.uk

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Website: www.yourvoicesheffield.org

Please send contributions for the Spring issue by 30th March 2015