Ruby Wax performs at Together

The benefits of mindfulness

Rachel Perkins: Peer supporter

Veterans and wellbeing

N-Dubz Tulisa: Families and mental health

www.together-uk.org
# Contents

## Regulars
- **4** News in brief
- **10** First person: your life stories
- **24** Involvement update: service user action at Together
- **28** The notice board: your pictures and news

## Features
- **6** Ruby Wax performs at Together
- **12** The benefits of mindfulness
- **14** Rachel Perkins: Peer supporter
- **16** Cover story: N-Dubz Tulisa: Families and mental health
- **22** Veterans and wellbeing
On the road

CHIEF EXECUTIVE - LIZ FELTON

During September and early October last year Together staged seven terrific road-shows across the country that involved 400 members of staff, 150 people who use our services, and carers. It was a very great privilege to meet so many of the Together team, and to hear more about your experiences and the important work you undertake.

The aim of these road-shows was to work together to identify what challenges people are facing at project, regional and national levels. To hear, in particular, from frontline staff and service users about what needs to change in order to make us a stronger organisation. Then to use those views to inform our planning for 2011.

At each event we talked about the external factors that will affect the future of Together. For example, the cuts to funding for health and social care, the personalisation agenda, and changes to commissioning processes. We then talked about how we could tackle these challenges, and perhaps what I was most impressed by at each event was the level of optimism, energy and enthusiasm in the face of such uncertainties.

It was so inspiring to hear local project staff share examples of good practice in their work with others, to hear about how they are adapting their work to face changing external environments locally, and in turn strengthen their service.

For example the team from Wandsworth My Way did a presentation about how they had transformed a traditional day service into a model of support based on the principles of personalisation. You can read more about that on page 8.

People talked about simple steps they had taken to improve the service they run, like improving levels of service user involvement and independence.

At every event at least one person raised the view that Together needs a higher profile, like the campaigning charities Mind and Rethink. This in turn, they said, would make selling our services easier. Whilst campaigning is not a priority due to our limited financial resources, there are certainly other ways in which we can improve our profile at both regional and national levels. And we all have a part to play in making us more well known.

What was also identified, and is perhaps more pressing for us currently, is that we are not communicating very well with each other. Encouragingly, many people told us that they had really enjoyed having the chance to meet people from other services, and that they are keen to continue to build links with others that were made at the road-shows.

The Corporate Management Team and I are committed to ensuring Together improves our internal communication. This will ensure we can work together to provide the best support for our service users, and the road-shows were just the start of this process. Thank you again to everybody who made each event so successful.
NEWS IN BRIEF

Awards for Reading Resource

Last year Together’s Reading Resource Centre in Berkshire took part in a project that aimed to break down taboos around mental health using comedy.

Four months of creative writing workshops at Reading Resource Centre, and other day services in the area culminated in ‘Warning: May Contain Nuts!’, a comedy evening at South Streets Arts Centre in the city, that featured professional stand-ups and service users.

In total, ten members of Reading Resource Centre took part in the project. The poetry and artwork of four members of the centre has also been included in a book about the workshops, which were run by arts charity Company Paradiso, in partnership with BBC Radio Berkshire.

Extracts of the stand-up performance featured in a week-long series on BBC Radio Berkshire last May and stimulated debate amongst presenters and the audience about how mental health issues can affect families and friends, prompting many callers to offer top tips on how to get through difficult times.

The week of broadcast was incredibly well received and has now won, or been nominated for, a number of top media awards.

Having scooped two awards at the Frank Gillard Awards, which celebrate the best of BBC local radio, the project then made it to the final four of the Speech Radio category at the Mind Mental Health Media Awards. It has now received a further nomination for the Sony Radio Academy Awards, which takes place in May.

Cath Cooper at Reading Resource comments, “This project offered the people involved a brilliant platform to showcase their talents, share their stories, and help fight stigma in the process.

It’s really unusual for regional radio programmes to win such acclaim, and being nominated for such an array of awards is really helping to raise awareness of mental health issues and our project locally.”

Do you have a story for time together?

We need your stories, news and features for the next edition, which will be published in June 2011. If you have an idea that you’d like to put forward, please email: claire-monger@together-uk.org or call her on 0207 780 7366 by April 29th.

Together retains Investors in People status

The Investors in People (IiP) standard is a straightforward, proven framework for delivering business improvement though people. So we are thrilled to report that following a rigorous assessment procedure, Together has been re-awarded the IiP standard for another year.

