



Recovery From Stigma

Clare Allen, author of *Poppy Shakespeare*, describes her time in the mental health system

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About Speak Up Somerset

We promote recovery from mental health problems through creative means. We provide mutual support to each other and campaign on mental health issues.

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Speak Up Somerset were granted £10,000 funding following the closure of Rockmount House in Yeovil.

All the members of the news group have used mental health services or are carers. The group welcomes articles and/or letters. The views expressed herein are not necessarily those of the News group.

Recovery from Stigma

At the end of May, the Mental Health Foundation issued a news release which was very significant. The organisation claimed that 'stand alone' government anti-stigma campaigns are failing people who have mental health problems because "the mental health sector needs to put civil rights at the heart of the battle for equality, and press for more anti-discrimination measures".

In the report "Actions Speak Louder" the chief executive of the above charity said he was opposed to the concept of stigma because it is discrimination that effects the lives of people with mental health problems, not stigma: it is time to stop worrying about people's attitudes and to start changing behaviour. Also, the author of the report, Graham Thornicroft, said that "... in all my years as a psychiatrist, I've listened to patients tell me that the discrimination is as bad as the mental illness they are experiencing ... it blights the lives of many people with mental illness, making marriage, childcare, work and a normal social life very difficult ... we need to use legal measures, such as the Disability Discrimination Act ... to protect people".

We all know that the support of the law would be immensely helpful and could change actions (for example, on employment) but attitudes go deep and need to be tackled from the other end too. The theory of racial equality is enshrined in law but that does not stop racism from insidiously affecting and traumatising people's lives.

Tackling stigma "from the other end", the Rethink campaign in March, during which the straitjacketed statue of Winston Churchill was unveiled in Norwich, seemed momentarily to go horribly wrong. A representative of the local branch of the Royal British Legion told the Daily Express that the statue was disrespectful and Churchill's grandson, a current Member of Parliament, said that the stunt was "appalling and a pity". Here in Somerset some people were hurt and offended and some even withheld their support from Rethink as a result. Notwithstanding, this month Rethink claimed that the Norwich

experiment had been hugely successful and would set the tone for anti-stigma campaigns in other parts of the country.

Stigma, (literally, a mark of disgrace), is something every single one of us has experienced in some way, either overtly (perhaps taking the form of physical violence at the extreme end) or more covertly, such as the more nuanced rejections within our own social or family settings. Our wounds go very, very deep ... and are very easily exacerbated.

Positive action at a local level (which has always been Speak Up Somerset's vision) and helping to change the attitudes of those around us through creative endeavour, the challenging of stereotypes and the assertion of self-worth and valuableness seems more than ever the way forward. We ourselves need to say "no" to stigma and to take responsibility for its demise. Given the amount of prejudice, ignorance and fear this may take a very long time and recovery, both personally and in the wider arena, probably won't come quickly – but it will come.

Mental health news:

A couple of month's ago Mary O'Hara wrote in **Society Guardian** about the long shadow being cast by NHS deficits and how these are hitting mental health care. She quoted a report from **Rethink** which concluded that mental health is being disproportionately hit by NHS belt-tightening and that £30 million worth of cuts have been made to mental health services across England and suggests that further cuts are likely as trusts struggle to balance their books. Closures of wards, day centres and older people's services around the country are highlighted. The government issued a speedy rebuttal to the **Rethink** report.

The **Sainsbury Centre for Mental Health** made similar claims and said that nearly two-thirds of mental health trusts have been asked to cut their budget to cover overspending in the NHS – particularly in Primary Care Trusts.



Mental Health News



Edward Colgan, above, is the new chief executive of Somerset Partnership NHS & Social Care Trust. Prior to this post he was the chief executive of Taunton Deane Primary Care Trust. Mr Colgan first entered the NHS as a graduate management trainee in 1979. He has made major contributions to a number of national initiatives and to the development of health services in South Africa.

'Junk Culture ruining childhood'

Leading experts from various fields including psychology, literature, education and science have written a letter to the Daily Telegraph claiming that too much electronic entertainment, junk food and a hyper-competitive culture in which to grow up in has led to a surge in depression in children. www.telegraph.co.uk

Patient Involvement Forums to go

The Department of Health has decided to abolish patient and public involvement forums (PPIFs) and replace them with local involvement networks (LINKs). Rethink has criticised these changes believing that there will be a loss of focus on mental health.

Together has produced a online national directory of local mental health service user groups. They have also published a good practice guide to paying service users. Together working in partnership with a number of other organisations are also helping to develop a national service user network. www.together-uk.org/service-user-directory

News about Somerset Partnership 'Recovery Care Plan' - there has been some positive steps taken to look at focusing care plans on recovery and a 'Recovery Plan' is being

Foundation hospital status is being investigated for Somerset Partnership.

Budgetary constraint causes changes to keep within budget. The key measures planned are:

PERMANENT closure of in-patient beds at Bracken House, Chard from October.

TEMPORARY closure of in-patient beds for adults and children at Beech Court in Bridgwater. In-patient care now provided by Phoenix House in Wells, Rowan Place in Yeovil and Rydon House, Taunton

REDUCTION of beds at Holford House, Taunton

A REVIEW of Child and Adolescent Mental Health Services and the Somerset Drugs Services.

The British Medical Association

has warned that mental health problems in children and adolescents are on the rise and that services are ill-equipped to cope. Around 1.1 million children under the age of 18 would benefit from support from specialist mental health services, the BMA has estimated.

The Independent discussed how modern Britons are wealthier but less happy than those in the 1950's. 80% of those who took part in the survey (commissioned by BBC2 for its series 'The Happiness Formula')

thought that the Government's main aim should be to make people happier rather than wealthier.

Positive Steps diaries 2007 and a **Something Different calendar 2007** are now available. Please contact Maureen Street on 01935 850979 for more details or visit our website www.artofrecovery

I'm Fine is the title of a new book by Somerset GP Andrew Tresidder. The book is an excellent guide to unblocking our

words *I'm fine* hide a multitude of emotions and DrTresidder helps us to see behind the masks we put on. Dr Tresidder will be speaking at South Somerset Mind on **Mon 4th Dec at their Pilsdon supper.**

Intentional Peer Support

Shery Mead will be running a 5 day workshop at Coombe Cross Hotel, Bovey Tracey from 23rd—27th April 2007 on peer support. If you are interested please contact Simon Heyes on 07786 988335 or info@artofrecovery.com

Flux - A celebration of Disability Arts and Arts and Disability

is happening in Somerset in May 2007. Speak Up Somerset are putting on an *Art of Recovery* art exhibition at the Black Swan arts centre, Frome, in the restaurant, from 9th April to 2nd June. If you are interested in exhibiting your artwork please contact us on 07786 988335 or info@artofrecovery.com

And finally, John wins again

John Farley our assistant development worker has won another prize (his fourth) on the radio. This time on *Classic Gold*. John is a regular phoner-in to the radio and tv and has been heard on *Radio 5 Live*, *Sky Sports*, *Capital Gold* and *Classic Gold*.

AT THE VEGETABLE MARKET IN MYSORE

Scavengers to the core, they squat beside the stalls inside the vegetable hall and wait for scraps the cheapest customers turn down; each crumb of fruit along the sodden floor is snatched and turned from trash to instant nourishment

without a pause. The girl is four: hair of rust and limbs of bone she lives beyond the world's cool sufferance alone and old, hardly conscious of an order different from her own. The boy, a vivid glowing thing with eyes as bright as anger

fingers me and nudges as I buy. He knows me and his unremitting stare assesses me, my income and my mood. Around him bristle senses of self-preservation you and I lost long ago. He knows that life is belly, mouth, and eyes.

Defining Moment

Author of *Poppy Shakespeare*, Clare Allen was an English graduate with dreams and friends until a mental illness was diagnosed. She recounts a decade she spent in a system that robbed her of a sense of self

I clearly remember the first time I heard the term “breakdown” applied to me. I was sitting in a room at the Whittington hospital, at the cheaper end of Islington in North London. In my memory, the room is the size of a hall, the doctor sits at one end and I at the other, and we have to shout to make ourselves heard above the A1 traffic, which roars past under the window. “Do you think you might be having a breakdown?” the doctor yells, and I feel myself blush as I struggle to conceal my relief and adopt a more fitting expression.

This was the first time that I’d ever met a psychiatrist. She seemed scarcely human, a mythical being with my destiny in her hands. I remember, too, my surprise, years later, on returning to see her in that same room, a veteran of the system now with 20 admissions under my arm, a section on my records, and a history the length of the bible, if a lot less poetic.

She was a quietly humorous woman in a small, sterile office that she’d tried to soften – a handmade draught excluder, painted stones for paper weights, pictures (from former patients?) lining the walls. She smiled, an acknowledgement, I felt, of the course my life had taken since that first visit. We sat in silence for maybe a minute, the only sound the hum of traffic beyond the double glazing. “So what happened?” she said.

Dr D was a professional, which is to say I knew nothing about her. I can only speculate as to why she chose, as a consultant psychiatrist, to work instead in psychotherapy. By the time I’d got to see her, passed like a parcel from service to service, she’d had no choice but to pass me on again.

