

ONE in FOUR

Lifestyle, health, mental wellbeing

Autumn 2008

FREE

REAL LIFE

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LIFESTYLE

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DEBATE

Do people with schizophrenia get a raw deal?



Surviving Your Own Credit Crunch

Getting your finances under control

What readers say:*

- 75% learned more about the challenges faced by people with mental health difficulties
- 90% rate *One in Four* eight out of 10 or higher
- Over 90% say there is a need for *One in Four*

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One in Four is written primarily for people with mental health difficulties, by people with mental health difficulties. It is meant to be available to them free.

One in Four is sold in bulk subscriptions to organisations like PCTs, mental health trusts, counselling services, local mental health charities and community advice centres so it can be picked up in clinics, surgeries, drop-in centres or staff canteens.

For example, Your organisation can take out a subscription for 50 copies, four times a year, and make them available in the waiting room. Or a subscription for 100 copies that you can be distributed directly to the people who visit your project or use your service.

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* From 60 responses to the survey of readers of Issue 1 of *One in Four*

ONEinFOUR

Lifestyle, health, mental wellbeing
Autumn 2008

One in Four is a quarterly aspirational magazine for people with mental health difficulties, those who know them and for the community at large.

One in Four believes that information useful to people with mental health difficulty is useful to everyone and can bring about positive change. *One in Four* is committed to helping people to understand mental health difficulty from the point of view of those who experience it.

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One in Four welcomes letters and emails. We do not publish letters where only an email address is supplied; please include a full postal address and a daytime telephone number.

One in Four is always looking for new writers, illustrators and photographers. Email: oneinfour@socialspider.com or contact us by letter.

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What do we mean by mental health difficulty?

Most people experience changes in their emotions or thoughts occasionally. A mental health difficulty is an experience of mental distress, upset or disorder, affecting mood, thoughts, physical sensations, actions or motivation that lasts over a period of time.

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Change and choice

We all have a choice about change

Change is often a result of a choice to understand or do things differently. Up and down the country, a new wind is blowing through the world of mental health. Things are changing. As we see from the contents of this issue of *One in Four*, views of mental health difficulty are changing from Parliament downwards. Across England, people like those who attended the Star Wards Festival are coming together to change things at a local level, person-by-person, place-by-place.

Change is always a difficult process that can feel frightening, because what comes before is always more familiar than what will come next. Rather than asking whether the glass is half full or half empty, the question is now how we make sure that no one is thirsty. People with mental health difficulties are finding more and more opportunities to make their views heard. As Terry Hammond says in this issue, what people need to do is to support people making positive changes and put pressure on organisations and structures that need to change. If you find something positive in life, offer it your support. Sometimes all it takes is a letter, an email or a telephone call to show people that they are moving in the right direction.

We do have a choice about what happens to us, and we do have a choice about how we are represented. I was involved in the short listing process for the Mental Health Media Awards, the results of which will be announced in November. Doing this I read and watched numerous positive examples of television, magazine and newspaper coverage of the lives of people with mental health difficulties. *One in Four* is only one of a number of projects and organisations that are changing the way that people with mental health difficulties are portrayed. People are working across the

country to bring real life stories into the mainstream, so that everyone can see that as far as mental health is concerned, there is no 'them and us' but only people who have some challenges that others might not face in getting where they want to be.

More than ever, choice exists. As Lord Darzi called for in his review, people with mental health difficulties should have the same degree of choice in accessing services as other users of the National Health Service. Treatment for mental health difficulties is increasingly being seen as something that you access to help you overcome challenges that you face, rather than something that is done to you. It will put people with mental health difficulties in the forefront of deciding what's most helpful.

More choice is important in making sure that you can get the help that you really need, but it does put more responsibility for our wellbeing into our own hands. As with everything, knowledge is power. Unless we know about our own difficulties and what might help with them, we will find it difficult to get the most out of what's available.

One in Four is all about change, both the changes you make for yourself and the changes that are happening in the lives of people with mental health difficulties across the country.

We're all about helping you to choose to make the best changes possible. ●

Mark Brown
Editor in Chief

The winners of the Mental Health Media Awards will be announced on 25 November 2008. To see the short list visit www.mhmawards.net

A history of activism



People with first-hand experience of the often harsh and unforgiving psychiatric system in the 1970s and 1980s are being asked to recount their stories for a history of the mental health service-user movement of that era.

The record will document the activism of the mental health "survivors", as they called themselves, the radical movement that pioneered breakthroughs in the acceptance and treatment of mental health over 30 years ago. The material is currently being gathered on the group's website but eventually it is intended to publish a printed anthology.

The Survivors' History Group includes a number of the politically radical members of the movement, some with bitter personal experience of being imprisoned by the mental health system. They are documenting events like the introduction of advocacy, crisis cards and crisis houses – user-centred ways of providing support to people with mental health difficulties.

One of the founders, Andrew Roberts, says a lot has changed since the day in 1973 when he organised a meeting that led to the setting up of the Mental Patients' Union. BBC Radio's Today programme invited a social worker from the planning group for a live interview. Roberts told *One in Four* that they all agreed he should go on air and not a professional service provider: "We told the BBC we'd send a mental patient instead and they weren't happy about that - they wanted to confirm if it was

safe to have a mental patient on the radio. Several hours later Today agreed to it. We were joking as we drove to Broadcasting House: 'Line us up and spot the loony.'"

Roberts says they want both people's documents and memories for the history they are building up: "We're looking for the kind of things that individuals keep – papers from meetings, the poetry they wrote, personal files that might just get dumped. And what's really important are the memories of the person who has the papers. That's where you get the real story."

You can see the collated history online at:

<http://studymore.org.uk/mpu.htm>
Write to: Survivors' History, 177
Glenarm Road, London, E5 0MB.
Email: history@studymore.org.uk

Tasteless and gratuitous

The downmarket tabloid, *Daily Sport*, has been given a ticking off by the press watchdog for its tasteless coverage of suicide.

The "Top yourself 10", a story published in May this year, gave a list of the 10 most popular places in the country for committing suicide and prompted a complaint from the Choose Life campaign in Scotland which said the newspaper had "provided unnecessary detail which might encourage vulnerable people to visit the places shown and take their own lives."

In its defence the newspaper said the article was a fair and balanced report in the public interest, based on information in the public domain. The *Daily Sport* is owned by the pornographer and co-owner of Birmingham City Football Club, David Sullivan, and is described by the British Newspapers Online website as "an unapologetically trashy tabloid with no pretensions at all to serious news coverage."

The Press Complaints Commission upheld the complaint, saying the red-top had breached part of the commission's code of practice which requires that "when reporting suicide, care should be taken to avoid excessive detail about the method used" in order to discourage copycat cases.

Time to change (the name)

Just when you had got used to the name, *Moving People*, the national campaign to wipe out stigma and discrimination in mental health has come up with a new one. From now on it will be called *Time to Change*.

The campaign, set up with £18million from the Big Lottery Fund and Comic Relief, is led by four mental health organisations – Mental Health Media, Mind, Rethink, and the Institute of Psychiatry, King's College London. The programme is based on two years of consultation with people who experience mental health difficulties.

A new website is being launched at: www.time-to-change.org.uk

Know your limits

The NHS has launched a website to help drinkers calculate the medical risks of different levels of alcohol intake.

Know Your Units helps people understand the strength of what they're drinking, offers an online drink diary and gives help and advice about cutting down. Go to: <http://units.nhs.uk>

You can also telephone for help. The freephone service, Drinkline, gives confidential advice to callers who are concerned about their own or someone else's drinking. Ring: 0800 917 8282. It is available 24 hours a day, 365 days a year.



CoolTan Arts, a charity that helps people improve their mental wellbeing through artistic creativity, mounted an exhibition of new art works over the summer. The historic St Johns Waterloo church in London was brightened up throughout July and August with pieces by artists from the CoolTan Arts workshop. Two of the exhibits shown above were Hilary Atkinson's collage and paint "Phoenix" (left) and the Nigel Hague painting, "Tree of Aspirations" (right). CoolTan's Art workshops are funded by Community Care and through donations. Find out more at: <http://cooltanarts.org.uk> or phone 020 7701 2696.

Mental health law changes

For the first time mental health patients are to get the right to an advocate when they are detained, children are to be protected from being put on adult wards and new safeguards are being introduced for the use of electro-convulsive therapy and the detention of people under the Mental Capacity Act.

These are among the changes in the Mental Health Act 2007 which come into effect on 3rd November. The new Act amends the Mental Health Act 1983, the Mental Capacity Act 2005 and the Domestic Violence, Crime and Victims Act 2004.

Patients are to have a new right to make an application to change their nominated nearest relative and county courts are being given the power to order such a replacement. Civil partners are

now included on the list of family members who can be the nominated nearest relative.

The definition of "mental disorder" in the 2007 Act is put simply as "any disorder or disability of the mind" and it replaces a much more long-winded wording in the earlier Act.

There is a new "appropriate medical treatment" test which applies to all the longer-term powers of detention. This means patients cannot be compulsorily detained unless they are going to be given medical treatment which is appropriate to their condition.

The legislation has been welcomed in part by organisations in the mental health field but some say the government has missed an opportunity to produce a truly modern and humane new Mental Health Act.

New mental health website for teenagers

A website for 12 to 18-year-olds about mental health has been launched by the world-renowned Great Ormond Street Hospital (GOSH). The interactive site features audio podcasts of young patients' experiences on a psychiatric ward and has factsheets about treatments and therapies, information about recreational drug use and general advice on mental health and wellbeing.

Dr Jon Goldin, consultant child and adolescent psychiatrist at GOSH, says it is important that young people understand that they can speak out if they or a friend experience mental health difficulties: "Our research shows that many teenagers feel there is not enough information on mental health conditions available to them."

The site, which is an add-on to the charity's existing Children First for Health website, has been welcomed by YoungMinds chief executive, Sarah Brennan, who said: "Websites such as GOSH's help young people to understand more about mental health problems and ensure they have access to information when they need it."

www.childrenfirst.nhs.uk/teens/health/mental_health

Annual Celebration

World Mental Health Day takes place on October 10th each year. Across the world, people organise events to challenge stigma, celebrate the achievements of people with mental health difficulties and promote positive action.

World Mental Health Day is based at local level, so *One in Four* readers should keep their eyes and ears open for events in their local area, or contact local organisations to see what's happening.