The assessor was particularly impressed by the enthusiasm and engagement of our staff, especially during this period of economic unrest, where the maintenance of our services and business growth has never been more critical.
Peer support launch

Last October Together’s Service User Involvement Directorate (SUID) held a fantastic event to launch a new piece of research it commissioned, which investigated the emotional and financial benefits of peer support.

Rachel Perkins OBE, Mind Champion of the Year 2010, clinical psychologist and former service user, kicked the event off in style with a hilarious and touching speech rooted in her own recovery journey. She applauded Together for its track record in mental health, and investment in the report and peer support.

Elina Stamou, Together’s Peer Support Development Manager, who works within the SUID, also spoke at the event, alongside Deborah, a member of our service user National Steering Group. Together they shared with the assembled crowd how our unique “Let’s Work Together” model of involvement has helped put service users at the heart of Together.

Attendees at the event included representatives from the Peer2Peer Group, a core working group established by the SUID of primarily user-led organisations that lead on peer support in their given areas.

Read more on page 14.

Liverpool success

As part of a personalisation project by Liverpool City Council, Together was commissioned by Liverpool Charity and Voluntary Services (LCVS) to run five consultation and information sharing events for service users and carers about personalisation and mental health.

The events were planned and delivered last summer, using a model of co-production between Together’s Service User Involvement Directorate and operational staff members with expertise in personalisation, alongside service users who have developed knowledge and skills in this area.

The issues raised were brought to a final event for all the people who had attended the local events to finalise and launch their Charter for Personalisation. Emily Brown, Business Development Manager comments, “These events helped service users and carers in Liverpool to increase their knowledge about personalisation, dispel some of the myths and find ways to make these changes work for them.”

People accessing services who attended the events were equally enthusiastic, with one commenting, “It gave me so much hope and determination to get the right support for the future.” Whilst another remarked, “Personalisation is happening – we all need to play our part to make it work.”

Breaking the cycle

Together’s Women’s Court Outreach and Pathway project operates at Thames Magistrates’ Court in London.

At the court Matina Marougka, a Together Forensic Mental Health Practitioner, provides a first level mental health assessment, liaison and referral service for women defendants with mental health needs.

She also provides sentencers with specialist advice, including oral and written reports, about possible alternatives to custody for defendants who have mental health needs. Importantly, Matina also provides support for women offenders with mental health problems under the offender management of the local probation service.

The unique model used by Matina and other people working within our Forensic Mental Health Practitioner Service was cited as an example of good practice in a landmark review called the Bradley Report (2009). But more importantly, it’s helped to break the cycle of repeat offending for many people with mental health problems.

So we are delighted to report that the project, which has been running since 2009, has won £159k of funding from the Women’s Diversionary Fund and the Pilgrim Trust so that it can continue working at the court for the next three years.
Late last year comedian Ruby Wax and singer-songwriter Judith Owen performed their Losing It show to an intimate gathering of Together clients and staff members. Megan Cambridge reports.

It’s not every day that a top comedian gets in touch with an offer to perform their new show for free at your office. But that’s exactly what happened when Ruby Wax took some time out of her schedule to bring her hilarious, uplifting, and at times, heart-wrenching, Losing It show to Together HQ in London.

With our staff room as her dressing area and reception as her theatre for the evening, Ruby took to the make-shift stage and quipped, in trademark sarcastic style, “Wow! It’s always been my dream to perform next to a photocopier.”

Losing It is about Wax’s long-term struggle with depression and bipolar disorder. About the periods of nothingness, as she calls them, which have plagued her since childhood. Accompanied by music from successful singer-songwriter Judith Owen, who has struggled with clinical depression, the show explores how emotional difficulties, regardless of mental health ‘status’ or diagnosis, are a natural response to life’s challenges.

Indeed, one of the key themes of the performance was the lack of an instruction manual for life, with Ruby focusing on the idea that none of us know what we are supposed to be doing and that, as a consequence, universal confusion reigns.

In one sketch she explored how aspiring to the lifestyles that appear so easy on the glossy pages of Hello magazine (which during the performance Ruby tore to pieces), often leads to people losing track of what’s important.