A gregarious English graduate with a half-written novel under my bed and no shortage of dreams or of

friends to indulge them, I’d metamorphosed in a matter of months to an empty shell of a being, an automaton who paced the streets, crouching in doorways to fend off pursuers, combing the walls of my flat for bugs, for the cameras that recorded my every move. Fifty minutes once a week with her was not, it was clear, going to cut it. I was passed to a psychiatric day hospital for full-time treatment, Monday to Friday, 9.30am till 4pm. And that’s when the music stopped.

The Waterlow Unit (which has now, thank God, closed) was barely 50 yards away, but as you passed through its sliding doors you entered a different world. Up until then, my problems my problems had been a part of me, a troublesome part, but something that, with the right support, I might begin to make sense of and, in understanding, ultimately overcome. Now they became something separate, some thing diagnosable. The rest of me was irrelevant, and indeed before long it had pretty much ceased to exist.

There are 345 mental and behavioural disorders, according to the World Health Organisation. (The American Psychiatric Association puts it at 284, offering an instant cure to sufferers of the remaining 61 for the price of a transatlantic ticket.) Over the course of my 10 years in the system, I ended up being diagnosed with a respectable proportion.

There’s a tendency, rife in some branches of medicine, to sniff at psychiatry for not being scientific enough. Psychiatric disorders don’t show up on a scanner; they can’t be removed in the operating theatre (though not, it must be said, for lack of trying). Psychiatric disorders can’t be proven, and this unsettles the scientist. It unsettles the government

as well, which wants concrete statistics on which to base funding decisions. And for what it’s worth, it

unsettles the patients, who want to know what they’ve “got”, what’s “wrong” with them.

“I know what you’re saying, Clare”, says a friend when I raise this problem with her on the phone. Cathy and I spent a year together, side by side in the day hospital common room, smoking and drinking tea. “I was always schizoaffective up there; I was never manic depressive till I moved to South London.”

I am not suggesting for a second that mental illness is not a reality. Anyone who’s crouched all night in a corner, voices rebounding off the walls around them, or lain in bed for six months as their world dissolved or felt compelled to wash their hands 16 hours a day, will attest to the reality of their experience. What I am saying is that human experience – because that’s what it is, nothing more, nothing less – can never be filed under neat diagnostic labels. And while diagnoses may serve some sort of purpose in helping doctors to group symptoms together and decide on a course of treatment, they can all too easily become a replacement for genuine understanding.

Many patients cling to their diagnosis. It may have taken them years to achieve, climbing through the ranks of personality disorders, dished out like insults by frustrated senior house officers, to arrive at the ultimate accolade, the one-word explanation of why their lives are irredeemably fucked. They may, as I did, even start to believe that, without their diagnosis, they would cease to exist altogether. Not surprisingly, this makes it very hard to get better.

Categorised

But some patients do fight being categorised, especially at first. “So if I’m supposed to be schizophrenic, how come I’m not delusional?” One

woman would accost the nurses approximately every 15 minutes during the five months we shared a ward together. "How come I don't hear voices?" she'd shout. "Why aren't I paranoid?" I saw her in the park recently, several stones fatter, shuffling along. I hope she's still asking those questions.

For myself, a diagnosis was validating. It was proof that my problems weren't just in my head – or proof they really were in my head, as opposed to my having imagined them. But it was also limiting, desperately so. My life consisted of sitting in a common room, smoking. My future promised more of the same, and that's how I wanted it. My over-riding fear was of being discharged.

When my parents were called in to be told that I was suffering from "a major psychotic illness" and that they needed to "adjust their expectations", I remember feeling slightly taken aback on noticing the tears in my mother's eyes. We stood in the centre of the common room, with its fag-burned carpet and tobacco-stained walls, the dead plant in the corner, the panic alarms. "I just hate to think of you in a place like this." A place like what? I wondered. This was home.

If I had to give a reason for breaking down I would say it was because I could not find a way to exist. There wasn't a place for me in the world. I couldn't envisage a future with me in it. Now here I was being handed one. The relief was palpable. It was years before, with the help of a truly superlative social worker - a social worker who routinely neglected to fill in the diagnosis box on my care plan forms – I could finally acknowledge that I didn't actually want to spend the rest of my life making wonky tables or listening to my misshapen pots exploding in the occupational therapy kiln.

But a preoccupation with diagnosis is not confined to those within the system. It's the first thing anyone wants to know when they pick up the scent of a psychiatric history. It may not be the first thing they ask – some are too nervous, others too cunning

they're after. "So what did you have? What's wrong with you?" Even though the vast majority wouldn't have a clue what the answer meant in terms of clinical features, if indeed it meant anything at all.

The reason for this, I would suggest, comes back to the problem of proof. For just as there's no definitive test, no proof that you're suffering from mental illness, by the self-same token there's no way of proving that you're not. It's a problem all too familiar to the heroine of my novel *Poppy Shakespeare*, who must prove she is sane in order to escape the system that has entrapped her, though a quirk of the benefits system ensures she must first prove she is mad in order to do so.

The line between madness and sanity is necessarily a social construct, and this we find very difficult to accept. "The second sign of madness is hairs on the palm of your hand", we used to say at school. "What's the first sign?" "Looking for them!"

Cue hoots of laughter as the unsuspecting victim thrust her hands back into her pockets.

I don't remember jokes about cancer or heart disease or broken legs. We needed to define the mad to prove to ourselves we were normal. And it seems we still do.

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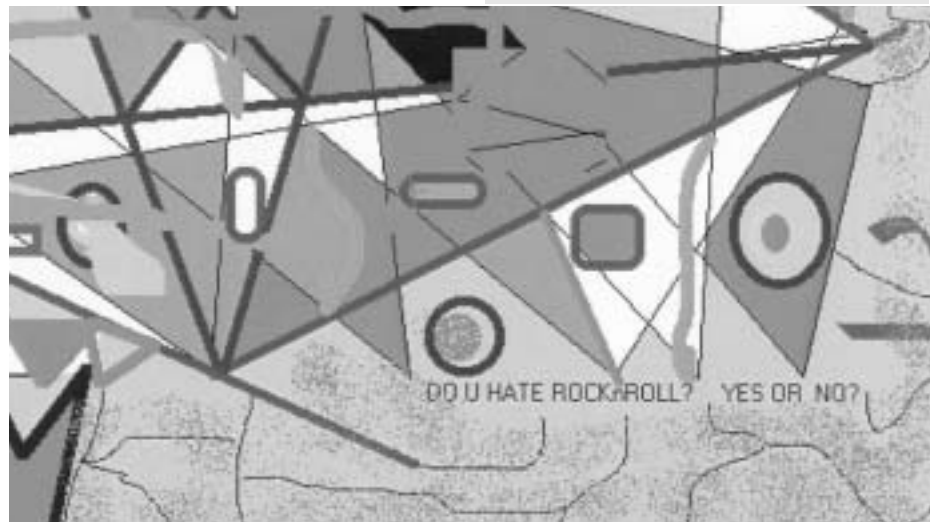
Who am I?

by Zena Winter

Hello, my name is Zena and I am involved with many mental health user groups. Mind in Taunton & West Somerset, Service User Network (SUN), Speak Up Somerset, Art of Recovery, and I keep the database for this Newsletter.

I enjoy being part of these groups as I am always made welcome and feel a sense of unity with the others involved. I recently attended a group and the subject of roles came up. Many of us didn't like being referred to as a Service 'User'. It appears that I am not alone in thinking that the word 'User' implies something different from someone who is ill or has been ill. The general feeling was that this should be changed. A vote was taken. Among the twenty participants there was only one person who was proud to be known as a Service User. The rest of the group preferred the term 'client' when they were being treated in the community and 'patient' was acceptable if they were in hospital.

As this was such a high ratio for the change of name I wonder if this has been an issue with other people. If you belong to a group perhaps it would be interesting to ask members what views they have on what they would like to be addressed as. I have no idea as to who decides these things but it doesn't mean we have to like it.



Challenging Stigma

by

Emma Nurton

Here's a poem I wrote about the stigma of mental illness. It is something that I feel passionate about and believe that we should all be doing our best to combat it. After my first breakdown at University I found that some of my family and friends found it very difficult to accept that I was in a psychiatric hospital and mentally ill. They couldn't cope with the stigma and it felt as if they were ashamed of me. This hurt almost as much as the depression itself. I wish I had the courage to challenge them then,

but that felt too difficult and I needed all my strength to cope with myself and my emotions.

I often get irritated by people who do express stigma towards mental illness, and have a huge desire to re-educate them. I am now fairly open about the fact that I have had mental health problems, and have often had surprising conversations with people once I've revealed this. In fact I have a very good friend who I may not have got to know so well if I hadn't been open about my

own mental ill-health.

A statistic I like to quote:
One in three people will be affected with cancer
One in four will experience mental health problems
Yet there is so much more information and charities for cancer.

The Stigma of Mental Illness

Shhh, keep it secret
Shhh, don't ever tell
If others find it out
They'll make your life hell.
They do not understand,
How could they ever know,
The darkness in your self,
The pain that hurts you so.
Madness is an illness
Just like a broken arm
And one in four of them
Will join the funny farm.
By keeping it all hidden
The stigma does increase
So how will we ever get
The false rumours to cease?
Courage is required
To stand out amongst a crowd
And say that mental health problems
Can be something of which to be proud:
They show you are strong minded
Cos strength is what you need
To fight the battle in your head
Is very hard indeed.
The blackness of depression,
The voices you can hear,
The episodes of mania,
Sometimes suicide is near.
People are quite frightened,
They call you lots of names:
Crazy, mad and mental,
Psycho, sick, insane.
Twenty-five percent of people
Will go around the bend,
Yes, it really is this common
The stigma now should end.