You choose



Health Minister, Lord Darzi

Mental health patients should be given the same choice about their services and treatments as people with physical illnesses. That's the response of mental health charities and campaigners to Health Minister Lord Darzi's plans for the NHS over the next 10 years.

The review of the health service, "High Quality Care for All" gives patients more say through initiatives like care plans for those with long-term conditions, a guarantee that the most effective drugs will be available to all and the right to choose care providers, including GPs. Personal budgets will be piloted for patients with complex conditions.

Paul Farmer, the chief executive of Mind, gave a guarded welcome to the review, saying it offers a significant opportunity for mental health to gain equal status with physical health. He told *One in Four*: "The commitment that everyone with a long-term condition should have a care plan which reflects both their physical and mental wellbeing is a potential major step forward. However, these plans now need to be integrated if this is to become a reality."

Under Lord Darzi's plans an NHS constitution will, for the first time, set out the legal rights patients have in terms of their

health care and ensure that decision-making is local and more accountable.

Paul Corry, director of public affairs at Rethink welcomes the constitution. He told *One in Four*: "This will mark a particularly radical improvement for people with mental illness. Right now NICE says people with schizophrenia should be given a choice about medication but a Rethink survey shows only 33% are actually getting a choice. The vast majority aren't offered any alternatives and often have to put up with horrible side-effects that might be avoidable."

The Sainsbury Centre for Mental Health chief executive, Angela Greatley, says: "This review will not by itself transform the lives of people with mental health problems. For that we need a bold new approach to mental health across government, led by a cabinet-level champion for mental health and wellbeing."

Confidence grows

Community mental health services are getting steadily better with an increasing number of users saying that they have confidence in professionals, get copies of their care plan and have an out-of-hours number to call in a crisis.

The latest annual survey by the Health Commission, the body that checks on health services in England to ensure that they are meeting standards, shows that most respondents continue to rate their care highly, with 78% describing it as "excellent", "very good" or "good", 13% as "fair" and 9% as "poor" or "very poor". These figures remain consistent with previous surveys.

But this year's survey, completed by more than 14,000 people, also shows there is still some way to go before community mental health services are accessible to all people who need them and include all service users in decisions about their care.

Festival makes things better



Hundreds of people dressed to impress and with a burning interest in improving mental health care recently descended on the Arts Depot in London's sleepy Finchley for the Star Wards Festival.

The Festival, with its 60s dress code to celebrate the National Health Service entering its own sixties, was an opportunity for forward-looking people in mental health care to get together and share ways of making life on mental health wards better. The Festival itself featured workshops, discussion sessions, a Dragons Den style event and even live snakes and belly dancing.

An initiative to change the experience of being in hospital for mental health difficulties, Star Wards is about providing some inspiration and guidance from the centre and then leaving local people to develop services in the ways most appropriate to local circumstances.

Star Wards wants to bring about change in mental health trusts by encouraging and inspiring creative people, both professionals and service users, within mental health to make places of treatment more fun, more effective, more helpful and more human.

For more information about Star Wards go to <http://starwards.org.uk>

Walking back to happiness

Peter Cox tells *One in Four* about grass roots project *The Largactyl Shuffle*, a series of guided walks through sunny South London



The group met outside the Maudsley Hospital in Camberwell, South London at 12 noon. Ari and Michelle were our guides. They told us the history behind the hospital, which opened in 1923. Henry Maudsley, the hospital's founder, was a distinguished and wealthy man in the field of psychiatry and mental health. It was interesting to learn about an area I walk through without much notice.

Ari told us about the origin of the word Camberwell as a place with a well for poor or "broken" people. We stopped beside a mosque under construction, and the guide told us about a building that made parquet flooring in the 19th century and held regular

dancing events for those more well-to-do.

After lunch at a café, three of us continued. Although I had been in this locality before, I had never noticed all the disused accommodation and shops. A walkway above us with a row of disused shops now struck me as melancholy and even a bit eerie.

The walk finished at the Tate Modern where we had coffees before parting company.

I used to run marathons so the walk wasn't too much for me but for others a good four hours walking must be good for health. Feeling inspired at the end of the walk I went on to see a free exhibition of surrealist art.

Peter Cox was made redundant after 22 years of employment as an accounts clerk in May 2007 and experienced considerable depression and anxiety. Peter has been taking part in activities with CoolTan for about 6 months. For World Mental Health Day he's taking part in CoolTan's sponsored shuffle on 11th October. Largactyl is a commonly prescribed antipsychotic medication. For more information about CoolTan see <http://cooltanarts.org.uk>

One in Four is always looking for news. Tell us yours:
Oneinfour@socialspider.com

Do people with schizophrenia get a raw deal?

Terry Hammond thinks the needs of people with schizophrenia are overlooked. **Mark Brown** asks him why

According to mental health charity Rethink, one in a hundred of us will experience the condition called schizophrenia in our lives. Terry Hammond has been involved in the lives of people who experience schizophrenia for over 30 years. He believes that people who experience schizophrenia get a raw deal and because schizophrenia can affect people in ways that are very different from other mental health difficulties, people with schizophrenia don't get the help that they need.

Negative and positive

Schizophrenia can present very specific challenges to those who experience it. It can affect both how you sense and feel things and also make it very difficult to engage with the things that you need to do in your life. People might experience frightening hallucinations, have thoughts that become interrupted or disorganised, feel things that others don't, have ideas that are difficult to change or hear voices. These are referred to as the positive symptoms of schizophrenia, so-called because they add things to ordinary experience. Negative symptoms of schizophrenia take away from ordinary experience and include apathy, being unable to experience emotions, becoming slower to think and move, and finding it difficult to interact with other people or losing interest in them all together.

"I have been involved in service user groups at both a national and local level," says Terry. "Sadly, most of those service users who have the ear of government or local health authorities are people with mental health problems other than schizophrenia."

Overwhelming response

When Terry wrote an article for a publication about how the views and needs of people with schizophrenia are overlooked, he was overwhelmed by the response: "Many people told me that their illness or medication stopped them from engaging at a strategic level: 'I simply do not have the cognitive ability, I can't concentrate for long'; 'My medication knocks me out'; 'I get far too anxious'. Many talked about their anger over how people with schizophrenia were being shoved along the recovery path at a pace they simple could not cope with."

A worry that Terry comes across repeatedly is that upcoming changes in the way mental health difficulties are dealt with by services will leave people with schizophrenia without support: "I think for the majority of people with mental health problems, services have very much improved. But I do think we need a re-examination of the way we are treating and caring for people with schizophrenia. Most people I know with schizophrenia, including my son, who developed cannabis induced psychosis nine years ago, are worried that they are going to be forced back into work, through the government's proposed changes in the incapacity benefit."

In addition to this, stigma doesn't help: "The perception of schizophrenia has worsened over the last ten years. The public associate schizophrenia with violence, thanks to the tabloids. A lack of sympathy for people with schizophrenia means they do not get the level of service they require."

Speak up

Terry feels this can leave people with schizophrenia vulnerable to being forgotten about or without representation.

Terry believes nothing will change until more people with schizophrenia and the people that know them get their voices heard by the people who make decisions: "People with schizophrenia are, in the main, less organised. This is mainly due to the very nature of the condition. There are not enough people speaking up for schizophrenia at a local and national level and there are too few confident individuals with schizophrenia to make the impact that is needed. People with schizophrenia and their family and friends should make contact with organisations like Rethink to press them to get the government to introduce legislation which reflects the true needs of people with schizophrenia."

For Terry, people working at grass roots level to make everyday life better is what will change things for everyone. After all, he says "the needs of people with schizophrenia are no different to the needs of the rest of the population. We all want warmth, comfort and companionship." ●

Is Terry correct? Write and tell us! *One in Four* welcomes your letters and emails.

For more information about schizophrenia, including stories from the lives of those that experience it, visit www.rethink.org

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Life after debt

Every day we hear more about the credit crunch. Debt isn't something that we have to let get on top of us, says **Alex Williams**

Debt is an increasing problem for many people. Those living with mental health difficulties are no exception. As we stand on the verge of possible recession, good financial health becomes a pressing issue for us all and one that we can all take steps towards.

Money worries?

Not everyone who owes money faces immediate debt issues. Often, borrowing money can help us to spread the cost of a big purchase over a long time. The problems start when you fall behind with agreed repayments to lenders, also known as your creditors. At times you may find that you have insufficient money to live on, let alone repay any debt.

While it is a national problem, there is no doubt that debt is an issue for many people with mental health difficulties. Debt can become a problem when periods of being unable to work bring a sudden drop

in income for which you haven't planned. This might be as drastic as a drop from a regular salary to claiming welfare benefits, for example. Time spent in hospital, or unable to work as much as you did in the past, also presents problems in coping with personal finances.

Gary* built up debts when he was at university and then was unable to find ways of meeting them after he had to leave due to bipolar depression: "I went to university as a mature student but didn't have any chance to save for the experience, so I was relying on overdrafts, credit cards and loans and working part time to get me through. When I became ill, I was unable to work and so was more reliant on the lines of credit available to me as a student. When I had to leave university, I was left unwell, unable to work and I had a big chunk of debt to the bank, to the university and other places that I couldn't service, so I tried to move house and forget it. It didn't work.

Debts that I'd run up thinking I'd be able to pay suddenly seemed impossible."

Certain mental health conditions can create challenges in maintaining financial balance. Bipolar disorder may lead to spending sprees at times of less stability. Depression can cause a lack of motivation and inability to respond to debt however urgent. Debt can worsen levels of anxiety or paranoia, increasing that feeling that everything is getting on top of you. The stress of living with debt can sometimes make it harder to recover from any mental health difficulties that you are experiencing.

Gary recognises all of these things. "Sometimes, when I'm not well, I spend money that I don't really have. When I'm low, I can't face even looking at my finances, but that makes me feel even more anxious. So being ill can make my debt larger and then having a larger debt can make me more likely to be ill."

Fiona* has a diagnosis of borderline personality disorder. She

says that impulsiveness is part of a condition that for a long time went untreated. At its worst, her debt was £30,000. "It left me in a very dark place – no money, inability to work, depression, dysfunctional family relationships and bills."

Get help early

If you recognise yourself in the stories above then you are not alone. The good news is that there are steps you can take that can go a long way towards getting on top of your financial difficulties.

The best approach is to try to avoid problems in the first place. If this is still possible, you should try to keep a track of what you are spending, including any regular payments. Make sure that you save all bank statements and bills, filing these in a way you will remember later on.