But for me, one of the highlights of the show was her guide to love and marriage, which she calls the ‘negotiated deal’. Using her knowledge of the brain (Ruby has an undergraduate degree in psychology and is currently doing a Masters in neuroscience at University College London), Ruby summarised love as “a few hormones and then cold turkey”, while marriage is simply down to hard cash. “If your husband makes £650,000 a year, you have no right to moan… but if your husband is making below a certain amount of money you can let the kids...
and the house go to hell, and if he gives you a hard time you can tell him to get lost.” It is perhaps not widely know that Ruby actually began her career as a serious actress. Having travelled from the USA to study at the Royal Scottish Academy of Music and Drama, she then performed with The Royal Shakespeare Company for five years before making the switch to comedy. A moving re-enactment of her internal thought-processes leading up to her breakdown certainly showcased her talents as an actress, and gave the audience a rare glimpse of her more vulnerable side. It was perhaps these briefer periods of absolute openness and seriousness, interspersed throughout the comedy, although powerfully unsettling, which gave the greatest insight into the misery that can be caused by mental health problems. But humour was never far away, with Ruby directly instructing the audience, “Don’t feel sorry for me – I made a show out of it!” But for all the bravado, it was obvious that Ruby has struggled more than many to cope at different points in her life, and that she’s committed to helping others by sharing her own experiences. The performance at Together being one of several free dates given to organisations that support people with mental health problems.

Putting comedy aside again, at the end of the show she asked the audience to imagine how much easier life would be if everybody was just honest about how they are feeling and gave a heartfelt plea for people to be more open about their mental health problems.

Ruby’s performance was both poignant and funny, an incredibly difficult balance to strike, which made for an emotional and entertaining evening. I’d certainly recommend the show as perfect comic relief for anybody who has felt a bit lost in their lives.

More performances of Losing it are expected at non-Together venues in 2011. Check www.rubywaxlosingit.com for updates.

Ruby and Judith took a moment to accept a cheque on behalf of Together from nine courageous girls who walked 100km in memory of their friend Dominique, a former client. You can read more about that on page 20.
“My Way is a person-centred service,” says Sian Wynne, My Way Transformation Lead. “The support you receive is on your terms, something we hope will set it apart from many other styles of service.

“We did some thinking about where the gaps are likely to appear as the personalisation agenda is rolled out, and came up with My Way, a model built around the steps to self-directed support, and based on the principles of empowerment and leadership.”

“I think the most exciting element of My Way as it grows will be the peer support.”

The personalisation agenda, seen by many as a cost-saving exercise engineered by central Government, was actually born out of the survivor movement. In the 1980s, service users and people with experience of mental illness came together to lobby for individuals to be in control of the support they receive. Self-directed support (SDS) allows someone in need of support to decide exactly what they need based on their own circumstances, which are unique to them.

“Making the move from accessing block-funded services like resource centres, to having a choice in what support you receive – be that conventional services, training, employing a carer or anything else - is a big culture change for everyone,” says Sian. “A large part of My Way is supporting people through that change, through the process of applying for a personal budget, of planning what they want to spend it on, and of making sure they have the knowledge, skills and confidence they need to get the most out of directing their own support.”

Peer support and tapping in to the skills and knowledge of people with experience of using services is an important element of My Way. Research has shown that the value of peer support should not be underestimated – receiving support from someone with shared experiences, and using your experiences to support others, can make a huge difference to someone’s mental wellbeing. My Way offers training and volunteer opportunities for people who have experience of using services to form a vital part of the service as it develops.

“I think the most exciting element of My Way as it grows will be the peer support,” says Sian. “When we developed the service, we recognised that being supported through the personal budget process by someone who has been through it themselves would be extremely meaningful. Our first course of formal peer support training started in November and the new team of supporters will also be designing the peer support framework based on their own expertise and experience.”

Increasing hope and aspirations among the people they work with is one of My Way’s key aims. 

“A mental health service should be a stage on someone’s journey to recovery, not a destination,” says Sian. “We hope that by supporting and empowering the people we work with we can help them think differently about their journey to recovery, and, above all, realise that they can lead it themselves.”
One of gardening’s greatest gifts is that it’s proven to improve people’s mental wellbeing, which isn’t surprising when you consider what’s involved. Being outdoors, being active and working on projects that give a real sense of achievement are three important ingredients in the wellbeing mix.

Because gardening is just so effective in making people’s lives better, Together is replacing its traditional Mental Wellbeing Week this spring with Growing Together. Growing Together will also kick off in March, but will run right up until December 2011.