Emma Nurton

Direct Payments in Somerset

Two year's ago Direct Payments were being seen as the way forward in terms of enabling people to take more control of their lives whilst living "in the community".

In May this year the following Direct Payments were being made in Somerset:

Physical disability
230

Elderly people
110

Children with disabilities
59

Learning difficulties
30

Mental Health
3

So – what has happened and why has there not been a greater take-up by service users in Somerset?

The main reason appears to be that people are unsure as to who would qualify and for what. Representatives of some mental health charities have suggested that Direct Payments are

been identified in someone's care plan as being a real care need for that person. This is clearly not the case as at least two people fulfilling this criterion have been turned down in one area at locality level (which is where the decisions affecting payments are made).

The A4e Direct Payment Advisory and Support Service, an independent organisation based at County Hall, was very helpful and responsive when contacted and stressed that the payments were "in lieu of conventionally provided services".

The problem is, none of us knows what those "conventionally-provided services" are, in terms of mental health, and so it is very hard to know what we are able to claim for.

In the absence of specific and accessible information at locality level, and where those assessing needs appear to be equally in the dark, it is difficult to know how to best take advantage of something which is intended to be about 'improving people's lives'.

To the three people who have been successful in pursuing this chimera, we could really benefit from any advice you could give us!

Ignorance by Mark Ellerby

Any attempt at reform of attitudes towards mental health – namely the stigma – to many seems like deceptively simple task. All that needs to be done is to combat people's ignorance so that, as the reasoning suggests, is to talk about and educate. Ignorance which I think is the key concept in this view and is unconsciously used by people and as with the notion of prejudice is quite a difficult notion to employ.

If at one level it seems intuitively correct to call the stigma of mental health a 'prejudice' at another level it could be and often is called 'ignorance'. Ignorance is conventionally defined as a lack of knowledge and in so far as we think of it this way education seems the appropriate response. Reform of language such as calling it 'mental illness' instead of 'madness' for example could change attitudes and make people more aware. It also fits in with the optimistic enlightenment view that people are rational about such things and that social criticism is the vehicle of progress.

At another level ignorance could be defined and interpreted differently. It implies that something is ignored. Ironically to ignore something in this way – once it is pointed out to us – could also be called even more ignorant (ie we can also ignore the fact that we are ignorant) but this use of the word is also subject to the same definition (that we are ignoring something) so the original problem remains. The question then becomes why do people ignore such things? This is because they already have an attitude which conflicts with the issue about which there is (to others) a question. So perhaps the issue is not about ignorance at whatever level but the underlying attitude. Here then is the word unimportant?

The answer I believe, which may seem surprising and even counter-intuitive, is no – as the underlying attitude is also partly determined and reinforced by the degree of ignorance which it in fact embodies and so becomes an object of criticism. Any attitude is reinforced by the

of direct relevance. As George Orwell said in his famous work 1984 any totalitarian ideology has as its maxim – or in political language its slogan – the phrase 'ignorance is strength'. How does *this* account of such ignorance relate to mental health?

The equation of mental health and ideology here is that mental health prejudice serves to advantage some in society at the expense of others. It allows some people to gain a sense of superiority through their self-proclaimed and normatively charged 'normality.' So ignorance appears not so much as a deficit of knowledge but rather as a social attitude which like Orwell's notion of politics and ideology serve to perpetuate the privilege of some at the expense of and repression of others (in this respect prejudice and ignorance go together). Here then ignorance is both a more subtle and complex notion than would appear from its popular usage and is in certain senses of the word an important notion.

A number of famous quotes are of direct relevance here as the words ignorance and reason crop up again and again;

The prejudices of ignorance are more easily removed than the prejudices of interest; the first are blindly adopted, the second willfully preferred.

-George Bancroft

Prejudice is never easy unless it can pass itself off for reason.

-William Hazlitt

A prejudiced person will almost certainly claim that he has sufficient warrant for his views.

-Gordon W. Allport

To relate this back to the popular and common sense usage of the notion we have to be aware of the ill considered context in which the word is used. People in the know such as nurses and social workers will refer to the stigma of mental health dismissively and say 'oh that's just ignorance.' In fact this is in some

thing to say in the ways outlined above. The 'ignorance' here is wilful and contrary to being unaware of their actions they know what they are doing in creating a stigma. Society seems to need a 'whipping boy' and to pick on the vulnerable. Here further quotes are very relevant:

Opinions founded on prejudice are always sustained with the greatest violence.

-Francis Jeffrey

Nothing in the world is more dangerous than a sincere ignorance and conscientious stupidity.

Author: Martin Luther King, Jr.

Nothing is more terrible than ignorance in action.

Author: Johann Wolfgang von Goethe

The stigma of mental illness can be compared in this respect to the other areas of social life such as racism, homophobia and the sub-ordination of women. Racists and the like are not ignorant to the hurt and fear they cause to other people – like everybody else they have a moral sensibility – it's just that they 'ignore' it. Such people are to some extent choosing to behave in this way and so can be held responsible. The law for example makes it illegal to discriminate against people on the grounds of race, gender, sexuality and psychiatric history in terms of employment and any other form of social activity. Ignorantia legis haut non excusat. -*ignorance* of the law is no excuse in court!

The aspect of ignorance seem apparent from the nature of the stigma and the language. Most people cannot distinguish between a psychologist and a psychiatrist, between mental health and mentally handicapped and between schizophrenia and a split personality. This does not bode well for the *medical* semantic emphasis on the notions of mental illness and mental health which have been coined instead of madness, and of hospitals instead of asylums.

Living with Manic Depression

Or: 'The light at the end of the tunnel is not necessarily an oncoming train!' by James Wooldridge

One of the strangest aspects of a manic depressive illness is that when you're feeling at your best, most productive, most generous, most alive and most active is exactly the same time as your GP and consultant say that you need extra medication and a stay in hospital until you feel better!

I once read that 'inspired' is when you think you can do anything - 'manic' is when you know you can.

There is, of course, the flip-side of the coin - times when depression takes hold and these are times you wouldn't wish on your worst enemy.

I guess I've been fortunate. The times of mania and depression have been far outweighed by long periods of 'normality' and with the help of many friends, family and health professionals, I've managed to stay in gainful employment and led a fulfilling life, so far.

It all started when I was an Officer cadet at Sandhurst and as a fairly insecure eighteen year old, I guess the psychological strain of the intensive training was going to affect me more than most.

Needless to say, my bizarre behaviour led to a rather unceremonious discharge and within 36 hours I was being chased around the wards of North Devon District Hospital before finally succumbing to an intravenous sedative, the beginning of a living nightmare of panic, fear and frustration, whilst my mind's reasoning capacity was stretched to its limits.

The mental gymnastics involved me trying to find out who I was, why I was here - all the 'deep' questions usually discussed late at night by students after several pints of lager and a pack or two of Malboro' Lights.

Nothing in my previous nineteen years had prepared me for this and I struggled both physically and men-

tally to make sense of what was a crazy situation.

A massive war between good and evil was being fought between my ears and having been taught that 'The Good Book' was a source of inspiration for many, I turned to it often, sometimes pounding my head with my copy whilst praying fervently as if my very life depended on it.

My collection of music was also a great source of comfort in my distressed state and though I never heard 'voices', I often felt a song or a passage on the radio was chosen for me to listen to and everything took on a special relevance.

Prior to my admission to hospital I was a struggling Christian and at many times I felt my situation was a test of faith. There were times when I could have given up and if it meant the crisis in my mind would stop, I'd have gladly done so.

However, giving up was anything but an easy option and anyway, amongst the times of desperation there were also glimpses of a world that was so beautiful and full of love that I often broke down and cried with joy.

Eventually I was well enough to try a spell at university although I soon realised I had seriously overestimated my ability to return to full-time education and within a term I returned home - I now had two failed careers behind me and I was only twenty.

For the next two summers I worked as a hotel day porter - glad of the money and relieved to be off the living room sofa that had been 'home' for what seemed like an eternity.

A year later I was working for Mole Valley Farmers where I was to stay for eleven years meeting Lesley, my wife, in the process.

Lesley has been a very important

factor in my keeping well and as many carers will appreciate, sometimes what she goes through is a great deal worse than that which I am suffering.

During my time at Mole Valley I joined the Fire & Rescue Service as a retained fireman and spent eight wonderful years on call being fortunate enough to have been in situations where, as a team, our actions have genuinely saved lives. Indeed, I did face obstacles in becoming a fireman with my medical history and diagnosis but persistence paid off and they turned out to be very understanding employers.

I firmly believe that anybody, be they schizophrenic, manic depressive or whatever, can offer a huge amount to an employer. After all, we've come face to face with ourselves, overcome adversity through sheer strength of character and very often have great insight, especially with regards to art and music.

It has always been a wish of mine to be able to give something back to the system that has helped regain my life. So, after more sectionings than I care to remember, a six month stay in a secure hospital two years ago and a successful stint as a mental health awareness trainer for WAND, the Barnstaple based mental health charity, I have decided to leave my current sales job and embark on a new chapter in my life working as a freelance mental health trainer, speaker and motivator.