You may want to plan for a time when you are less able to manage your financial responsibilities. You could think about nominating someone you trust to deal with your finances if you go into hospital or become ill. You would need to make arrangements for this with your bank and/or the Department of Work and Pensions. The Mental Health Foundation produces an excellent booklet 'Banking on Good Decisions' about various aspects of these arrangements (see box for details).

If you can't repay money you owe on time then let your creditors know as soon as possible that you are having problems. Don't ignore letters that demand payment – debt won't go away, it will get worse. If you find that you are ill and unable to work, check to see if you have any form of Payment Protection Insurance. Many people have this with their store or credit cards and don't realise. Making a claim on your PPI could cover your repayments whilst you are unwell.

Communicating with other people can sometimes be hard when facing a mental health difficulty. You may find that you can't open letters or answer the

phone to your creditors. But you don't have to deal with debt on your own. Money advice is available over the phone or face-to-face. Advice agencies are not there to judge you, only to assist you in finding a way forward.

Gary found this especially useful: "When things were obviously getting to a bad point and legal action was being discussed, someone based at the Community Mental Health team I was using pointed me towards a local advice centre which helped me to work out what to sort out first and how."

If your mental health difficulty affects the way you manage your finances you may want to inform your creditors. Emma Mamo, campaigns officer at Mind, suggests you should get support to do this. "It would probably be best to discuss this with a supportive professional or a debt adviser as you would need a suitable adviser to help with this disclosure and to help negotiate with the creditors themselves. The adviser's role is significant, not just because they will have the skills and credibility with the creditor sector, but they should also make sure the creditor keeps their records up to date when you are well again."

Not all debts are equal!

There are rules to managing debt so that you prioritise the most important to pay first. Priority debts are those that if unpaid could result in you losing your home or having essential services such as gas and electricity supplies disconnected. It is most important that you deal with these as soon as possible.

Getting straight in your head which debts are the most important is key. It can be easy to get confused about this. The box on page 12 shows which debts you should deal with as soon as possible if you are put in a position of having to decide which bill to deal with first.

You need to be aware of what might result from non-payment of debts. The toughest sanction for non-payment is prison. This applies

to only a few debts, such as Council Tax and TV Licence and does not happen very often.

Talk to your landlord or housing association if you get behind with your rent. If your mortgage costs are your main problem, contact your lender and get independent advice. Some of the utility companies have charitable trusts that can help with lump sum grants towards fuel debts. Your local Citizens Advice Bureau (CAB) should have details.

Non-priority debts are more likely to be credit and store cards, unsecured personal loans and money borrowed from family or friends. While you may want to pay these off soon, try to sort out the most important debts first. Non-priority debts will still need to be dealt with, especially where there is any threat of court action to recover the money that you owe.

Sorting stuff out

An advice agency such as a local CAB will help you work out your income and expenditure (the money you receive and the money that you pay out) as well as your level of debt. This will show the amount you have left, if any, to pay to your creditors. The advice workers will be able to help you put

Get your priorities right If you are in financial trouble, these are the most urgent bills to sort out:

- Rent
- Mortgage payments
- Magistrates court fines
- Council tax
- Child support maintenance
- Fuel/utility debts (gas and electric bills). There is no right to disconnect for water rates though you should include payments for your supply in your outgoings and any arrears as non-priority debt
- Income tax
- Hire purchase (e.g. for a car you need to keep)
- Benefit overpayments
- TV Licence

together a financial statement that can be sent to your creditors with your offers of payment. In general, most non-priority creditors will be happy to receive an offer to pay what you can afford if supported by evidence, rather than receiving no repayment at all and having to take you to court. An adviser will usually ask creditors if they are prepared to freeze interest and charges on credit debts. Your repayments need to be affordable and realistic and shouldn't leave you unable to budget for essentials such as food. There are options such as bankruptcy and administration orders if your debts are very high – talk to a debt adviser about these.

It's essential that you get independent advice before borrowing more credit, including consolidation loans to repay your debts. Far from bailing you out, this credit may cause further debt and interest payments. Make sure that you always seek FREE debt advice, rather than private companies that charge a fee.

If you feel harassed by your creditors then get advice, as you shouldn't have to put up with this. Many people worry about the prospect of bailiffs at the door. However, this doesn't happen unless the debt has already gone to court. You should seek independent advice before you complete court papers. It's important that you do keep up any payment agreements you make with your creditors or the court.

In control

A debt may have built up over a long period of time so it may also take a while to sort out. You will make headway if you take it bit-by-bit, get all the help and advice you need and watch what you are spending. You should make sure that you are claiming all the benefits and tax credits to which you are entitled. It may help you to discuss your debt with anyone treating you – they need to be aware as debt impacts on your emotional health and they might be able to



point you in the direction of sources of help.

Fiona did gain better control of her finances once her mental health difficulty was addressed by specialists, helping her to get on top of the situation. Gary managed to pay off the majority of his debts by facing up to them and taking action: "It was only once I stopped putting all of the letters I was too afraid to open in the drawer and actually answered the phone to the organisations chasing me that I could start to sort things out. Once I found a good local advice service and explained things to them, they helped me get payment plans together which meant I was still paying off debts years later but wasn't left without any essential services and could start to get on with my life. It was a big step on the road to recovery for me."

Fiona encourages others to get expert advice, just like with any other problem. "Help is out there and debt is nothing to be ashamed of. There is life beyond debt." ●

**Names changed by request*

Useful contacts

Citizens Advice – www.adviceguide.org.uk

To find your nearest CAB look at www.citizensadvice.org.uk or in your local telephone directory under 'Advice'

National Debtline 0808 808 4000 www.nationaldebtline.co.uk

Community Legal Advice (CLA) 0845 3454 345 www.clsdirect.org.uk

Mind – www.mind.org.uk/money Mindinfoline 0845 766 0163, Mind's current campaign is Debt and Mental Health see www.mind.org.uk/mindweek

The Mental Health Foundation booklet 'Banking on good decisions' is available from <http://www.mentalhealth.org.uk/publications/?p=3>

Disability benefits helpline 0800 8822 00

Tax credit helpline 0845 300 0900

CCCS (Consumer Credit Counselling Service) 0800 138 138 1111 www.cccs.co.uk

Shelter (free housing advice helpline) 0808 800 4444

How do you know you're getting good therapy?

In the wake of Government plans to regulate therapy and promote good practice, Dr Cecilia d'Felice explores how you can tell if the therapy you're getting is good and what to do to make sure

When meeting with a therapist for the first time, many people feel anxious and overwhelmed, uncertain as to what therapy will hold for them. It is natural to want to feel understood, contained and cared for. Any therapy that does not acknowledge these basic human needs is more damaging than therapeutic.

With the majority of patients already anxious at the start of therapy, it begs the question why raise their anxiety further?

Joe Griffin and Ivan Tyrrell in their book *Human Givens: A new approach to emotional health and clear thinking* outline a useful list of what you should expect from an effective counsellor, psychotherapist or psychologist. For a lot of us, with limited experience of therapy, it can be difficult to know whether the therapy we're getting is good or not.



Dr Cecilia d'Felice

Clear and helpful

The aims of therapy should always be made clear from the outset. A therapist should use practices based on up-to-date, scientifically researched techniques which have shown effective results in the treatment of psychological distress. This includes the therapist's knowledge and understanding of depression and anxiety disorders, and the ability to help immediately with practical solutions to the problems faced by the people who come to see them. Therapists should be prepared to give advice if needed or asked for, something that traditional psychotherapy has often resisted. There are therapists who, through specific schools of training, adhere

to a model of psychotherapy that is cold and uses silence excessively. Many people find this approach frightening, confusing and anti-therapeutic and there is no current evidence base that this form of therapy is effective.

Griffin and Tyrrell feel that jargon, psychobabble or an expectation that therapy should be 'painful' is unnecessary. Therapy should always feel therapeutic and helpful, never painful or confusing and if issues arise that are emotionally difficult, the therapist should be supportive and containing throughout. Dwelling unduly on past events is also considered unhelpful and cognitive research shows that constantly revisiting past negative events is not an effective approach to making changes in the present.

Good practitioners will help you to develop social skills so that you can get your needs met by greater intimacy, friendship, closeness and connection with the people around you. They will encourage you to explore and develop your own resources which are often present but perhaps lying dormant, suppressed by the symptoms of depression or anxiety that may have been troubling you. Good therapists will give you practical skills and techniques to help you relax, think about your problems constructively from alternative perspectives and increase your self-confidence and autonomy. I would also add that a good therapist will always ask for feedback at the start and end of each session, reviewing how the past week has been, what changes have been made or noticed

and to make sure that at the end of the session you feel empowered with new insights or skills to take yourself forward to the next level of your personal development.

Working Together

A good therapist should welcome feedback. Without it, a collaborative therapeutic alliance where you both work together to help you feel better, cannot be fully formed. You should always feel free to say that things are not improving or that you do not understand a particular technique or are finding therapy difficult. In this way these issues can be made transparent and addressed, allowing for breakthroughs in therapy leading to deeper levels of personal understanding.

If you are having therapy and your therapist does not follow these simple guidelines, ask them in your next session what methods they are using and why. Service users have

the right to ask questions of their health care professionals and this should be true for psychotherapists, counsellors and psychologists. A good therapist will welcome a discussion of how the therapy is progressing and not feel attacked or defensive when challenged. If you still feel that your therapist is not working effectively with you and that they are not willing to be clear about the methods they are using, ask to meet with a senior member of staff to discuss your concerns. Patients, clients and service users are entitled to an autonomous voice in therapy, secure in the knowledge they are being given the best possible treatment, protected by good practice guidelines. Without this, effective therapy simply is not possible. ●

Human Givens: A new approach to emotional health and clear thinking by Joe Griffin and Ivan Tyrrell is published by H G Publishing.

Cecilia d'Felice is an award winning clinical psychologist and regular psychological expert on national TV and Radio. Cecilia specialises in all aspects of adult mental health and relationships, working for the NHS and in private practice. She is a columnist for Psychologies magazine and wrote a weekly column for the Independent on Sunday called 'How to be Happy'.

This autumn, Cecilia will be appearing on Channel 5's post-watershed 'Sex – How to do everything', Channel 4's pre-watershed 'Sex Education' and 'Best Friend Rehab' for Channel 5/Fiver.