A steering group of service users and staff, led by Paul Harrison, Deputy Director of Operations and Development, are in charge of planning the project. They will be providing resources for Together projects (and others) wanting to take part through www.together-uk.org, a special Facebook page, a Twitter site and our monthly e-bulletin.

Resources will include a calendar of seasonal events with suggestions on what activities you could undertake right throughout the year, activities that anybody can get involved with. And the team has already been busy talking to garden centres and other organisations about partnership opportunities.

But the big news is that Growing Together already has its first celebrity patron! None other than Christine Walkden, The One Show’s resident gardening guru.

“I am delighted, flattered and honoured to have been asked to be the patron for Growing Together,” says Christine. “I believe the activities being planned for Growing Together during 2011 will bring people together who will all benefit from the sense of community and being valued whatever their position in life. I wish everyone involved considerable success and luck.”

Three activity ideas

**Join a green gym**
The BTCV Green Gym is a scheme that helps you improve both your health and the environment at the same time. Experienced leaders guide you through a range of practical projects, giving you the opportunity to tackle physical jobs in the outdoors. www.btcv.org

**Grow your own grub**
Growing food connects us to the land around us. It also means you can enjoy delicious fresh fruit, vegetables and salads at a fraction of what they would cost to buy at the supermarket!

**Throw a garden party**
Why not fire up the BBQ this summer and have a party to show off the results of your hard work in the garden? Invite friends, family members and loved ones along, as well as other local people you might like to get involved in your project.

Pledge week

What are you and your project going to do for Growing Together? Start discussing it now at your service user and staff meetings, key-working sessions, and at local community forums.

Once you’ve decided what you are going to do, let us know! Pledge week starts on 28th March. Send information about what you pledge to do for Growing Together to paul-harrison@together-uk.org and it will be posted to a special page on our intranet. It’s a fantastic opportunity to share tips, ask for help, and inspire others!
One of the most powerful ways to fight the stigma and prejudice that surrounds mental health is for people to describe their real life experiences. First Person is a regular spot in where we encourage our readers to do just that.

Reach out

BY SAMUEL PARTRIDGE

Being confirmed as mentally ill was one of the least worrying moments of my life.

Have you ever felt dread? Raw, heat of the moment, dread? I’m not trying to evoke something in you that you have never felt, so please join in with my thought experiment. I guarantee you will find some recollection of dread etched into your memory; that is, if you are willing to dig deep enough, buried away in some loathed corner of your mind.

Childhood is good for this. That’s where the real dread can be found. Knowing that your big lie had been found out? That moment of shock as something visual was burned into your mind’s eye? Or that sickening moment when your world stood utterly still?

Childhood or not, we rarely forget dread. Hold on to that for me, please. Take a moment to recollect the focused, timeless nature of fear. Repeat it over, if you need to. Hardly pleasant, and I apologise, but it’s all for a good purpose.

But let’s be rational here. It’s just the amygdala and the rostral anterior cingulate cortex firing up; the part of your brain that springs into action when you feel fear. All natural. Perfectly rational. Do what all people do in situations beyond their control: rationalise.

The tremble that starts slowly from the knees, the involuntary twitches around your frame. All rational. The dull throbbing pain of your heart, the stomach that churns on and on, the surge of sickening energy, the breath losing pull, faster, faster still, sinews tightening, body clenching, mind failing and the fear, that sharp, short, shock of fear. Just rational.

One day I was at a table. Surrounded by friends, a warm atmosphere, good conversation and laughter. I’m sure you can picture this more readily, and more happily than fear. Feel free to stand in my shoes, replace your friends with mine. Imagine the faces of those you care for. Just relax and let them smile back at you in your mind’s eye. Most of all, feel safe. Safe, happy and content.

And now I want you to let that fear flow back into you.

You realise that something is wrong. Ever so slightly wrong. You hardly have time to grapple with this alien new thought; because it’s growing. That fear. It’s accelerating. Building up, snowballing. You clear your throat, your hand shakes. The shaking is faster, breathing becomes hard. Your breath has failed, your mind reacts, raves and races. Each thought becomes actuality. How have they not noticed? How are they not feeling this? You look imploringly to them.

Their inhuman eyes turn in their skulls, dead and glassy, in perfect, unholy unison, to you.