Twenty years ago my future looked bleak. The prognosis back then for schizophrenics did not include being a valued and responsible member of society. Times have changed and it is now my firm intention to continue to address the prejudice, stigma and discrimination that those with a mental illness face by going out and speaking about the reality of my experience. It will be a message of

greatest weapons to defend one's sanity is to always try to see the lighter moments in life.

I'll finish by saying that I believe those who are affected in one way or another by mental illness issues are very valuable members of society because of their ability to see beyond the materialistic values of the majority. Some of the warmest and kindest people I've ever met were those who lent a sympathetic and understanding ear when my personal world was turned upside down.



James Wooldridge was the speaker at Speak Up Somerset's summer meeting at Minehead in July. He is the South West coordinator of OPEN UP which is an organisation aiming to counter discrimination and stigma, from shifting the ways in which people think about and treat those who experience mental distress, to campaigning for legal and policy changes. OPEN UP makes it easier for people with direct experience of mental distress to lead the way in taking action on discrimination in their local communities and multi-media resources have been developed to help people challenge discrimination successfully.

James' story is to be found on the Mental Health Foundation website

www.mhf.org.uk

www.openuptoolkit.net

Hope is where the heart lies

by Jane Carpenter

I very much had hope in my heart as I wrote this: - it's something we lose and think it will never return and loss of any kind brings grief. I saw this many times during my time as a nurse but you never really understand until its you or a loved one. Then we do all be can to plug the gap and I hope my story will help.

This definition of "recovery" is taken from the Collins English Dictionary and no less then 8 variations are given, out of which I have chosen 2.

- (1) The act or process of recovering - especially from sickness, a shock or setback.
- (2)The regaining of something lost. Both these can occur throughout our lives for a variety of reasons such as divorce, loss of work, bereavement or mental illness.

I have been suffering for Bipolar for seven years now. Overnight my whole life changed. It was a truly life changing experience but out of everything the feeling of loss was greatest - I was no longer a wife, mother, nurse: my whole life turned upside down, stripped bare and I just remained an empty shell full of drugs. And during this time there was the pain of loss and the stigma that is mental health.

As the months became years I began to take back some control. Someone gave me some good advice - "look after yourself, this is your life" so I did. I booked a pedicure, had my hair done, joined the gym and started to do ballroom dancing - no partner, no worries. My greatest love of all was my friends in Malta and I got to spend Easter with them, travelling alone and staying in a hotel.

I am now also heavily involved with the User Participation movement and I represent service users who find it hard to speak - that was me

once, but now I can do it for others. This work gives me the most pleasure and in my own way I am back helping people and I am attending meetings and getting my voice heard. Now if that's not confidence! I am not saying everyday is a blue-sky day but I am not chained to my past. It was stopping me moving forward and it will, if you let it.

Try hard and remember - you have a lot to offer. Treat yourself. You are number one. Enjoy.



The James Nayler Foundation Conference, London, 2006

A Personal View by Mavis Iredale

There is a trend at present to decry all psychiatric drug interventions. Books and internet discussions repeatedly focus on the question of drugs versus alternative therapies with little generic evidence for either approach. There seems scant consideration of the possibility that both are important, each suited to particular cases or circumstances, with scope for careful combination or alternation of the two methods at particular stages of treatment or for particular individuals.

I attended a conference recently where the proposition for debate was "psychiatric drugs do more harm than good". It had Peter Breggin, an American psychiatric reformer speaking for the motion, along with Joanna Moncrieff. In 40 years of psychiatric practice Peter has never used what he calls a "drug cosh", believing that all problems can be solved with loving kindness and the "talking therapies". He and Joanna spoke of their vast knowledge of the neuroleptic drugs and their often appalling side effects.

Against the motion were two psychiatrists from the Institute of Psychiatry who used the standard mechanistic psychiatric argument that there is a chemical problem in the brain which drugs can solve. They spoke less convincingly than the previous two speakers, leading to overwhelming support for the motion.

The audience was a mixture of those who were on, or had been on, drug treatments, carers, psychiatrists and psychotherapists. Many of the first group spoke of the devastating effect that drugs have had on their lives – from physical and personality damage to dependency, inability to concentrate, or to work. Two carers spoke, one about the suicide of his son which he believed was due to Seroxat. and another on the help the drugs gave to his son while deploring the dependency that they created. Throughout the debate was a recurrent theme that people need to believe that they can overcome problems themselves without medical intervention.

The theme for the second part of the conference was "Successful healing of emotional distress – ways of retrieving humanity". Richard Bowlby expressed his belief that safety is the most important survival need that humans have and that feeling safe is at the heart of emotional and psychological wellbeing. He talked about an attachment figure who gives a child an inner sense of security which he takes into his adult life. If this attachment is broken then the child feels set adrift lacking trust in others and developing fear and an inability to cope in stressful situations. Dorothy Rowe spoke on fear as the root of emotional distress, fear of annihilation as a person, fear of the unknown, and of what one is becoming. For her, this is far worse than the fear of death. Only when this fear is understood can there be an understanding of emotional distress. Bob Johnson, speaking later, said that the role fear plays is not given the emphasis in current psychiatry that it warrants. Can emotional support alone ease these fears so that an individual can find himself again and let go of these anxieties? Are psychiatric drugs needed?

Emotional and psychological suffering can come from many other causes: from early childhood trauma to unhappiness in marriage or work. It can also come from a failure to find a

spiritual and meaningful way of life. .Everyone needs to feel secure, cared for and understood.

The conference provoked many wider and related questions: what reduces the fears, what empowers the individual to take over his own life, to take charge of his own thoughts and feelings and his own psychological, social and creative needs? We can see and measure in the brain some of the stresses a person is suffering. We can raise the Serotonin level for those in depression; we can use neuroleptic drugs to block dopamine overdoses in the brain or to reduce hallucinations, but are these drugs curing a condition? I suggest that they can alleviate a problem, and are often necessary to help the healing to take place.

It is essential to believe you can be healed, and that illness is a temporary condition. Every person needs individual assessment and care. Drugs are often necessary to help in a crisis and as part of the healing, but various therapies and support systems are essential to enable successful functioning. Loving care and acceptance of oneself and of others is all important.



More Than A Label

by Jane Ridout

It was one day during the spring of last year I discovered for the first time exactly what my label is. I'd always known, since I was eighteen, about the anorexia and subsequent bulimia, but somehow that had never been the whole of the story. I also knew I was in many ways what the world and community demands, at the best inadequate, at worst, a complete non-starter. I had some real friends, remarkable people who stuck with me in spite of everything. Plenty of acquaintances, but almost none to whom I dared to be who I really was. – Who knew who I really was, certainly not me.

I'd always said I could never be alone. I needed other people around me, people I could emulate and copy. My deepest fear was of being expected to live alone, to be responsible for myself – how could I exist alone, when in the core of me I knew that I was non-existent, one dimensional, my 'I' had no 'me'.

Emotions, especially anger, terrified me. Yet I was angry. Angry so deeply that to dispel some of the black depths, to make myself real, to feel something, I would cut my arms, my chest, taking relief in the blood flow, feeling no pain greater than that which was in my mind and heart.

I felt such shame, such hatred of myself, I could not visit my home village or relations without a struggle that seemed to drain my sanity.

In the end I had to leave the niche I'd carved for myself on a hospital ward, because the ward closed. I went, with great foreboding, into flat on a sheltered housing scheme. It was only possible because I took my cat with me, my black furry friend whom I valued above everything else. Sula adopted me on the ward and I adopted her. I had something alive to love.

I still didn't know my diagnosis. I never enquired closely. I had a doctor I trusted and didn't ask the penultimate question. Then one day a

copy of a letter to my GP was sent to me. It contained my diagnosis. I read it and thought at once, 'But I don't like people with that diagnosis. I steer clear of them.' It wasn't, it couldn't be, me. Surely such people were untreatable. Untouchables. Pariahs. – Me.

I have a Borderline Personality Disorder. All my struggles, battles, failures, broken relationships of the past, my despair and desperation, fear and grief fell into place, and I realised in accepting this diagnosis I could at least begin to be 'me'.

The life I'm living now suits me. I've been in the same flat for three years. I have two cats now. And a life. I've ceased to be ashamed of me. I didn't make myself into someone with BPD. I don't know if it is genetic or the early circumstances of my life. I've learnt stress is my worst enemy. I can't march to another person's drumbeat. I can only be who I am, maybe with no very great achievements in the eyes of an achieving world. I am lucky, in my home, in my friends and if the old confusion and darkness threatens to arise, I have contacts in the psychiatric world.

I won't be shamed of my diagnosis, even though I believe owning to it as I have may change some people's conception of me as a 'nice' person. There is a stigma attached to BPD, as to any mental disorder. All I ask of anyone is, don't be put off by a label. I have a personality disorder. But I am not in myself a monster. I hope people who read this will see the difference.

Colours

Red is blood
is life

Orange is fire
is renewal

Yellow is sunlight
is burning

Green is nature
is survival

Blue is cold
is rest

Purple is bruise
is recoverable

Tan is sunburn
is cancer

White is death
is final

Black is purity
is truth

Ian Parkin

If Only

If only the snake could be a tree
If only the tree could graze
If only the grazing animals could be tigers
If only the tiger could be a dragon
If only the dragon could be a monkey
If only the monkey could be a god
and if only a god could be all things.