She is writing her first non-fiction book – a synthesis of memoir and therapy – to be published by Orion in January 2010. She won the Mind Journalist of the Year award in 2007.

Illustration: Martin Parker



The learning curve

Everyone remembers how nerve wracking their first day at school was. **Huw Davies** explores how it's easier than ever to get back into education and why you might want to

Michelle Hynes was suffering from severe post-traumatic stress disorder after the tragic death of her eight-year-old son when she decided to get back into learning. A new chapter in her life, the Access course at the University of Glasgow, held two evenings a week for 20 weeks, allowed Michelle to take things slowly and helped her to study in spite of insomnia and problems with concentration, until she felt ready to study Law on a full-

time course. She has since won awards and become an ambassador for the University.

It is very easy to put off changes in our lives because we are scared of taking the plunge into something new. Everyone feels fear or anxiety like this, but for many people with a mental health difficulty it can be almost paralysing. Whatever the condition, a lack of confidence is one of the most debilitating psychological effects a mental

health difficulty can have.

Michelle is as surprised as anyone else that she managed it. "Here I was," she says, "a 37-year-old single mum with two small children and post-traumatic stress disorder. If I can do this, so can you."

It is said that knowledge is power, but more importantly, education is empowering. Research by NIACE (the National Institute of Adult Continuing Education) in 2000 revealed that 89% of those

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Legal rights and mental health
Two-day course: 11 and 12 November

Hearing voices
One-day course: 28 November

For further details and a registration form, please see enclosed flyer, visit our web pages: www.mind.org.uk/Information/Conference+and+training

Email conferences@mind.org.uk or call 0844 448 4450 or 020 8215 2312

*rate applies only for delegates paying their own fees.

polled experienced positive emotional or mental health benefits from their period of learning, with the most common benefit being confidence (25% also said self-confidence).

Statistics such as these almost invite readers to be sceptical. Statistics don't necessarily remove fear of failure but they do show that education is not out of bounds for those with mental health difficulties.

Liza, who has been diagnosed with bipolar disorder, has undertaken numerous forms of adult education and found that aside from what she learned, she also found new people and new ideas: "Training in anything, education in anything, is great because it helped me to rebuild my confidence. It gave me somewhere to be when I felt that I couldn't go out of the house and helped me to remember I can talk to people and get pleasure out of that."

Skill, the National Bureau for Students with Disabilities, has a superb website that, among many other services, features a number of case studies, in which disabled students talk about their experiences.

Taking the plunge

Entering education is more than just a question of knowing it's possible. Full-time education is an immersive experience and may not be suited to everyone in pursuit of learning. If you feel confident enough to dive into full-time learning it is important to balance study with recreation, for the good of your education and your mental health. Universities and colleges have endless extra-curricular activities including sports, societies and volunteering projects, so there is plenty to do.

If the prospect of moving wholesale into education sounds too daunting – or if work or family commitments prevent you from immersing yourself in study – there are other options available. A part-time course such as the one undertaken by Michelle Hynes can be a way of gaining a qualification

or learning a skill without having to change your circumstances.

Alternatively, you can learn in your own time in your own home. Organisations such as the Open University run 'distance learning' courses through a combination of internet resources, interactive video materials and good old-fashioned book learning. You can read course material whenever and wherever you like and write assignments with help from a tutor and library services if needed.

Online learning is a possibility for people comfortable with computers, with the likes of learndirect offering courses in vocational areas such as business and management or skills in IT and second languages.

Such alternative routes to education are ideal for people with mental health difficulties who want to learn new skills or gain new qualifications but may not feel up to the intensity of a full-time course.

Studying part-time or from home isn't a 'soft option' or a barrier to further education. Tony Hurley studied at the Open University despite suffering from bipolar disorder as well as rheumatoid arthritis (and, later, angina), received several qualifications and has written a successful book about his experiences with depression. He says he has to pinch himself to check that he isn't dreaming what he has achieved since becoming an Open University student.

What about money?

One benefit of distance learning or part-time study is that it cuts down on the cost of going to university or college. You can also continue a full-time job in the time you are not using for study.

There is financial help available, though, for those wanting to study full-time. As well as the loans available to all students and financial help offered by some specific education providers, those with a mental health difficulty can benefit from Disabled Students' Allowances.

These grants cover extra costs

incurred by physical or mental health difficulties and, although they are often associated with physically disabled students, they apply to students with mental health conditions, too. For example, if a student needed to get to and from university but was anxious about taking public transport, he or she could have the extra cost for taking a taxi rather than a bus paid for them. Similarly, a student with anxiety over being in a public place such as a library could receive a book allowance. The full-time education experience is very accommodating towards people with mental health difficulties.

Financial assistance is also available to those studying from home. The Open University, for example, offers to help to meet study costs such as buying a computer, and in certain circumstances may even pay your fees for you. Details are on their website.

Help available

There is no doubt that stress can be a factor in education, which can make studying challenging for people with mental health difficulties. The first thing to remember is that although learning is an individual journey, there are always people there to help. As well as all of the support organisations and services available to the members of the general public (Skill, Mind, The Samaritans *et al*), universities and colleges have counselling services and are fully prepared to cater for the needs of students who experience mental health difficulties.

Disabled Students' Allowances can also pay for a mentor, who can help you to keep on track and motivate you into studying. This is important for many people with a mental health difficulty who struggle with differing levels of motivation, concentration or energy. Mentors are for academic purposes rather than counselling, and can be of great help in stopping your workload spiralling out of control.

With that in mind, studying effectively is arguably the best way to avoid the stress that can worsen any difficulties you already experience. Planning efficiently so that work does not get on top of you is essential, as is a realisation of your limitations – being honest about what you can and cannot do is a sign of strength, not weakness. Resist the urge to take on too many commitments.

Ultimately, seeing a commitment to education through to the end will be of tremendous psychological benefit. If you have to pause your studies due to ill health, many courses are based upon module system that mean you can resume your course at a later date without penalty. Don't let fears over your condition stop you from taking the step that could improve it in the long term.

Where do I start?

In education as in life, the place to start is admitting you have a mental health difficulty. Skill and Mind both advise being open with the education provider before you begin a course, so you can discuss support. Decide upon your preferred method and place of learning by considering the usual factors – subject, location, the education provided and so on – then look at the support available for someone with a mental health condition taking the course.

Every university and college has a disability adviser (though their official title varies), who co-ordinates support within the university. Talk to them before you start the course and the support you need will be there when you begin. The contact details of all disability advisers are on Skill's website. Students looking to learn from home are advised by the Open University to visit their regional centre for information on student support. Mind also has some programmes for adults with mental health difficulties undertaking education, and is worth contacting, at least for advice.



It has never been easier for someone with a mental health difficulty to get the support they need when studying. Taking that first step into education is difficult, but when the reward of a qualification or new skill is coupled with increased confidence and a happier you, it's a step worth taking. Don't spend your life thinking, "What if?"

As Liza says: "I felt lost and abandoned, going to classes helped me to meet people who like similar things to the things I like. This is a good way to make friends and now I have a lot of people in my life. That is the real gift of education." ●

Sources of support

Skill Information and advice for students with disabilities. It operates a free helpline and its website features an abundance of information and contact numbers for disability advisers, as well as past and current students sharing their experiences.

Helpline: 0800 328 5050 Tuesdays and Thursdays
www.skill.org.uk info@skill.org.uk

Mind Operates a helpline and a network of local associations. It can provide advice for people with mental health difficulties entering education, and has several post-16 education programmes of its own. Helpline: 0845 766 0163 www.mind.org.uk

Open University Higher Education at home, to work around your schedule. Information and advice on learning with a mental health condition can be found on the website. 0845 300 60 90 www.open.ac.uk

learndirect Education online, with free advice on skills and qualifications available on the internet and in your local area, fitting around your commitments. Learndirect has plenty of experience with students experiencing mental health difficulties. 08000 150 450 www.learndirect-skills.co.uk

Disabled Students' Allowance Financial support for students suffering from a physical or mental health condition. www.direct.gov.uk/en/DisabledPeople/EducationAndTraining/HigherEducation/index.htm

The Samaritans Confidential advice and emotional support, 24 hours a day, 7 days a week. Helpline: 08457 90 90 90 jo@samaritans.org www.samaritans.org



Illustration: Martin Parker

The burning issue?

We all know that giving up smoking can make us physically healthier and fitter. Laurie Penny explores ways of coming to the healthiest outcome you can, if giving up seems too much

Since the smoking ban came into force in England and Wales on 1 July 2007, lighting up a cigarette has become less and less acceptable as a national pastime, with numbers of smokers falling steadily.

Up until a few years ago, Phil Jones was a heavy smoker: “I was a sixty a day person. The only way I could have smoked more was to get up earlier.” Phil has a mental health problem and for a long time avoided cutting down his smoking habit. Like many people who experience mental health difficulty, he was aware of the possible benefits of quitting but was unsure about taking that step. As he says: “When you’re ill with a serious mental health problem smoking seems to be the lesser of many evils.”

On average, smoking rates for people with mental health difficulties tend to be twice as high as for the general population, with some conditions making you more likely to smoke heavily if you are a smoker. Eighty per cent of people with schizophrenia smoke, and over 50% of those with bipolar affective disorder or schizophrenia smoke over twenty cigarettes per day, compared to 8% of the general population.

As a result, people with mental health difficulties are at a greater risk of developing smoking-associated diseases such as respiratory and cardiovascular illnesses.

As Sue Hooper, a writer from the North East says: “I think people with mental health difficulties smoke more than the average person. In day hospitals and clinics I have attended, there has always been a crowd gathered outside smoking. When I’ve been to hospital appointments for physical illnesses, you only see a couple smoking.”

We all know the health risks of smoking and we all know that they are considerable. We all know about the toxins, carcinogens, artery-clogging fats and skin-ageing chemicals you inhale with every puff. Yet a lot of us still continue to smoke. Looking at the reasons we continue is, for many people, the first step in cutting down or, eventually, stopping completely.

Self-medication?

Self-medication is the technical term for consciously using substances such as alcohol, tobacco and drugs to manage the symptoms of mental illness. In one study, common reasons given by people for smoking included enjoyment and the relief of stress and boredom. People also gave reasons such as combating withdrawal, inertia and lack of motivation, all negative psychiatric symptoms. It has been suggested that nicotine helps to alleviate some of the active psychiatric symptoms of illnesses such as schizophrenia and psychotic illnesses such as hallucinations and disorientation. Smoking might also help calm the side effects of anti-psychotic medication. It’s easy to understand why so many people with mental health difficulties choose to smoke if it does indeed seem to make some elements of their condition feel easier to cope with.