Of course, none of this is happening. Rationalise. Close your eyes tight, that works. Say you feel a little off and leave. Deep, strong breaths. Imagine yourself right. That one is strong, stronger than any before, but don’t think that. Because it didn’t happen, You are fine. Just fine. It’s all in your head. Repeat if you need to. Rationalise, rationalise, rationalise. Leave the table. Vomit. Sob into the toilet bowl.

Things like this would happen to me five to ten times a day, and it increased over time. First starting because of some obvious trigger, later for no clear reason. First ebbing away, later never leaving, lingering in the back of the mind. At first only that starting feeling of unease, later actual, physical, visceral affects.

I’ll remember those eyes, one of the worst hallucinations I had. The way they rolled in their skulls, all in unison. All blue. A perfect, pale blue. I knew those eyes. I find it hard to write about them.

It was, as I have been told, evidence of prodromal psychosis. The start of true psychosis, in which these hallucinations and delusions increase, and an individual loses all touch with reality.

Before all of this starts to sound fatal, you should know that it is short-term and curable. Most importantly, it is prodromal, crudely, a term meaning “the start of”.

BY SAMUEL PARTRIDGE

Being able to treat psychosis at its earliest stage increases a person’s odds of being able to enjoy a healthy and happy future. Here Samuel describes his own experience of the prodromal phase of psychosis and the help he received. He hopes it will encourage others to seek help at the earliest possible opportunity.
Early interventions at this stage stop a literal eroding of brain functions as the psychosis grows. Which is why being confirmed as mentally ill was one of the least worrying moments of my life. In fact, I felt a wave of relief, joy even. Wouldn’t you?

This was no sense of defeat or surrender. But confirmation, and in that an answer. Now I was normal in my abnormality. Remember what I said? Rationalise. “It’s all in your head” “You’re fine”.

The natural reaction, to rationalise, would help form a state of total denial. Yet I felt it, had been feeling it, and that day sitting at the table I saw it. I looked into the eyes of fear and realised that some parts of the mind are beyond its own understanding. This was certainly beyond mine. And denying it was happening was not working.

This was only the start of things, and nor was it the end. I then started to begin my true mental journey, with new mental planes handed to me daily in the form of a pill. The way I would experience the world would change with every medication I took.

I apologise for putting you in unpleasant surroundings for the purpose of this article. We slow down to see car crashes, heads craned toward what repulses and attracts in equal measure. I assume you read to here and found this interesting? How is this that different? I present to you my mental crash, told from within. What more could be more morbidly fascinating? My very own.

Millions of people in the UK suffer from some sort of mental health disorder. Many of these suffering and many more without help. Call it the march of obsessive, subjective medicine, but. I care little; I want nobody to suffer in silence. Reach out and arms will grab you.

It is estimated that one in four of us will experience mental health problems at some time in our lives but I didn’t take any interest in the topic, until of course, it happened to me during my first year of university.

Before being diagnosed I had nocturnal habits and difficulty sleeping, but I had put that down to my student lifestyle. It was only when I encountered what I now know was a panic attack, in the middle of an exam, that I knew I had to speak to a doctor.

After a very brief consultation I was prescribed Prozac. But I decided not to take it and had a go at trying to sort out my sleeping habits on my own. It didn’t work.

Eventually I had to leave university and move back home with my parents. I think it was this total change of environment that triggered the beginning of my nightmare.

The first weekend after moving back home I experienced what I can only describe as a total mental breakdown. It started with delusional thoughts of self-harm, and I couldn’t sleep for worry. I kept waking up in the early hours tormenting myself about the possibility of being trapped in an aeroplane or having a car accident.

I spent a lot of time in bed, as I reasoned that if I stayed in bed, no harm could come to me or my family. I remember my father took me for a walk on the beach to try and get me out of the house, but I insisted on getting back to the safety of home as soon as possible, just in case one of us fell into the water. I had visions of drowning, or not being strong enough to rescue my father if he was to fall in.

I made an emergency appointment at the doctors and just blurted out “I think I’m going mad”. I explained to him what had been happening. He reassured me. He said that he was certain that I was not going mad but that I was suffering from anxiety; a condition that not only had I never heard of, but I was uncomfortable being labelled with. I was then prescribed three different forms of medication: largactil, fluoxetine and diazepam.

The medication stopped me from functioning and I slept for seven days straight. (Although my parents told me I insisted on showering at the same time every day before going straight back to bed!)