Timothy Williamson



Sport, suicide and stigma by Simon Heyes

My mental health career began shortly after I was given a cup for the most improved player for a rugby team in Brisbane, Australia. I received the cup and left it in the safe hands of the captain who was called Craig prior to a night of revelry. It was only weeks later that I ended up in a psychiatric hospital. Whilst in the hospital I was asked about contacting the rugby club but I said no, feeling humiliated about my mental collapse. I never said good-bye to the guys I played rugby with and was swiftly transferred back to a psychiatric hospital in England.

My own sporting career might never have amounted to much but there is no shortage of sporting figures whose mental health lives have hit the headlines almost as much as their sporting successes. Sport gives much but it seems the more you are given you more you suffer; think of George Best, Jimmy Greaves, Malcolm MacDonald, Paul Gascoigne and Frank Bruno.

Given the above it seems ridiculous then to talk of mental distress as a sign of weakness. People pushing themselves do get hurt, physically and mentally. Dr Tim Cantopher wrote a book called the *Curse of the Strength* about depression arguing that those who suffer from depression share common character traits such as reliability, a strong sense of right and wrong and the will to help other before themselves. One senses it is hard for sports people to give in to defeat, to fear, and to depression. You don't want to show your hand even to your team mates. As former cricketer Richard Doughty (below) wrote in an article in the Times 'the mentality of sportsmen is that you don't want to ask for help, you want to do it yourself'. In the article Richard goes on to describe



how he hit rock bottom after his cricket career ended but he has rebuilt his life thanks to Sporting Chance the charity set-up by former alcoholic and former England football captain Tony Adams.

Sadly, many sports people push

'I bottled everything up; I didn't feel as though I could talk to anyone. I had nowhere to go, nowhere to turn. I felt I was in a big hole and that there was no way out.'

County cricketer

themselves too far and do not seek help. In his book *Silence of the Heart*, David Frith describes how suicide seems to hit cricket more than other sports. As a cricketing buff I sadly remember cricketers such as David Bairstow, Mark Saxelby, Danny Kelleher and Shane Clements of Western Australia who all decided life was not worth living. Mike Atherton, in an article in the Sunday Telegraph, tells the story of a county cricketer whose attempt to take his own life might have succeeded had a colleague had not come home unexpectedly. In the article Atherton quotes the cricketer as saying 'I bottled everything up; I didn't feel as though I could talk to anyone. I had

felt I was in a big hole and that there was no way out.'

Michael Slater, the former Australian cricketer described on Australian television how he developed panic attacks out of the blue when he started commentating saying 'I've always been my own worst enemy, and this sort of perfectionist attitude and I'd just started the commentary stint. I saw it as a unique opportunity. And I just was so nervous so uptight about it, and after the first day's commentating, I thought I'd done an absolute crap job. So I came back to my hotel and I didn't feel great, and then bang! That night I had my first ever full-blown panic attack, was rushed to hospital, thought I was having a heart attack. Then, for the next two weeks, I was sort of housebound in a darkened room, having several panic attacks a day.' Slater overcame his panic attacks and has become a very popular commentator perhaps because of not in of spite of his honesty about his mental health. On a local note the Somerset cricketer Marcus Trescothick is not going to India this winter because of a stress related condition and perhaps an encouraging sign of the time is that people seem to understand rather than cast aspersions.

Rugby also recently has had its fair share of public mental health issues. France's charismatic winger Christophe Dominici when he admitted he was severely depressed was

hiding behind say a story of a sore knee or contractual dispute. It says much when one journalist Brendan Gallagher even claimed that the sporting world would have understood better 'had he admitted to alcohol or drug addiction, had destroyed a hotel room or subjected a partner to physical abuse'. In New Zealand, John Kirwan the former All Black has appeared as part of a major anti-stigma campaign describing how he suffered from depression for much of his career and once had a panic attack during a game against France.

In football, David Beckham has talked openly about his obsessive compulsive disorder and recently Celtic captain Neil Lennon has described his battle with depression in the Daily Record: "When I was in the middle of a room full of fellow players, I honestly felt as if I was on my own. I took to alcohol for some relief." Lennon was diagnosed as suffering from depression by his club doctor and is now on the road to recovery. He hopes speaking out about his depression will help others to seek help.

"Help is there now if you ask for it, but the mentality of sportsmen is that you don't want to ask for help, you want to do it yourself."

County cricketer

Other sports people who have been affected by mental distress include cyclist Graeme Obree who described how "when you're depressed, everything becomes distorted" and Dame Kelly Holmes who revealed that she "became depressed and I cut myself with scissors and stuff".

The relationship between sport and mental health is a complicated subject and generalisations are best avoided. But I sense that things are improving. The likes of Slater, Kirwan, Beckham, Lennon and Doughty have publicly spoken out about their mental health experiences. The government anti-stigma campaign Shift is working with a

agencies and the London Olympics 2012 to raise awareness and tackle stigma and discrimination on mental health grounds through sport. Tony Adams has set-up an organisation Sporting Chance, mentioned earlier, to offer a second chance to sports people affected by mental distress and other troubles such as drink or drug addiction. The Professional Cricketers Association has set-up an anonymous helpline for its members. Now there are football teams full of people with mental distress.

Sport offers much in terms of health not just in a physical sense although this is important. The social connections, the sense of achievement, the overcoming of obstacles are all reason why people play sport. There is still work to be done so sport is open to all. There are many people affected by mental distress who could with a few 'psychological' ramps participate more in sport. For me going back to join the sporting community was an important step in my recovery. I have panic attacks playing cricket but I can accept them

and they do not make me feel abnormal. I try to do my bit by being all of myself, including not hiding my mental health history in sporting situations. Finally, a phone call out of the blue from Craig who had captained the rugby team I played for in Australia brings closure to one incomplete part of my life. He said 'I am coming to Europe, Copenhagen to be precise, but I have to give you the cup you won nearly 20 years ago.' He turns up in Wincanton, Somerset where I live and that evening at Wincanton racecourse I told him about what happened in Australia and why I left without saying goodbye. Then Craig said "One day I was driving to work and I just started crying." Craig went on to describe how he had a breakdown and was admitted to hospital. He showed me the medication he was taking. This was Craig your archetypal Australia who I could not talk to when I was first unwell. Eighteen years after I left Australia I felt my recovery had come full circle.

Alcohol

Alcohol is a big issue that no-one's willing to face,
The government won't help it's a hopeless disgrace,
No-one wants to admit the harm that it does,
The truth is it can affect everyone of us
It's killed many people if only we all knew,
Just what the statistics are it would shock a few.

Alcohol poisoning, choking is to blame,
Liver failure, heart attacks, shrinking of the brain,
Alcopops, cider, they make it look so nice,
If the label said poison it might make you think twice,
It's glamourised to make you think it's what the adults do,
But all it really does is make a fool of you.

Families are torn apart by people on the booze,
Children's lives are ruined by parents who misuse,
Shouting, swearing, people kill and maim,
The alcohol takes away any guilt or shame,
Tramps on the street all they do is drink,
They've lost all their will-power it helps them not to think.

Youngsters go abroad and drink all day long,
Being sick in the street, they don't know it's wrong,
Socialising, being merry, acting like a fool,
Showing off, being brave, they think they look cool.

I wish people would look up and find another way,
To make themselves feel happy and brighten up their day
Think of all the money going down the drain,
The only one to profit is the government again,
So please don't let alcohol push you in a pit,
It's your money, it's your health, please look after it.

Winter

In winter the temperature is far more pleasing
Negative ten to ten is perfect for me
The heat of the sun is quelled
Your breath is dragon like

In winter it rains more often refreshing
The fluid of life falls from the sky
The burning sun is blocked
Your hair is straightened

In winter there are thunderstorms exciting
White light strikes the earth
Sun hidden behind mushroom cloud
Your eyes are exhilarated

In winter there is great wind thrilling
A great howling force organic
Sun's heat concealed by chill
Your skin is brushed

In winter there is hail drumming
Frozen wrath falls from the sky
Sun is far away
Your back is massaged

In winter there is snow drifting
Cool blanket covers the earth
Sun is hidden behind clouds
Your hair is covered white

This is why I like winter I hope you like it too

Excalibur

The Horde slayer,
The first stainless steel sword,
The sword of destiny.
But against the magics,
It is like butter through a hot knife.
But used properly it is the ultimate weapon,
If you know where to shove it.

Ian Parkin

I Like Trees in Winter at Night

I like trees in winter at night.
The look of trees in winter at night,
The brittle twisted branches concealing nothing,
The grim faces that appear to grin,
The sound as the wind howls by a leafless tree,
The grotesque shadows projected by trees,
The way people panic around trees at night,
The muscular protruding roots of winter trees,
The little demons that inhabit trees,
The fact that you can always smell rain around trees,
I like everything about trees in winter at night.

Ian Parkin

Ian Parkin

Haiku Poems

Like my heart
the geisha's white lily
drinking at a Shinto shrine
devoted to the gods
and cut short for beauty's sake.

~

A blackened shell popped
as I shuffled the leaves
around the chestnut stall.

~

Autumn leaves on the road
mist on the windshield
to the foreign café
with politics and Vivaldi
my father and I, we went.

~

Over the temple
the earth's aura –
a rainbow.

~

Autumn
after the fireworks
a sigh in the sycamores.

Timothy Williamson



Aaron Rotherham

David Dixon's poems

Aftermath

In the aftermath
Of yesterday,
We find the gate
To Tomorrow.