Unfortunately, the fact remains that smoking isn’t physically good for you. In contemporary society, it’s impossible to take a drag without the certain knowledge of gambling a potentially shorter and more painful future against an easier-to-cope-with present.

“It’s an outlet, and having an outlet taken away can be damaging, but knowing how physically damaging

Smoking and medication

It is important to involve your GP or other health professionals in discussions of how and when to quit smoking, particularly if you take medication to manage your mental health. In particular, smoking has a significant effect on how well anti-psychotic drugs work. If you are taking anti-psychotics, do not consider quitting without first seeking your doctor’s advice.

it is means that it's also a form of self-harm," said Robert MacIntyre, who suffers from depression. "But sometimes it's a choice for me between having a fag and self harming and in those situations, on balance, I'll have the fag."

Smoking, whilst harmful in itself, can be a displacement activity for more harmful behaviours such as addictions, binge eating and self-harming. People can use it as a stress relief outlet, a displacement activity and as a way of dealing with psychiatric symptoms and side-effects.

A useful purpose?

For some of us, smoking is a useful way of getting around someday-to-day difficulties. "It's a punctuation to life. It's something regular, something that grounds you," says

Smoking and inpatient care

Many people who smoke worry about the possibility of inpatient care (a stay in a mental health or other hospital) because of fears that the smoking ban will mean that they are not allowed to smoke whilst they are receiving treatment. Mental health workers are well aware of the prevalence of self-medication with tobacco amongst their patients and will make allowances for the habit. Doctors who are aware of a patient's mental health problems are, in fact, very unlikely to bully them into kicking the habit. In addition, rates of smoking amongst mental health workers are twice as high as amongst general medical care assistants.

"Some of my best memories of smoking, before I quit, were the sessions me and my key worker used to have in hospital. She was a chain-smoking Tasmanian biker, and we would sit on the lawn together and share cigarettes. It made the recovery process easier" – Hannah, 19.

Alice, a psychology graduate who is out of work for mental health reasons and who has been smoking forty cigarettes a day for ten years. "It's five minutes you take just for yourself. And sometimes the only reason I'll leave the house is to go and buy fags. It's a connection to the real world."

Sue Hooper agrees: "Smoking is a good way of getting out of something, 'just going for a cigarette' you can say and get away with it, whereas if you didn't smoke you couldn't say, 'just going to hide for five'."

Aside from physical addiction, dealing with the loss of an effective way of overcoming a particular problem can also make it difficult to give up completely.

Social smoking

Smoking has always been an excuse for social interaction in this country and many smokers cite social reasons as one of the things that drive their habit. However, since the instigation of the smoking ban, many have worried that it might

lead to isolation of individuals who are heavy smokers and who may find it difficult to go out because they are no longer allowed to smoke in the places where they go to socialise such as cafés or drop-in centres. It can also lead to increased isolation if people are more inclined to stay home where they can smoke out of view.

With the ban promoting a greater divide between smokers and non-smokers, it is important for people with mental health difficulties who smoke to be honest with themselves about the reasons behind their habit. If you have taken the decision to continue smoking on a temporary basis in order to facilitate your recovery and ease your state of mind, that is a mature choice which shouldn't cause unnecessary guilt; carry on with your usual activities and tell any critics that, whilst you intend to quit someday, for now you have decided to continue smoking. Ask them to respect your choices as you respect their space – even if, for some of us, seeking acceptance is an uphill struggle.

Cutting down or cutting out?

Making a decision whether or not to continue smoking involves a delicate balancing of priorities between maintaining mental health and preserving physical health. The good news is that as it becomes more and more acceptable to discuss the complexities of mental illness in public, more GPs and healthcare professionals are realising that simply stopping smoking may have harmful as well as positive effects for some patients.

The truth about giving up smoking is that, for most people, you will feel worse before you feel better. Cutting down can be a more useful approach for smokers who may be too emotionally or psychologically fragile to cut out smoking altogether but who are worried about the considerable health risks of smoking. Smoking five cigarettes a



day isn't going to help you live any longer but it's much better than smoking 50 and is an achievement that will make it easier to quit when and if you are ready.

In a country with some of the strictest anti-smoking laws in the world, it is vital for people with psychological problems to take a holistic and mature approach to their own addictions. Smoking is never going to be good for you. People with mental health difficulties are constantly making choices between physical and mental health – we may choose to exercise and lose weight even though it might be damaging to our mental health; we might decide to take helpful psychotropic medication in the knowledge of its considerable physical side effects. The decision to smoke is just another of those choices. People with mental health difficulties do not smoke because they are weak, or stupid, or lacking willpower. So, if you feel you need to take a drag, understand what it's doing to you. If and when you do decide you're ready to quit or cut down, remember that there are more services than ever dedicated to helping you stub out your habit, so you won't be taking on the challenge alone. ●

Want to cut down or give up?

Most smokers at some stage want to give up and at any one time, one in every six of them is trying to quit. More than 11 million people in the UK have become ex-smokers and the key ingredient is always determination. However there is no easy way to stop smoking and 97% of those who try, using willpower alone, fail.

A good place to start is your GP, who will be able to advise you of available treatments and services in your area.

Here are some other sources of help:

NHS Smoking helpline 0800 169 0 169 <http://gosmokefree.nhs.uk>
 Quitline 0800 00 22 00 www.quit.org.uk
 British Heart Foundation 0800 169 1900 www.bhf.org.uk/smoking

All can advise you about effective treatments such as nicotine patches, inhalers or gum and ways to change your thinking or habits.



They tuck you up

While many of us will experience mental health difficulties or distress, many of us will also be parents. **Suzan Arisoy** looks at the joys and anxieties of parenting while coping with mental health issues

Parenting can be a tough and demanding job at times. What happens if you also have the added stress of coping with a mental health issue too? As many as one in four of us will face some kind of mental distress or difficulty in our lives and many of us will be parents at the same time.

While many parents facing issues like this acknowledge that the practicalities of looking after the children at these times can be

difficult, they are also certain that their role as a parent has made them better able to get themselves help and to have hope for the future.

No shame in asking for help

Lisa from Beckton is mother to daughter, Layla, aged 7. Lisa began to experience a recurrence of severe anxiety when her daughter was five.

Lisa says: “It was the fact that I had Layla that got me to the GP. I didn’t like how my anxiety was affecting her and she was beginning to see I wasn’t right. If I didn’t have a child I don’t think I would have bothered going to the doctor’s and things would probably have got a lot worse. When I was 16, I had a two-year experience of agoraphobia – so I know how bad things can get if left untreated.”

Lisa believes that it’s important

to ask for help as soon as possible and not to worry about what others might think: “I was worried at first about going to my GP but he put my mind at rest. Seeing people with mental health issues is something doctors do all the time. We discussed counselling and medication, and he prescribed some medication that has really helped me.”

Overcoming challenges

Sometimes, enduring mental health difficulties can mean that you may have to go into hospital from time to time and be away from your children. Sadia*, from South Woodford, is the mother to two boys, Adam* aged 18 and Jay* age 10. Sadia experiences bipolar disorder, an illness that is cyclical in nature and that affects her moods and thinking and which has necessitated her being in hospital on several occasions. I asked her how that impacted upon her family life. Sadia says: “I have been very lucky in that my husband is very supportive and has been able to look after the children for me while I am in hospital. The rest of my family have been very good too, and because Gerry* works, they have looked after the children during periods such as school holidays.”

Gerry admits it hasn’t always been easy but says: “Everyone in the family mucks in and friends offer support too. I also made sure that Sadia had regular weekend leave from the hospital so that she would still feel a part of family life.” Sadia agrees that this was successful and minimised disruption to family life: “It was much easier to be discharged from hospital and slip back into my role as mother to the boys. When I was coming out on leave I did things like help Jay with his homework or iron his uniform, and talked with Adam about his week. Doing those things kept me grounded and actually helped in my recovery.”

Worrying about it happening again

Although not all people with mental distress experience a reoccurrence of their illness, some like Sadia do. I asked her what measures she puts in place to ensure the least distress to herself and the children at those difficult times.

“I talk to my children and they are aware that I have an illness that comes in cycles and that there may be times when I have to go to hospital again. I try to prepare them as best I can. I reassure my youngest son, particularly, that his father will be around to look after him. I also point out that I have been unwell and I recover and that if there is a next time, it won’t be any different. They need to know that mum will get better.”

Sometimes, parents can get into a state of worry expecting that a period of mental distress will reoccur. Karen*, mother to two children, Georgia* 16 and Sam* age seven, suffered severe post-natal depression after the birth of Georgia.

“I was reluctant to have any more children because of my experience,” she told me. “That explains why there is quite a gap in their ages. I suffered terribly with post-natal depression and I didn’t want to go through that again.”

I asked her what changed her mind. “Having Georgia was such a joy and once the depression had lifted and I was able to get on and be the mother I wanted to be, I realised I wanted another child. I looked into post-natal depression and realised that it doesn’t necessarily strike again.”

Advance directives

If you have a mental health condition that means that you might have a period of hospitalisation where you are not able to make decisions for yourself, an advance directive is something that you can do to make sure that your wishes are respected.

An advance directive, also known as an advance statement or living will, is a document that you draw up when you are well that makes your wishes for treatment known to health professionals. It’s an instruction to doctors, health care workers and family about how you wish to be treated in future, should you be too unwell to make decisions for yourself.

Advance directives are usually made in writing, which you request to be added to your medical notes. You will need to get legal advice in drawing up an advance directive and it’s a good idea to ask advice from a medical professional that you trust.

You must also get your advance directive witnessed by someone who can verify that you were mentally competent at the time that you created it.

It can be a complicated process to draw up an advance directive, so it is best that you get good legal advice

Mind provides guidance on advance directives, and legal advice: [www.mind.org.uk/Information on “Advance decisions/directives/factheet](http://www.mind.org.uk/Information-on-Advance-decisions/directives/factheet)

If you want to begin the process of drawing up an advance directive, the best starting point would be the Mind Legal Advice Line on 020 8519 2122 between 2pm and 4.30pm on Mondays, Wednesdays and Fridays, or talking to your local Citizens Advice Bureau.