I had to reduce the medication gradually and during this time I got really distressed again, and started to torment myself about all the dangers in life. Anything from getting horrific burns whilst ironing, to forgetting to unplug my hair straighteners and setting the house on fire. I couldn’t even watch television as nothing seemed to make sense and my mind would wander off and have irrational thoughts.

With time, life got better and eventually I stopped all the medication, apart from the fluoxetine which helped me to learn how to keep in control and to be happy again. It took another two years before I stopped taking medication completely.

It is so easy to ignore the signs of mental health problems but avoiding the issue can make it worse. I am just so grateful that I had total support of my family and a good doctor.

What’s your story?

Would you like to write an article based on your own life that offers hope and support to others? Or perhaps you’d like to express your views on a topic that directly affects or concerns you? To find out more about contributing to this part of the magazine please call Claire on 0207 780 7366.

I thought I was ‘going mad’

12 years ago Tia, now 30, thought she was ‘going mad’. Now a busy and successful working mum she’s sharing her story to show that people can, and do, move on with their lives after experiencing a mental health problem.

BY TIA DYSON
Believers call it a miracle and cynics a fad. Dolly who is neither spiritual nor religious sees it as a life-changing accident.

“I’d reached 30 and was still battling with mental health issues I’d had since 14; feeling suicidal and hearing voices. I then found this mindfulness book on a bus and decided to read it and go on a retreat. Now I’m doing a degree and running a mental health consultancy. Mindfulness has given me my life back.”

Mindfulness is fast becoming the most talked about mental health and stress management practice in years, and is set to get even bigger with the Mental Health Foundation’s new online course.

Foundation chief executive Dr Andrew McCulloch explains, “Mindfulness combines meditation, yoga, breathing techniques and sometimes psychotherapy to help change the way people think and feel about their experiences.”

There’s good evidence to show it can help people, like Dolly, deal with mental health problems such as depression, bipolar and addiction. It can also ease the everyday stresses and anxieties we all experience.

“The mind and body are closely connected so it’s useful for the chronic pain and stress associated with physical illness, as well,” says mindfulness practitioner and author, Ed Halliwell.

Ed conducted a mindfulness poll on GPs and had a positive response, with 72% thinking it would be useful for mental health patients and 69% thinking it would be good for everyone.

Mindfulness is not new. It has Buddhist and spiritual traditions that have been around for thousands of years.

But taking time to be in the moment may not suit everyone. American psychologist Dr Rebecca Branstetter says she doesn’t have the patience for it and can’t relate to people who say things like: “I’m so mindful I can really feel the dish soap.”

But for it to work you do need to make space in your life for it, which requires both time and effort.

“A face-to-face course with weekly sessions lasts eight weeks and the homework takes a daily commitment of at least 45 minutes,” explains Ed.

“It works by inducing relaxation, which slows the heart rate, drops blood pressure and decreases stress hormone levels. It also gives people an insight into their emotions, boosts their attention, concentration and improves relationships,” explains Dr McCulloch.

Lynn Blakes, a teacher, who suffered from depression, describes her first encounter with mindfulness as ‘strange’.

“During our first week we focused on how a raisin felt and tasted on the tongue. It was a bit weird at first, but it taught us to pay attention. We also did the mindfulness of breathing. We focused our minds just on our breathing and did a three-minute breathing space to feel where our emotions were in our bodies.”

Dolly learned kneeling meditation on her first day, but prefers the walking version that she learned later on, “It taught me to ground myself by not letting my mind drift off. I just concentrate my thoughts on where I’m stepping.”

Books such as Ed Halliwell’s ‘The Mindful Manifesto’ describe the history, science and context of the practice. But it is difficult to grasp from reading alone.

“It’s like learning to play the piano. You don’t become a pianist from reading a book · you have to play the instrument. With mindfulness that means taking some kind of course,” says Ed.

There’s a range of courses available. The most popular is the Mindfulness-based Stress Reduction (MBSR) that has a broad application for those wishing to manage stress and anxiety. There’s also Mindfulness based Cognitive Therapy (MBCT) that brings in Cognitive Behavioural Therapy for people prone to mental health problems, such as depression.

Some courses are on the NHS but a scarcity of trained teachers means they’re not available everywhere. “There is no official accreditation but teachers are trained so if you’re unsure you can always ask where they trained and how. Bangor, Oxford and Exeter run good training programmes and Bangor has good practice guidelines,” explains Ed.