Borders

Borders-
Silent orders,
That challenge and offend
Defy and defend,
As hedges
The edges
Between spaces and races.

Borders-
Contain and restrain,
Create division and schism;
Incite to fight;
Provoke incursion and defection;
Weak barriers to carriers
Of political infection.

Borders-
Silent statements
Of the insecure,
Attempting
To ensure
That they preserve
What they don't deserve.

Change

Change is as a wave; that breaks.
We know this will occur,
But not exactly where or when, or
how.
Yet as it breaks
We must ride it,
Lest it swamp us
And leave us,
Wallowing in its wake.

Gap

There is a universal law,
It applies to us one and all.
That if we do not go for the gap,
Then we will certainly hit the wall.

Resist

If we resist the changing scene
And do not change ourselves;
We will meet the fate of flies,
Locked in amber beads of time.

Questions

The questions,
Best to ask, are
Where and what,
And how.

Where are we now?
Where would we
Like to be?
It's like setting out to sea.

"What surrounds us?",
"What bars our way?"
Steer around the barriers;
Find fair wind and tide.

The difficult question now
Is, "how?"
And then, of course,
"What for?"

David's book of poetry is entitled 'Images and Observations – Poems and Polemics' and is £4.99 through bookshops or Amazon (ISBN 0-9533982-0-X). Also (and cheaper!) from David at: interestingplace@hotmail.com

SELF HARM Talk

WHAT DO YOU
KNOW
ABOUT
SELF HARM
?
WANT TO
KNOW
MORE?

THURSDAY, 9TH,
NOVEMBER 2006. 7pm-
9.30pm at THE PETER
CHALK CENTRE,
STOCKER ROAD,
EXETER, EX4 4QL.
TICKETS £5 ON THE
DOOR FOR MORE
INFORMATION RING
ELAINE on: 07843
060890
evhewis65@yahoo.co.uk

Self Upgrade

All over the world people are trying to upgrade,
If you pull it off then great,
You get better performance with current and additional tasks.

But if you misinterpret the requirements,
You would have the wrong capabilities,
Your performance might get worse if it at all changes,
If so you would need to downgrade to perform the correct upgrade.

Always check what is required of you.

Ian Parkin

NUNC DIMITTIS

(for Ellen Hawley)

In this world are no departures, no farewells:
on Time's meridian no days, no months
no years, but only now, and now,

and sometimes now, and sometimes never.
We meet and part on winter's battered fens
along the orange esplanades of summer drought,

and every meeting, be it mother daughter
father son, becomes an act of reverence
with those we love, a place that we create

by being there. It is unchangeable:
and each encounter is indelible between
the meeting and the parting, and it is

for ever. And so my friends there are
in this world no departures or farewells;
only times that fell like summer stormdrops

into dry baked sand across the atlas of the memory
when being there together was enough.
Let there be no farewells and no departures

let roses sing their redness, lilies cry
white transparencies, and let
the rain and sun and night and winter

and summer wind remind us always
of you who live within us
and around us and can never say farewell.

Stigma by Therese Liddy

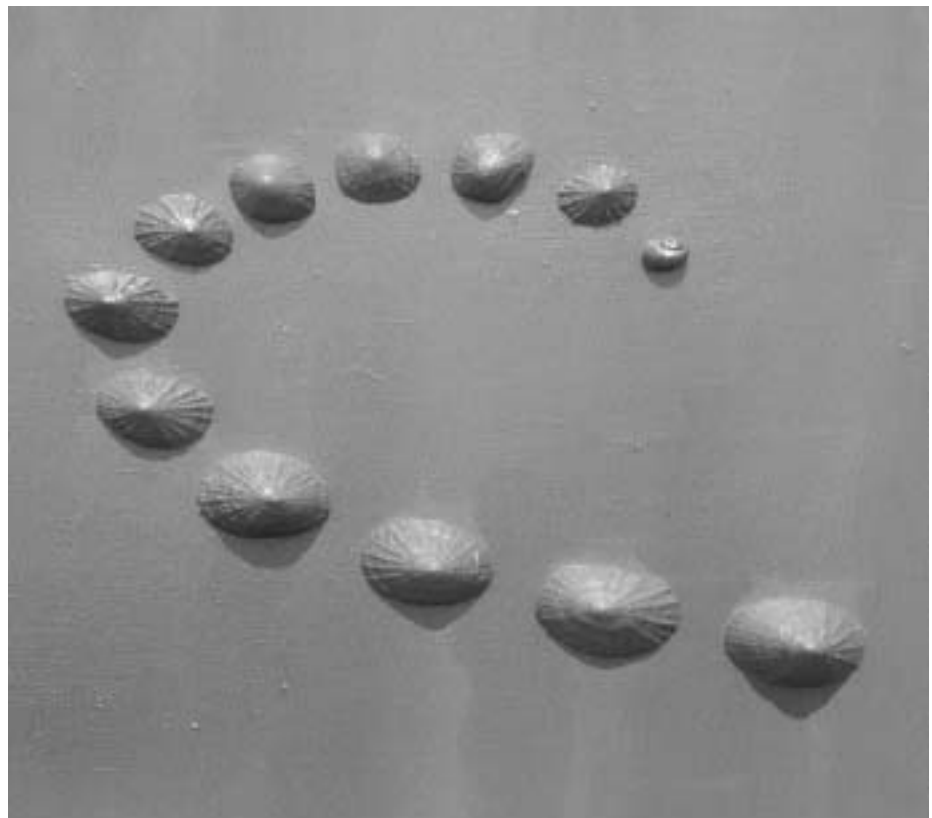
To me, stigma isn't the feeling of walking around with a mark or brand that sets you apart like a Roman Catholic saint, it's the attitude others take towards someone whose views are different from their own. It's based on fear, that you will challenge their assumptions about what truth is and inevitably cause their belief system to collapse. Of course, this could only happen if their belief system wasn't truly theirs in the first place but received from someone or other source. Most people are lazy thinkers, if everybody else believes something then they will believe it too and they will teach their children to believe it as well.

By just being ourselves we challenge everyone who isn't being true to themselves and often bring temporary misfortune upon ourselves as a result. People feel the need to control us because they perceive us as a threat. We are wild cards, they think. We say what we like and do the unthinkable because we believe in ourselves. We threaten the belief system of everyone who is trapped inside a false idea of who they are. I've noticed how a group of men drinking in a pub will use the term "muppet" as a way of controlling members of their group. It's the same in our town with the kids. They yell the word "paedo" at each other when they need to remind one of their peers that he's going too far. It's a form of social control, a strategy that keeps everyone in their place. No one wants to openly identify themselves with the "muppet" or "paedo" so they quickly get back into line. The power of the words is in their effect on our behaviour, their ability to control us, and not from their actual meaning. My sister attempts the same thing when she says my name in a particularly shocked kind of way. Used sparingly, it has an undoubted effect on me. She uses this tactic when she's of the opinion I am doing/saying something wrong. In other words, I am challenging her belief system and not liking it, she reacts by asserting her power over me.

for rebellion's sake. I just don't see why any of us should hide our God given light under a bushel. By being in the minority we make ourselves targets for people who do. I don't want to write about social prejudice; I want to offer the suggestion that fear is what drives most people to do what they do. If you've been sectioned, heavily medicated and released back into the community then you've gone one step further to conquering your fear than most. It's an advantage because you have less to fear than they do. Yes, you say, but they could lock me up again, I could lose my wife, my kids, my house. So could anyone else, at any time and they wouldn't need a section to do it either. So you have to help yourself. You have to find out as much as you can about your illness and your diagnosis. You have to take the medical help and in all probability the pills. You can join a self help group, try complementary therapies, meditate, paint, do anything you want to. You can realise that you've been given the job of finding out who you really are. That is probably why you are on this planet at present. Everything begins with you, including what you call truth and your belief system. You have the

chance to see the world afresh because you're one of the lucky ones who got a second chance.

No wonder people hate us ! We've had a fairly extreme wake up call and we can respond by doing just that. Instead of trying to change the world, we can start to change ourselves and in time the balance will shift in our favour. We can take more responsibility for ourselves and our actions become more effective as a result. We can practice self reliance and we feel that little bit closer to our personal truth. Inevitably we will attract people who want to drain our energy with their apathy and anger. We can wake up to this too and see them as frightened beings, not our enemies. They are afraid to wake up and discover the truth for themselves. All they can do for us is throw our Being into perspective for us. We may also attract wonderful people whose generosity and kindness bring out the best in us and whose wisdom sustains us. It all begins and ends with us, our reality and our truth are things we create for ourselves. I believe we owe it to ourselves and the God who created us to make the best and most wonderful ones to live by.



I don't seek to be different for the sake of it, but to challenge

FACING STIGMA AND OVERCOMING IT

By Joyce Passmore

I have known what it is like having to live with the “stigma” that goes with mental illness. In fact I have lived with it for half a century. I have not deserved it. Yet sadly it seems to be part and parcel of life if you are looked upon as ‘different’. It is an abuse poured on us by those who are ignorant about illnesses. Those who feel they can have the right to ill treat others do it because –

They think we are vulnerable.

They also think they can get away with it.

If we try to stand up for ourselves, they feel whatever we say in our defence holds no value or depth.