The madness of politics

Mark Brown on mental health difficulties at Westminster

In July, the All Party Parliamentary Group on Mental Health published a report entitled *Mental Health in Parliament*. The report calls for changes to the way Parliament approaches mental health difficulty, including moving beyond archaic common law dating from the reign of Elizabeth I that disqualifies 'lunatics' from joining the Commons by getting rid of section 141 of the 1983 Mental Health Act that automatically removes MPs who have been sectioned for six months. The report also appeals for greater openness amongst MPs and Lords about their own experiences of mental health difficulty.

The thinking is that if Parliament can become more positive about mental health difficulty, the rest of the country will follow.

Politicians are people too

The report itself is based upon the results of an anonymous survey. It found that one in five of the MPs that responded had personal experience of mental health difficulty and that overall 94% of those that responded had family or friends who have experienced a mental health problem. So, far from being distant and unusual creatures, politicians experience mental health difficulties at a similar rate to the rest of us.

It seems, though, that there is one big step that our elected representatives are not yet ready to take. So far, none of the MPs who responded to the survey have yet felt comfortable enough to 'come out' and openly discuss their own experiences of mental health difficulty.

The survey found that out of the 94 MPs, 100 Lords and 151 staff members who responded, 45% of the MPs, 20% of peers and 58% of



staff would not feel comfortable with other people at work knowing about any mental health problems they might have. That is to say, a large proportion of those with enough interest in mental health to fill in and return their questionnaires would keep quiet any difficulties they experienced themselves.

The reasons that they gave including fear of being seen as weak or inefficient, potential hostile media attention and the potential damage it might cause their career. As far as mental health is concerned, it seems that while people can feel sympathetic and believe passionately in the need for change for a notional group of people called 'the mentally ill', when it comes to revealing difficulties of their own, people fear very much that others will judge them.

Contacting your MP

MPs are our representatives in Parliament. As such they represent all of us, including those of us that experience mental health difficulties and those of us that don't.

In the wake of the *Mental Health in Parliament* report and in the run-up to the next general election, it's reasonable to say that most MPs will be more willing to engage with

people on discussion of issues that affect them. MPs ask questions, vote and influence policy based on what they know and what they know is important to the people who might vote for them. Now is the perfect time to show your support for positive changes in the way that people with mental health difficulties are considered and raise any concerns that you have about issues that affect you and people in your community.

It is easier than ever to contact your MP. The website WritetoThem.com (see below) will tell you who your MP is. It also helps you to send a fax to them, via an online form. Sending them a message to ask them to support positive changes for people with mental health difficulties is a useful and timely thing to do.

You might even tell them that you'd support them in revealing their own experiences of mental health difficulty, and that you would think better of them for it, not worse.

Let's show Parliament that we support positive change and urge our MPs to greater openness about mental health difficulty because, as the *Mental Health in Parliament* report shows, when it comes to mental health, politicians worry as much as the rest of us. ●

Mental Health in Parliament: a report by the All-Party Parliamentary Group on Mental Health, supported by the Royal College of Psychiatrists, Mind, Rethink and Stand to Reason is available from www.mind.org.uk

www.writetothem.com is one of a number of websites built and maintained by www.mysociety.org, a charitable organisation that builds internet projects which give people simple, tangible benefits in the civic and community aspects of their lives.

Karen consciously made sure that she put support in place for herself in case she became ill again: "I thought that if I voice my fears and gather support as a safeguard just in case, then things wouldn't have to be the same as last time, even if I did get depressed. My first port of call was my GP and she reassured me that they would keep a close eye on me and that she would be there if I needed her. I spoke to family and friends, who were very supportive and I began to be much more relaxed about the whole thing. I had Sam and I didn't suffer a twinge of post-natal depression! I think putting those contingency plans in place really helped me to relax and get on with enjoying the pregnancy."

Parenting in a crisis

All parents will be familiar with the worry about who might look after our children should something happen to us. We all want to see that our kids are okay and have a settled, happy and contented life. For some people who experience mental health difficulties, this can be a more pressing concern.

Parents with mental health difficulties and professionals would all agree that the key here is to be proactive. It may be a good idea to identify one or two people who can pick your children up from school if you are feeling unwell or have a prior arrangement with a friend who may look after your children for a few hours if you need a chance to relax and recharge your batteries.

The key is to make provisions for the care of your family when you are well. If your condition means that you might sometimes be unable to meet the needs of your family or might have to stay in hospital for a time, one method would be to prepare an advance directive. As well as containing instructions about which medical treatments you will be willing to accept or would want to refuse, you can also state who you would

wish to care for your children, should you become unwell enough not to be able to do so. (see page 23)

The joys of family life

All of the parents I spoke to agreed that the joys of life with their children far outweighed the stresses of coping, as a parent, with mental distress.

Sadia said: "Throughout the worst of my illness my children kept me grounded. I knew I had to get better for them. There were times when I found it hard to smile, yet my boys could still make me laugh. Jay came home with his report card the other day and I cried real tears of joy. It was such a brilliant report and the teacher said what a kind, honest and mature boy he was. And yet this has been a tough year for us. I have been in hospital and Gerry has looked after the children on his own. I think if you're a loving family you can weather anything together and that really came out in Jay's report. Despite everything he had been through it was the best report he's ever had."

Lisa feels the same: "Those moments, like when Layla was picked to represent her school at sports, they add up and give you a beacon of hope when things get tough. Sometimes when one of us feels a bit upset we have a cuddle, and it cheers us both up. Having children definitely gives your mental health a boost and it makes you look after yourself a bit more too because you know they are relying on you."

Karen agrees: "It's an important role being a parent and I think that this encourages you to seek help for mental distress a lot quicker. You know the children are your responsibility and sometimes what you can't do for yourself, you will do for them. Also, the more you understand about your own experiences, the better you will be able to help your children should they suffer mental distress. An important thing you can teach them is that there is no shame in having a mental health difficulty."

And it seems that, once the shame is removed people find it a lot easier to ask for help. ●

**Names have been changed*

Further information

Planning Ahead is a booklet about advance directives and coping strategies for when you are ill, produced by MDF The Bipolar Organisation but useful for many people. It is available from www.mdf.org.uk/

Mind produces two excellent booklets: *How to parent when you're in a crisis* and *How to survive family life*, both available from the Mind website www.mind.org.uk

Parenting organisations

- **Parentline Plus** 0808 800 2222 (24-hour helpline) www.parentlineplus.org.uk
- **Home-start** 0800 068 6368 National network of groups offering support to families www.home-start.org.uk
- **The Association for Post Natal Illness** 020 7386 0868 www.apni.org
Advice and support to women suffering from post-natal depression

A week in the life of...

Emma Taylor, Advocacy Co-ordinator, East Berkshire Mental Health Advocacy, South Of England Advocacy Projects

The Mental Health Advocacy Service works with adults within East Sussex and Berkshire who have mental health issues. My role is to provide support and manage the team of advocates in Windsor. I also advocate for mental health service users in the Berkshire area.

No two weeks are the same in my role. Our clients face a whole range of issues, from wanting information on their medication to wanting to change their psychiatrist. It is very rewarding to support people unable to speak up alone. I have supported clients that were very ill when I first met them and watched them develop and grow and move on to a much better place. Just picking up the telephone and asking for some extra help can be overwhelming.

As an advocate, I support and represent people who are clients of the Community Mental Health Team (CMHT) and people who wish to be referred to the CMHT. I support people at ward rounds, outpatient appointments, Care Plan Approach reviews, Mental Health Act Tribunals and in other settings. Clients can self-refer for individual appointments or meet with me at the various regular advocacy clinics held at mental health day centres. I also regularly attend clinics within the local acute psychiatric in-patients units.

I think advocates that have had mental health issues themselves are very important. My team of advocates are mostly current service



Emma Taylor

“Just picking up the telephone and asking for some extra help can be overwhelming.”

users or have used mental health services in the past. Some are volunteers and some are paid staff. Our volunteers attend a four-day Peer Advocacy course that I deliver. This course was developed specifically within the organisation for our service. The project trains and supports people who are recovering from mental health distress to work alongside professional advocates to provide informal advocacy and information. We offer a training programme held in different parts of Berkshire twice a year for service users.

Our service is run by like-minded people, who have a great understanding and patience. It can be very demanding at times but we have a great team spirit and are always happy to help each other out. If we didn't believe in what we were doing, we couldn't be advocates.

The ultimate aim of advocacy is always to enable people to represent themselves and make sure that the views, wishes and feelings of those that use services are always at the centre of organisations that provide them. ●

For more information about The Mental Health Advocacy Service please contact:
eberks@mha.seap.org.uk
01753 63 63 36

To locate an Advocacy service in your area visit www.seap.org.uk

One in Four is looking for journalists, researchers, illustrators and photographers!

If you have a mental health difficulty and would like to be involved in the production of a high quality magazine, *One in Four* would like to hear from you. You should contact *One in Four* in writing before sending any samples of your work. *One in Four* also carries out workshop sessions where *One in Four* journalists work with people to develop stories for the magazine and pass on research and journalism skills. If you, a group to which you belong, or an organisation that you work for or attend might be interested in one-off or regular sessions, contact *One in Four* with information about your activities.

Self-help and self-talk



The A-Z Guide to Good Mental Health: You Don't Have to Be Famous to Have Manic Depression

Jeremy Thomas and Tony Hughes
336 pages
Paperback
£10.00
Penguin 2008
ISBN: 9780141032177

When I was first diagnosed with manic depression, also known as bipolar disorder, my well-meaning psychiatrist adjusted his geography teacher cuffs and penned an extensive reading list that he hoped would help educate me about my condition. I found myself lost in Waterstones, too nervous to ask the shop assistant which book would be most helpful. I skimmed the titles, sidestepping at least five *Madnesses*, a few *Angels* and, worst of all, *How to Love Someone With Bipolar Disorder*, as though people like me were an exotic subspecies who required our cages cleaning out every two days. There was also the bafflingly titled *How to Survive Bipolar Disorder: What You and Your Family Need To Know*, a book crying out for a Protect and Survive style television marketing campaign.

The fact that many people find these books helpful is beyond

doubt. That there are books out there that aim to deconstruct bipolar disorder at all is encouraging. But I do wince when these sorts of books fall into my lap. They are so earnest. The self-help tone, while useful, gives the impression that if you dare crack a smile at a slightly melodramatic line of text, a pop-up author will spring from the pages and wag an accusatory finger at you.