The Mental Health Foundation’s ‘Be Mindful’ website provides a search page for finding reputable courses based on location, type, start date and cost. Plus, only fully qualified practitioners are listed.

Their interactive online course is also up and running for anyone who doesn’t have a local tutor, doesn’t have time for a regular course or is looking for a more affordable option (£40 as opposed to hundreds for face-to-face courses). It has been developed by expert practitioners like Ed and consists of ten easy to follow online sessions with videos and interactive exercises.

Once your preferred course is complete, simple principles can be applied to everyday life. “Practising mindfulness will help you focus more effectively on the present in any area of your life where you find yourself giving into your thoughts, feelings, interactions with others or busy schedules. One of the advantages of mindfulness is that people find they can practise anywhere and at any time that they feel the need,” says Dr McCulloch.

Incorporating mindfulness into everyday life is key. Lynn allowed work to take over after completing her first...
mindfulness course and began feeling down again.

“It was neglecting it that reinforced how important it is to do it regularly. The way I feel right now I don’t think I could ever let myself get depressed again. I can spot the signs, nip it in the bud and be good again.”

Mindfulness helps people in many different ways. Dolly no longer lets the past dictate the present or worries about the future take away from the moment.

Lynn now understands life can be rubbish and things do go wrong, but it’s ok to feel sad or angry because feelings are just that - feelings - that will come and go.

Dolly recommends mindfulness for everyone, but admits it’s not a quick fix and it’s not all positive, “You can find parts of yourself you won’t necessarily like but if you put the work in, it will do so much for you.”

For more information on the Mental Health Foundation’s Be Mindful campaign and their new online course visit bemindful.co.uk

The Mindful Manifesto by Dr Jonty Heaversedge & Ed Halliwell RRP £10.99 is available in all good bookstores.
Rachel Perkins OBE is a psychologist and champion for people with mental health issues who has herself been using mental health services for 20 years. In October last year she helped to launch a new report developed by the Service User Involvement Directorate at Together that examined the benefits of peer support. Mike Yeoman caught up with her at the event.

**Rachel, you wrote the foreword of the new report and helped to launch it today too. What do you think about it?**

I totally agree with what I said in the foreword. That Together has made an enormously valuable contribution in the mental health arena, and the report is an important document that should be essential reading for those of us with mental health problems rebuilding our lives, as well as those who aspire to be our allies and support us in that journey.

**Peer support, what’s it all about?**

When you are unwell, you are left with what’s happened to you and managing the consequences. The ‘expert technician’ in mental health at that point, is not the expert in how that feels. The people who are experts are others who have had the same or similar experiences, and learnt from that experience.

I think the essence of peer support is about helping people to discover and use their own resourcefulness to do the things that they want to do in life.

I like the definition of peer support that I came across in Arizona: ‘Peer support is about being an expert in not being an expert, and that takes a lot of expertise!’

This may sound complex but actually it makes a lot of sense. It is far easier to give advice, to tell someone what they ought to do, rather than to help them to discover that themselves and help them to use their own resources.

**What are the challenges for peer support?**

I think we’ve got to be very careful when we think about peer support that we are not creating another set of experts. I don’t think I want someone to come up to me and say ‘Reiki massage worked for me therefore that’s what you should do’. I don’t want anyone else coming up and giving advice. There is plenty of advice around already.

I think each of us has a right to understand what happens to us in a way that makes sense to us. The only thing that’s going to enable us to live our life is our own resources and resourcefulness. It’s finding that, believing in that, using and developing it.

If it becomes another set of expertise then it’s problematic. And I guess there are things that worry me. For example if you had a peer support worker saying ‘medication is a bad thing’. Well hang on a minute! No. You may have not have found that useful in your journey, but other people may have found that useful as an aid to their journey. And I think each of us has to work out the direction that helps us to be ourselves, rather than being told.

**How did you get into working in mental health?**

That’s talking about a long time ago! At the time I went to University you didn’t think about having a career afterwards, and when you finished you’d think ‘Oh Christ, I’ve got to get a job’. I spent most of my adult life believing that the world has to change radically and I was very heavily involved in political activism. When I saw the condition under which people were living in our community in some of the old asylums I simply thought it wasn’t right. I didn’t want to live in a society where we warehoused people.