STIGMA with mental illness has gone on for centuries – small groups, big groups and speakers on the subject all try to find ways to combat it. I honestly feel that, though it is necessary, IT IS NOT ENOUGH. No one should have to live with this added punishment which is put on them. My wish is for a National Awareness Day where the nation can be given a “wake up” call so everyone can be made to face the STIGMAS of today, with the physically and mentally unwell combining, and allowed to bring to the forefront what it does to them to have their lives blighted by the “label” they are forced to carry with their disability.

STIGMA IS TALKED AND TALKED ABOUT. NO HELP IS BEING DONE PRACTICALLY, ON THE SCALE IT NEEDS TO BE DONE TO BRING A CLOSURE TO IT.

Those people who feel they can be hurtful, either through jokes or else by mental and

er, are bullies. I conclude on all I’ve seen - and been through myself – that those who feel they have a right to ill treat and abuse others have shown me:

The abusers are the weak ones and have their own insecurities.

They are the cowards.

THEY ARE THE ONES WITH THE PROBLEMS, NOT ME.

I refuse the negative talk I hear, and try and bring people out of the dark ages to the reality of what we all have to go through, and try to educate those concerned: IT HAS TO BE STOPPED.

I was asked if I felt ashamed by being hospitalised in a mental hospital. My immediate response was ‘No, why should I be?’ Do those who have heart disease, broken bones, lung problems etc. feel ashamed of being hospitalised? No, of course not. The mind is a part of the same body, so I do not need to be ashamed either.

As long as I know where I’ve been, and all I have accomplished to achieve my full health, I won’t allow myself to be dragged down by anyone. I know I have accomplished far more than they would ever know. It is by finding positives in every situation that seems negative that I can beat so many things that come my way.

Finding Our Havens is the theme of the next issue of *Speak Up Somerset*. We are looking for articles about the places that keep us sane. Whether it be the coast, the garden shed or the shopping mall where do you find inspiration? Please send articles either by email to info@artofrecovery.com or by post to PO Box 3484, YEOVIL BA21 5ZH.

COINS FOR THE BURIAL

It was hot, as always
on the afternoon train blaring
through ancient hills

boulder-strewn, half-mirrored
in rice fields where women stooped.
We slowed for villages:

buffaloes washed in riverbeds,
washing thrashed on stones, children’s
bodies fresh with wet and light.

Fans flared down at us:
more fields, more working women.
Towards dark, the fields

grew brick kilns and factories,
then broken shacks dabbling fingers
in the river’s crotch;

a girder bridge, wastelands
on fire, and finally
porters’ toothless mouthings

at the window bars. I slipped between
tumultuous touts, past taxis
into busy, quieter streets walking

into solitudes of anonymity.
Still the women cooked in alleys
queued by water taps, bore

bricks up ladders, swept and cleaned.
And one under a lamp waited expectantly:
beside her on the pavement laid out

and garlanded, a man
dead beside the kerb, a pile of coins
for the burial. I paid

but did not look. It was
a fine night with stars and the women’s
beaded black oval eyes.

AROUND THE WATER COOLER
(or the fridge or the air conditioner or the lollipop stand - whatever)

Information on Stigma

Shift

The National Institute for Mental Health in England (NIMHE) is responsible for implementing a five-year programme, '*From Here to Equality*', to reduce the stigma and discrimination experienced by people with mental health problems. The Shift programme has four key audiences: the media, public organisations, private organisations and young people.

Media

Shift has commissioned Rethink and Mental Health Media to set up and run a Speakers' Bureau of people with mental health problems, carers and professionals to speak to the media.

Mental Health Media on 020 7700 8172.

<http://shift.org.uk/media>

Young People

Shift has commissioned HELP and the Samaritans to produce materials for teachers to use in schools across the country to challenge stigmatising and discriminatory attitudes towards mental illness amongst children. These materials will be available in the autumn of 2007.

Samaritans: <http://samaritans.org/>
HELP: <http://shift.org.uk/helpproject>

Public Organisations

Shift is working with the police to produce training materials for probationers and neighbourhood policing officers to help them deal more sensitively with people with mental health problems.

The Shift initiative, Let's get physical, is supporting pilot projects in each of NIMHE's eight regions to help people get the physical healthcare they need. <http://shift.org.uk/public>

Employers

Shift is working in partnership with the National Social Inclusion Programme to produce a web resource for employers that brings together all the existing publicly available codes, charters, guidelines,

Shift is also planning to launch a set of standards for employers with the Department of Health on World Mental Health Day, October 10th.

Sport

Shift is working with a number of football agencies, cricket agencies and the London Olympics 2012 to raise awareness and tackle stigma and discrimination on mental health grounds through sport.

To find out more, visit the Sports Network page here:

<http://shift.org.uk/sportsnetwork>

Mental Health Foundation

Healthy recipe ideas available to download from <http://www.mental-health.org.uk/> from 10 Oct and the Mental Health Foundation will also be revealing the results of a survey looking at the nation's cooking and mealtime habits.

Make a Meal of it is part of the Mental Health Foundation's Food and Mental Health campaign.

Stigma.org : an initiative of the Sir Robert Mond Memorial Trust, a mental health charity focusing on the stigma that is attached to mental illness.

Changing Minds at

<http://www.changingminds.co.uk/> : Campaign co-ordinated by the Royal College of Psychiatrists. Materials to help change minds and reduce stigma are available.

Media Action Group for Mental Health at

www.sanityfair.org.uk/media_action_group.htm Exists to promote positive perceptions and awareness of mental health issues by collaborative working with the media and the general public in order to achieve a greater understanding of mental distress and related issues.

Mental Health Media at

<http://www.mhmedia.com/> Uses a range of media to promote people's voices in order to reduce the discrimination and prejudice surrounding mental health and learning difficulties.

MIND

Isolation and mental distress

This survey in 2004 indicated that 84

problems feel isolated. Yet more worrying is that 80 per cent of respondents from this survey reported that isolation actually impedes their recovery from mental health problems. ... mental distress itself contributed to isolation for 79 per cent of people in the Mind survey but this was not the whole picture for most people. For many people a combination of additional factors – lack of understanding from others, discrimination, poverty and social exclusion – added to their isolation. Young people and those living in rural areas were particularly isolated.

MIND'S main recommendation to the Government arising from this survey was that it must increase its commitment to anti-stigma activities in England and Wales, particularly among young people and in schools, to counteract the discrimination faced by people with mental health problems and to promote social inclusion.

Mental Health Bill

Perhaps the most stigmatising piece of legislation affecting those in mental distress has been the proposed new Mental Health Bill. The Government had been committed to introducing a new Bill for over seven years – thankfully the hard work of the Mental Health Alliance and the ongoing campaigning of individuals and groups saw the Bill axed at the end of March. Ministers conceded that they could not get it through Parliament and so will try to amend existing laws – there is some concern about this and Sophie Corlett, the Policy Director of Mind, has said that if they simply take all the bits of the draft bill that they have been working on all this time and stick them on the previous Act (1983), that we will end up with a piece of legislation that doesn't fit together but will have all the problems of the previous legislation.

(The Mental Health Alliance is made up of service users, carers and professionals and concerned others and as soon as the Amended Bill is published will continue to work towards safeguarding the rights and freedoms of those using the mental health services).

EUFAMI

This is an international organisation

and represents families of those experiencing mental distress. Postcards and leaflets are produced in the languages of the participating countries and the Zerostigma campaign aims to replace prejudice, ignorance and fear of mental health problems with acceptance, knowledge and understanding. EUFAMI'S aims are to create: Zerostigma – Zerotolerance – Zeroignorance – Zeroindifference – Zerowaste and Zeroinertia. All too often money that is allocated for mental illness is siphoned off to deal with less stigmatised illnesses.

RETHINK

As well as supporting Eufami's campaign, Rethink is also engaged, as part of its own anti-stigma programme, in piloting Pathways to Work and believes the scheme has positive aspects in supporting people with mental illness. However, the charity has serious concerns about the government's Welfare Reform Bill with regards to incapacity benefits: the Government must fund a major anti-stigma campaign as only 40% of employers would employ someone with a mental illness – it's like asking people to walk through a locked door. 35% of people with mental illness want to work, but lack support and face stigma – pushing people towards work who are not ready will cause unnecessary stress and anxiety and may make the problems worse.

As mentioned before, Rethink sees the Norwich anti-stigma pilot earlier this year as a very successful series of events in terms of changing people's attitudes. Apart from the statue, there was local advertising, fundraising, local themed activities, publicity events and PR campaigns. Benchmark and post-campaign public opinion surveys showed a significant positive shift in awareness and attitudes. www.rethink.org.uk

Mad Pride

Mad Pride is about Mental Health System Survivors overcoming discrimination in the UK and all over the World Events organised by Survivors of the mental health system. MAD PRIDE is committed to ending discrimination against psychiatric patients, promoting survivor equality

Pride is an idea which came out of the 1997 Gay Pride Festival in London. A few survivors of the mental health system said "we could do with a festival like this".

And abroad ...

The **Massachusetts State Department of Mental Health** is one of eight state mental health agencies selected by the federal government to launch an advertising campaign and education effort aimed at reducing the stigma associated with mental illness.

The Elimination of Barriers Initiative has two parts – a television, radio and print advertising campaign, and an education programme in local schools. The Mental Health commission said that, "Stigma is one of the most significant barriers to people accessing treatment and that's just an unbelievable irony given the incredible improvements in psychiatric treatments in the last few years".