When I was asked to review *The A-Z Guide To Good Mental Health: You Don't Have to Be Famous to Have Manic Depression*. I expected more of the same.

The book is split into three sections. The first is a collection of conversations between the manic depressive author, Jeremy Thomas, and his doctor, Tony Hughes. These conversations are organised by subject, such as 'Love, Relationships and Manic Depression' and 'Obstacles to Work'. This section of the book introduces something not usually seen in mental health self-help books: humour. Jeremy's retelling of his various manic exploits and his doctor's views upon them are gloriously amusing and refreshingly free of the dour dramatics of much mental health literature. Thomas talks of his episodes of illness and wellness with candour and illustrates his successes and failures without slipping into self-congratulation or self-pity. The dialogue between the two men is jokey, sometimes even flippant, but it is a welcome change to the normal hesitation and guardedness that surrounds mental illness.

The second section of the book features life stories from ordinary people discussing their own experiences with manic depression and how they're living with the illness.

Lastly, an 'A-Z' guides the reader

through a wealth of subjects such as acceptance, anxiety, alcoholism, conditions that exist alongside bipolar disorder, what a mixed episode is, medication and types of treatment. It examines the social problems faced by those who live with mental illness, like stigma, barriers to employment, the effect that mental health problems can have upon personal relationships and the difficulties in receiving proper help for mental health problems. It steers clear of jargon and impersonal medical terminology and features a large collection of useful organisations and links.

The clear, light manner in which difficult subjects are tackled is both refreshing and comforting. It avoids the sensationalism of other books and neither suggests that the illness is a stepping-stone to creative genius nor damns it as an end to normal life. It also explores common, yet little discussed issues faced by those with mental health problems, such as denial, the turmoil of separating illness from personality and the social taboo of openly talking about living with mental health difficulty.

The A-Z Guide To Good Mental Health: You Don't Have to Be Famous to Have Manic Depression could be renamed, 'A Beginners' Guide to Manic Depression'. It is an ideal book for those who have been newly diagnosed with the condition and for those who wish to know more about how it feels. ●

Seaneen Molloy

Get the benefit



Prozac Nation
Elizabeth Wurtzel
336 Pages
Paperback
£8.00
Quartet Books 1996
ISBN: 9780704380080

1994 was a good year for car-crash stories by suicidal writer chicks. The fantastic *Girl, Interrupted*, Susanna Kaysen's memoir which inspired the more famous 1999 film, came out within months of *Prozac Nation*, and

the difference between the two is striking. Kaysen uses her fluent prose to distance herself from her own depression, to 'get it down and get it out'. *Prozac Nation*, by contrast, is a deeply unhelpful romanticisation of the medical effects of several drugs still in use in the UK today. It cannot be read as a helpful guide to medication and its side effects; it is, however, deeply affecting as the story of a sick young woman trying to tell herself comforting stories about her own drug use.

Wurtzel writes beautifully and compellingly about the experience of atypical depression, whilst at the same time seeming to understand almost nothing about it. Reading this book from the point of view of someone who has spent time in institutions, I recognised the old trick of hyper-expressing one's own distress as an alternative to getting help. In fact, many people with mental health problems are able to talk about their difficulties fluently, engagingly and, in some instances, endlessly. That alone does not make a person well.

In the fourteen years since *Prozac Nation* was published, Wurtzel has made a career as a professional crazy girl. But being prescribed medication to help you handle mental illness does not, on its own, make you a rock star. She seems to be unable to write with any kind of fluency on anything else.

From the moment she describes a handful of antihistamines she tries to overdose on as a pre-teen as *little black death angels*, it is obvious that the author of *Prozac Nation* is manifestly in love with her own depression. She fetishises it, to the point where it becomes simply self-feeding.

Elizabeth Wurtzel defined her career by defining her own depression and the results in *Prozac Nation* and her subsequent writings are at once irritating and incredibly sad. Somewhere in the racy, edgy pages of Wurtzel's writing is an essential open question about the choice of whether or not to define yourself by your mental health. ●

Laurie Penny



Name: **Benefits and Work**
www.benefitsandwork.co.uk

Benefits and Work provides information for those claiming or needing to claim sickness benefits such as Disability Living Allowance. It particularly focuses on the process of appealing claims and publishes documents from the Department of Work and Pensions that aren't available elsewhere.

Why would you visit Benefits and Work?

If you are claiming sickness benefits such as Incapacity Benefit and Disability Living Allowance then Benefits and Work is an invaluable resource for getting the benefits that you need. It features a wealth of highly detailed guides that walk you through the process and shed light upon the most common errors made on benefit applications. It simplifies complex claim forms, advises on how best to fill them in order to receive the full amount that you're entitled to, as well providing step-by-step information on how to appeal rejected claims. It also presents guides which help to anticipate the questions asked during a medical examination and suggests ways to deal with them.

What's good about Benefits and Work?

The benefits system can feel like a booby-trapped labyrinth, particularly for those suffering from mental health problems. You might feel like its main focus is on discouraging claims rather than helping people get the benefits that they need. Most sites that provide information on claiming benefits are funded by the government and local authorities and therefore do not provide impartial advice.

Benefits and Work is an independent website that steers you through the maze of rules and regulations. It tells you how to claim for sickness benefits and that they should be awarded the maximum amount to which they are entitled. A qualified barrister and a benefits author offer insight into how the benefits system really works. They acknowledge that claiming benefits can be a long, difficult and fraught process and aim to reduce the stress involved. The site also questions the tactics



employed by the DWP in their assessment of benefit claimants.

The scope of the site is huge; it hosts many "confidential" documents that have been obtained from the DWP under the Freedom of Information Act that aren't available on any other website.

Benefits and Work also contains privileged information on the proposed Employment Support Allowance (ESA) which will replace Income Support and Incapacity Benefits. All existing and new claimants will be moved on the new ESA benefit by 2013. The ESA is a controversial system as its personal capacity test is much harder to pass and only those in the "support group" will receive the benefit without having to work in exchange for it.

Exclusive to Benefits and Work is the online Work Capability Assessment, which helps those claiming sickness benefits anticipate whether or not they will be in the support group.

Coming Next Issue... What's bad about Benefits and Work?

Benefits and Work isn't funded by an official body. It relies on member subscription in order to survive. Most of the material on the website is only available to members, and there are two types of membership. Membership for claimants and their carers costs £18.85 per year and membership for professionals costs £95 per year and gives licence to reproduce material via e-mail, disc or printed documents.

The verdict: 8/10
A valuable source of information, at an affordable price

Seaneen Molloy

MYTHBUSTING

Myth: People with mental health difficulties are more likely to commit crimes

Reality: People with mental health difficulties are more likely to be victims of crime

Sadly, crime is a fact of life. While it is always newsworthy, it can be tempting to find an angle that makes people more likely to pay attention. The way that news reporting works means that journalists are always looking for new, uncommon or attention-grabbing news stories, or trying to make news stories interesting to as many people as possible. This is called “an angle”.

Reporters will always be looking for an angle on a story to make it stand out to people reading, listening or viewing. To do this, reporters try to find things about the story that make it different from other stories or that allow it to become part of a bigger story.

If someone with a mental health difficulty commits a crime, his or her mental health difficulty becomes a prominent part of the story because it makes a good angle, whether or not this is relevant to the crime that they have committed. This is especially true of mental health difficulties such as schizophrenia. Lack of knowledge about mental health difficulty can make people less sympathetic, and can mean that rather than writing or talking about a particular person or case, they discuss mental health difficulty as if it were an issue of public safety. While sometimes such discussion is relevant, many times it is not.

Most crime is committed by those without mental health difficulties

In 2006, the BBC reported the results of a study by Oxford University’s Department of Psychiatry and

Sweden’s Karolinska Institute looking at Swedish crime figures from 1988 through to 2000. The study found that 19 out of 20 violent crimes were committed by people who had no severe mental health problems at all. Therefore, if you are a victim of violent crime, there is far less chance of this being done to you by a person with a mental health difficulty than by someone who has no mental health difficulty at all.

The reality is that people with mental health difficulties are far more often on the receiving end of crime and criminal behaviour.

Just who is at risk?

In 2007, national mental health charity, Mind, published a report called *Another Assault*. A survey carried out for the report found that people with mental health difficulties were far more at risk of being threatened, victimised or physically assaulted in their everyday lives than people who don’t experience mental health difficulties.

Of those who responded, 71% said they had been victimised in the previous two years. This was over 40% more than figures collected for the British Crime Survey, which measures crime in the general community.

22% of respondents said that they had been physically assaulted, compared with 3.6% of the community as a whole, 41% felt that they were victims of ongoing bullying and 26% said that they had been targeted for abuse in their homes.

For many, stigmatising representations of mental health difficulty such as media stories presenting all people with mental health difficulties as dangerous or potentially criminal contributed to a situation where others judged and discriminated against them.

Additionally, people with mental health difficulties who responded found it difficult to report such events to the police because they feared that they would not be taken seriously.

It can only be hoped that ongoing changes in society such as more responsible reporting, more people with mental health difficulties being visible in public life, a reduction in stigma and wider understanding of mental health difficulties will continue to change public attitudes for the better.

Far from being a risk, it is people with mental health difficulties that often have cause to be worried. ●

Mark Brown

Further information

Another Assault is available from Mind (www.mind.org.uk/anotherassault)

In 2005, the government changed the law to extend sentencing for disability hate crime and give juries a duty to treat as more serious crimes direct toward someone based on their disability.

A document, *Policy for prosecuting cases of disability hate crime*, outlining your rights under the law is available from The Crown Prosecution Service or online at:

www.cps.gov.uk/publications/prosecution/disability.html

mentalhealth Exhibition Today
www.mentalhealthtoday.co.uk

Mental Health Today is the national event for people working in or with the statutory, voluntary and independent mental health services.

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Logos: Pavilion, societyguardian.co.uk, TURNING POINT, The Institute of Mental Health

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How to get copies of One in Four: Social Spider, the publisher of *One in Four*, produces this magazine with the intention of having it made available free for people with mental health difficulties. Subscriptions are on the basis of multi-copy, one-year orders, over four issues. The price includes delivery which is a substantial part of the cost and the bigger the order, the cheaper the magazines. For example, a small order is £1.12 per copy but for bigger orders the price comes down to 50p per copy. (See the ad on the inside front cover.)