The New Zealand anti-stigma campaign has won plaudits from around the world www.mhc.govt.nz

Over the border in Scotland the **See Me** (at <http://www.seemescotland.org/>) campaign, funded by the Scottish Executive, aims to end the stigma associated with mental illness.

Three cheers for Stephen Fry!!!

Stephen Fry in a BBC2 documentary entitled *The Secret Life of the Manic Depressive* talked about his experiences with great candour and bravery and the programme, as well as including interviews with Richard Dreyfuss, Carrie Fisher and Tony Slattery, also spoke to other people who have the condition.

Alastair Campbell chief spindoctor to Tony Blair, in *The Independent* on Sunday, revealed his struggle with depression including when working at Downing Street. Mr Campbell describes how when he was depressed "you wake up and can't open your eyes, you can't find the energy to brush your teeth, the phone rings and you stare at it endlessly."

David Blunkett revealed in the *Daily Mail* that he was close to 'madness' as a result of his affair with

probably suffering from 'clinical depression' at the time of his resignation as Home Secretary. He said "As a youngster, I'd think, 'What is the point of getting up today?'" Those feelings came back."

The **40 famous faces of depression** highlighted by the Independent on Sunday were George Michael, Uma Thurman, Jack Dee, Kylie Minogue, Paul Gascoigne, Jordan, Russell Grant, Frank Bruno, Ben Stiller, Meg Mathews, Lord Bragg, Neil Lennon, Carrie Fisher, Keisha Buchanan, Ben Moody, Jim Carrey, James Dean Bradfield, Trish Goddard, Linda Hamilton, Bill Oddie, Melinda Messenger, Mel C, Griff Rhys Jones, Denise Welch, Sophie Anderton, Winona Ryder, Graeme Obree, Sarah Lancashire, Richard Dreyfuss, Ruby Wax, Adam Ant, Brooke Shields, Gail Porter, Tony Slattery, Stephen Fry, Robbie Williams, Caroline Aherne, Hugh Laurie, Sinead O'Connor and Dame Kelly Holmes.

South Somerset Mind Training

The sessions are relevant for those working with people having mental health problems and also for people who experience mental ill health or are caring for someone.

All sessions held in the Training Room at South Somerset Mind, The Markwick Centre, Dampier St, Yeovil. Please bring a packed lunch

Dates

Substance Misuse 6th Nov
Schizophrenia 8th Nov
Personality Disorder 12&13th Dec
All Sessions 10 – 3.30 pm

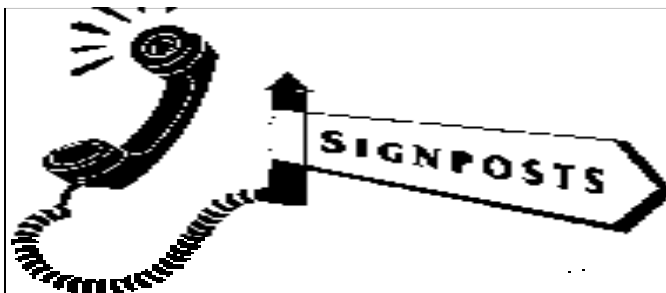
Costs

Statutory Sector - £50
Charities, Students & Individuals - £35
Service users/Carers £5 deposit returnable on attendance
Please Telephone Nicky Davis for more information on 01935 410138
See www.southsomersetmind.co.uk for more details.

Other Events at South Somerset Mind Pilsdon Supper, Mon 4th Dec,

speaker Dr Andrew Tressider, 6.00 start. The Pilsdon supper is an evening of food, friendship and finding out about something new. This year the speaker is Dr Andrew Tressider, a Chard GP, and author of *I'm Fine*.

AGM, Mon 20th Nov
Speaker Andy McCann, author of *Stroke Survivor*, 6.30 start



Somerset's Health & Community Care Information Service
FREEPHONE 0800 317220

The Outreach Counselling Service has been renamed the **Matrix Project**. Clients have a meeting with the co-ordinator followed by referral to a counsellor. There is a small cost for this service to be discussed at the first session. Counselling usually lasts for a block of eight sessions. For more information, contact Angela Englefield on 07725 955035.

Somerset's Mental Health Participation Workers:

Project manager: Krista Felek 01278 423033

Somerset Coast: vacant

South Somerset: Julia D'Allen 01935 840137

Mendip: Kate Wilkins 01749 343481

Taunton: Alexandra Simson 01643 702853

PALS—Somerset Partnership & Social Care NHS Trust

Karen Hawker is the PALS worker and can be contacted on 01278 720222

New Directions

Broadway Park, Barclay Street, Bridgwater, Tues - Sunday inclusive offering a range of activities including Saturday and Sunday lunch Phone 01278 446935 for more details.

The Manic Depression Fellowship Somerset - A county-wide organisation run for and by people who experience manic depression. Phil Cracknell on 01823 323363

Carers Participation Worker - Emily Lang . introduces herself 'Essentially this job gives an opportunity for carers to be heard and respected on various issues of importance to them as individuals and as a group. Within my post I will be ensuring that carers are involved in the planning, development and monitoring of services including implementing change to Trust policies and procedures in conjunction with appropriate Partnership staff . To assist carers in this, I will be encouraging carers to attend training, which will allow them to gain confidence in their abilities to speak on behalf of carers. I will be producing a bi annual newsletter specifically for carers, focusing on the passing on of information about support groups, carers courses, annual conferences, relevant meetings, voluntary and sector services, specific events and views/opinions of carers. All carers are welcome to be on our mailing list to receive a copy of this. I will be contributing towards the planning and facilitation of a bi annual carers forum to be held at the Ring O Bells, Ashcott as well as the annual conference which is held at Dillington House each spring. The views and opinions of carers are always received in complete confidence and with sensitivity.' Emily can be contacted on 07920 247346 or 01823 330502.

SUCH project offers complementary therapy treatment for anyone experiencing mental distress or carers, volunteers and people working within the mental health system. The project is based at the Mind Centre, Taunton phone no. 01823 331052 & website: www.suchproject.org.uk.

Somerset Autistic Support Group - Advice and Friendship line. If you are coping with problems on the Autistic Spectrum please do not feel alone, we are here to help. Contact our new Somerset Communication Line on 01823 324997, or

Somerset Partnership Patient and Public Forum (PPI)

Contact Emma Westbrook Forum Support Co-ordinator on 01225 701120.

Commission for Patient and Public Involvement in Health (CPPIH) www.cppih.org or telephone 01392 332100

Manic Depression self-help group for Yeovil area. The group meets every three weeks in Yeovil on a Tuesday. For further information about the group and details about joining the next meeting, please telephone 01460 73932 (evenings).

Somerset Counselling Centre (Taunton) provides weekly psychodynamic counselling. Contact Somerset Counselling Centre at 38 Belvedere Road, Taunton, Somerset TA1 1HD, or telephone 01823 337049.

South Somerset Mind run a drop-in based in Dampier Street, Yeovil from 10 to 3.30 Monday to Thursday and Friday from 10 to 12.30pm. They also run a befriending & volunteer scheme. Call Peter Hill on 01935 474875.

Mind in Taunton and West Somerset run a day project Peace of Mind on Mon, Wed & Fri 9.30 - 3.30 tel 01823 327094. The Hope Group, a self-help group for people experiencing anxiety and/or depression meets Tues at the Albemarle Centre, Albemarle Rd, Taunton, tel 01823 334906. MINDLINE 0183 276892- offering telephone support, Wed, Fri, Sat & Sun 8.00pm to midnight. The co-ordinator can be contacted on 01823 334906 www.mindtws.org.uk Email mail@mindtws.org.uk Address is The Market Building, Canal Road, Taunton, TA1 1PN. Mind Skills and Opportunity Centre. 19 - 21 Kingston Road, TAUNTON, TA2 7SA Tel: 01823 289948 Email: mind.skills@virgin.net. Website: www.mind-skills.org.uk . Tues 10 - 4 pm, Wed 10 am - 8 pm & Thursday 10 am - 4 pm. The centre is open to the public and is at the south end of Kingston Road, Taunton, near to railway station.

Advocacy in Somerset Call Tim on 01823 324762

Mendip Advocacy Call 01749 683300

U-In-Mind

An informal gathering of users, carers and others to discuss ideas and to share some food. We meet on the second Monday of the month at 6.15pm at The Mind Centre, Dampier Street in Yeovil. For details phone Maureen Street on 01935 850979.

Crispin Community Centre Street Self-Help Centre "We aim to help people help themselves" Drop-in Monday, Wednesday, Friday 12-3.00pm Thursday 6.30-9.30pm. Computer workshops & facilities for groups Phone 01458 447248 for more details

Release Support Group supports adult female survivors of child abuse. The group meets Wednesday at Sydenham Family Centre, Bridgwater from 2 to 4pm. Contact Kerry, the co-ordinator, on 01278 434023

The Wincanton Community Venture at the Balsam Centre, Wincanton have a drop-in open on Wednesdays 1pm to 3pm Call Brian on 01963-31842, or e-mail balsambrian@hotmail.com.

Speak Up Somerset

Speak Up Somerset is a county-wide coalition of groups and individuals interested in mental health issues. The group includes service users, workers, carers and others. Our next meeting is our XMAS meal on 13th December, 12pm start, Broadway Village Hall, Ilminster. All welcome. Please contact Maureen Street on 01935 850979 or visit our