You can download an order form from www.oneinfourmag.org/subscription.pdf telephone Social Spider on 020 7354 9129 or use the form at the bottom of this page.

If you cannot find a copy of *One in Four* at your GP, mental health clinic, library, drop-in or similar venue you may like to encourage them to subscribe and show them the form below.

One in Four can be bought in single copies online. Go to the Mental Health Shop, a website founded by the charities Rethink and Mental Health Media, where it can be bought for £2.50 www.mentalhealthshop.org/products/rethink_publications/one_in_four.html

To order copies of One in Four tear out this form and send it to: Stephen Gardiner,

Social Spider, Unit 3N, Leroy House, 436 Essex Rd. London, N1 3QP

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Organisations that provide useful information

Mind

The leading mental health charity in England and Wales, working to create a better life for everyone with experience of mental distress

Mind infoline – Monday to Friday 9.15am – 5.15pm
Tel **0845 7660 163** Website **www.mind.org.uk**

SANE

Improving the lives of everyone affected by mental illness

Helpline **0845 767 8000** Email **info@sane.org.uk**
Website **www.sane.org.uk**
Address **1st Floor, Cityside House, 40 Adler Street, London E1 1EE**

NHS direct

Provides no-nonsense health information

Website **www.nhsdirect.nhs.uk**

Mental Health Foundation

Provides information and carries out research and campaigns, working to improve services for anyone affected by mental health problems

Tel **020 7803 1101** Email **mhf@mhf.org.uk**
Website **www.mentalhealth.org.uk**

Rethink

Aims to help everyone affected by severe mental illness recover a better quality of life

Tel **0845 456 0455** Email **info@rethink.org**
Website **www.rethink.org**

National advice service

Tel **020 8974 6814**
(10am to 3pm Monday, Wednesday & Friday; 10am to 1pm Tuesday & Thursday) Email **advice@rethink.org**
Address **Rethink Head Office, 5th Floor, Royal London House, 22-25 Finsbury Square, London EC2A 1DX**

Citizens Advice

Helps people resolve their legal, money and other problems by providing free information and advice

Website **www.citizensadvice.org.uk**

Samaritans

Provides confidential non-judgemental support, 24 hours-a-day for people experiencing feelings of distress or despair, including those which could lead to suicide

Tel **08457 90 90 90**
Email **jo@samaritans.org**
Website **www.samaritans.org**
Address **PO Box 90 90, Stirling, FK8 2SA**

National Self Harm Network

Helps people who self-harm or injure

Tel **020 8772 9900** Email **info@nshn.co.uk**
Website **www.nshn.co.uk**
Address **PO Box 7264, Nottingham, NG1 6WJ**

Consumer Credit Counselling Services

Provides confidential, free counselling and money management assistance

Tel **0800 138 1111** Email **contactus@cccs.co.uk**
Website **www.cccs.co.uk**
Address **Consumer Credit Counselling Service, Wade House, Merrion Centre, Leeds LS2 8NG**

British Association for Counselling and Psychotherapy (BACP)

Publishes directories and other information to enable those seeking counselling and training to make an informed choice

Tel **01455 883300**
Website **www.bacp.co.uk**

Address **15 St John's Business Park, Lutterworth LE17 4HB**

British Association for Behavioural and Cognitive Psychotherapies (BABCP)

Accredits therapists who practice cognitive behavioural psychotherapy (CBT) and publishes a directory of all its accredited cognitive behavioural psychotherapists

Tel **0161 797 4484** Email **babcp@babcp.com**
Website **www.babcp.com**
Address **BABCP, Victoria Buildings, 9-13 Silver Street, Bury BL9 0EU**

Relate

Charity providing counselling, sex therapy, relationship education and training to support couple and family relationships throughout life

Website **www.relate.org.uk**

National Personality Disorder Website

Provides information, resources and learning opportunities for those with a personality disorder and their carers

Website **www.personalitydisorder.org.uk**

Skill

Promotes opportunities for young people and adults with any kind of disability in post-16 education, training and employment across the UK

Tel **020 7450 0620** Email **skill@skill.org.uk**
Website **www.skill.org.uk**
Address **Skill, Chapter House, 18-20 Crucifix Lane, London SE1 3JW**

Doing stuff I've never done before

Having come across your magazine I opened it with genuine curiosity: how would you approach the minefield that "mental health" constitutes. Your statement of intent felt valiant and extremely timely as the NHS reaches its 60th anniversary.

I am so impressed that I have done two things that I have never done before: you are holding the first, and the second act has been my sending the magazine on to friends who are grieving after the death of their daughter, a suicide that boosts the already heavy toll of people who literally cannot face life.

You have set the bar high, but with the attitude and the skills the summer issue evidences, One in Four will be one strand in helping to raise awareness, appreciation and action in accepting society will never have just "normal" people and others who should be normal too.

Stephen Horne.

A prisoner writes

In the August edition of *Inside Time* I read your article with great interest, "Why Therapy" (reprinted from the last issue of *One in Four*.) The therapy I have received in this prison has worked for me and it continues to do so and I love doing self-therapy. Things I once imagined were impossible to quit, I have overcome and gone on to do better things and I do love our psychology department here but they can only do so much – they also have another 800 prisoners to care for.

I had a lot of trouble thinking positively and the ETS – enhanced thinking skills – helped in this area. Today I save regularly. I bought this typewriter by saving. The ETS got me positive thinking and more or less taught me to save and I have never saved in my life. Now I have opened a bank account in prison.

What the system fails to understand or appreciate is that I

did not start to grow up and mature until 17 months after I came to this prison when I got on my first course in 2003.

Keep up the lovely work. (name withheld)

Jargon-free zone

I work for a charity that looks to improve mental health services for people in North Staffordshire and I have also had personal experience of mental health difficulties.

I found the magazine really easy to read - no confusing phrases or jargon. We get a lot of literature through and I just wanted to write in because One in Four was a real pleasure to read and I look forward to the next issue.

(name withheld on request)

Benefits of a good job

I've suffered with depression for many years and life's often a struggle. I work in childcare and sometimes I've faced criticism because of my condition – "Is she able to do her job properly?"

I pride myself on being a good carer and mother and would like the world at large to see that people suffering with mental health difficulties can also have successful careers. Work gives me a reason to get up in the morning and being with happy children is of great therapeutic benefit because it helps me to focus on lifting my own mood.

I would like people to understand that depression doesn't make a person any less able to care for their own children of those of others.

"Penny"

For this letter, Penny wins a copy of *The Mindful Way Through Depression* by Mark Williams, John Teasdale, Zindel Segal and John Kabat-Zinn

Write to: One In Four letters
Social Spider
Unit 3N Leroy House
436 Essex Road
London N1 3QP or email:
oneinfour@socialspider.com

Please supply a postal address and an email address if you have one. We will not publish these details unless you ask us to. We may edit letters.

The best letter received will win a copy of *The A-Z Guide to Good Mental Health: You Don't Have to Be Famous to Have Manic Depression* by Jeremy Thomas and Tony Hughes, courtesy of Penguin.

Sex and the Secateur

In my experience I've found alternatives to introspection and navel-gazing. They are gardening and sexual activity; separately! I think doing them both at the same time might be illegal!

I've found that doing both activities are effective distractions from mental illness.

Winifred Rickard

Tell us what you think of One in Four and win!



Enter our prize draw by filling in the questionnaire opposite and returning it to *One in Four* to win one of three *The A-Z Guide to Good Mental Health* by Jeremy Thomas and Tony Hughes courtesy of Penguin. The first three entries selected on November 24th 2008 will be winners.

Tell us what you think of One in Four and win!

Fill in the questionnaire below, cut it out and return it by **November 24th 2008** to: **Feedback, One In Four, Social Spider CIC, Unit 3N, Leroy House, 436 Essex Road, London, N1 3QP.**

If you prefer, you can also answer online at www.oneinfourmag.org

- Where did find *One in Four*?**
 - Heath care setting (hospital or place of treatment)
 - At your GP's surgery
 - At the library
 - At university
 - At an organisation or group you attend (e.g Mind, a support group)
 - In a charity shop
 - I received it by post
 - I requested a sample / received a sample
 - Other (please specify)
- What region of England do you live in?**
 - East Midlands
 - East of England
 - Greater London
 - North East England
 - North West England
 - South East England
 - South West England
 - West Midlands
 - Yorkshire and Humber
 - I don't live in England
- Do you think there is a need for *One in Four*?**
 - Yes No
- How interested are you in reading future issues of *One in Four*?**
 - Interested
 - Might or might not be interested
 - I'm not interested
- Do you consider yourself to have a mental health difficulty?**
 - Yes No
- Are you:**
 - A mental health service user
 - A carer
 - A mental health care professional
 - None of the above
- Do you know more about mental health difficulties after reading *One in Four*?**
 - Yes No
 - I already know a lot about mental health difficulty
- Thinking about *One in Four*, do you agree with any of the statements below? (tick as many as you like)**
As a result of reading *One in Four*...
 - ...I have learned more about the challenges faced by people with mental health difficulties
 - ...I have learned more about my own condition
 - ...I am more likely to seek treatment
 - ...I feel less worried
 - ...I know more about available health services
 - ...I feel better
 - ...I feel better about the idea of cutting down or quitting smoking
 - ...I am more aware of available help in cutting down or quitting smoking
 - ...I feel more positive about entering education
 - ...I am more aware of help available to those wishing to study
 - ...I feel better able to manage my finances
 - ...I feel more included
 - ...I feel less like I am a failure
 - ...I am less likely to judge people with mental health difficulties
 - ...I feel more hopeful for the future
 - ...I have found out practical changes I can make in my own life
 - ...I feel inspired to try new things
- One in Four Magazine*...**
 - ...has given me new ideas about my life
 - ...has told me things I didn't know about mental health difficulty
 - ...has made me see people with mental health difficulties differently
 - ...has helped me understand mental health difficulty
 - ...is a new way of looking at mental health difficulty
 - ...is worthwhile
- Will you show *One in Four* to other people?**
 - Yes No
- On a scale of 1 to 10, with 10 as like a lot and 1 as don't like at all, how would you rate this issue of *One in Four*?**

Don't Like										Like a lot
1	2	3	4	5	6	7	8	9	10	

Name

Address

Town/City County

Postcode Country

Telephone Email

Social Spider CIC will only use your details to communicate with you about *One in Four* magazine. If you do not wish to receive any further information about *One In Four* magazine tick here



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