**Looking at roles you have played in the past you seem to have focused on the recovery side of mental health. Would you say that is true, and what importance do you place on recovery?**

I wouldn’t see mental health in stages quite like that. I think the process of recovery starts with the initial diagnosis, the initial thing that happens to you. I think all of our lives are journeys and there are things that cause that journey to change course. Every human being experiences the challenge of recovery.
There are things that happen that knock the bottoms out of everyone’s world, whether it be that relationship that was going to last forever, finishing; the death of someone you love; failing a key exam, or whatever it is. I think those points of crisis in our life are the points in which we do have a chance to reexamine who we are, what’s important to us. I think that’s an ordinary human experience, so I think recovery is about a journey of growing within and beyond what has happened to us.

You were nominated and won the Mind Champion of the Year Award 2010 – how did that come about?

I was completely gobsmacked when I was told someone had nominated me. It was one of those hilarious things where me, Marion Janner, who I know very well, and people like Ruby Wax and Miriam Stoppard were in the category. There was a conference where Marion and I had been speaking the day before, and we both knew that we weren’t going to win against all these big names, so we were planning how to lose disgracefully. The idea of losing gracefully just wasn’t on! I was completely shocked when my name was read out as the winner. I couldn’t imagine receiving more votes than Ruby Wax, Bill Oddie, or Miriam Stoppard – it seemed quite implausible. So I was extremely flattered and very, very shocked.

Peer Support

BY ELINA STAMOU, Together Peer Support Development Manager

Peer support is...

All about people with lived experience supporting each other in their wellbeing journey through similar experiences and insight. It can be on a formal or voluntary basis, as an initiative or project, and led by peers or professionals. It is founded on key principles such as mutuality, solidarity, sharing, trust, hope, a focus on strengths and potential, equality and empowerment, being yourself, independence, respect and inclusiveness.

What are the benefits?

Peer support can play a crucial role in supporting mental wellbeing and developing quality and cost-efficient services that deliver positive outcomes and enable people to direct their own care. Receiving peer support leads to increased self-esteem and self-confidence, a sense of belonging, learning new skills, builds support networks, involvement in meaningful roles, and access to volunteering as well as education/training and employment. For some people peer support can help overcome problems that traditional services have not helped with.

What does the report recommend?

It found that peer support works best when there’s a spirit of true collaboration and partnership and recommended better co-operation between service user groups, voluntary organisations, other statutory service providers and commissioners. At Together we aim to turn a shared vision into concrete, effective practice.

Download the report in full at www.together-uk.org
In BBC3’s ‘My Mum and Me’ Tulisa drew on her own experiences, which included seeing her mum forcibly sectioned in psychiatric care when she was five years old, to explore the day-to-day realities of caring for a mentally ill parent.

Within the show Tulisa and her mother Anne talked frankly about the strain that mental illness put on their and other family relationships. It was this strain that led to the breakdown of Tulisa’s parents’ marriage, leaving her as the primary carer for Anne at just 11 years old.

“My dad left home and it triggered one of her episodes,” Tulisa explained. “One minute she’d look all mournful as if someone had died, the next she’d be angry and aggressive, smashing cupboards and shouting. I wasn’t allowed to turn on the TV because she thought it might harm us - the same with the hot water.”

Through the Contostavlos family sharing their story, and interviewing other families in similar situations, the documentary illustrated how parents with mental health problems often feel isolated and worried about the effect their illness may have on their children, while children can feel guilty, anxious and over-burdened.

What was also clear from the programme was that many of the families they spoke to have had problems getting the ongoing support they need, or help when affected by a mental health crisis. Perhaps this point was best illustrated with Tulisa revealing that, on more than one occasion, she had called the NHS in desperation and pleaded for Anne, who has schizoaffective disorder, to be sectioned.

But Tulisa did find that the situation has improved in recent years, with more money invested in young carers groups and better support for people affected.

“Mental health care in this country is much better now, although we still have a long way to go,” concluded Tulisa. “Too often people like me are just left to get on with it.”

Despite all the problems they have faced, Tulisa and Anne showed that it is entirely possible to maintain a loving parent-child relationship. Indeed, it is important to remember that many parents with mental health issues do not, in turn, have problems caring for their children.
Think child, think parent, think family

In 2009 the Social Care Institute for Excellence introduced guidelines to help practitioners better support families where parents have mental health problems. Entitled ‘think child, think parent, think family’, they sought to address the disproportionate amount of exclusion to appropriate health and social care services encountered by this group.

“Things have definitely got better than they were a few years ago,” says David Bayley, 43, who has three teenage children.

Five years ago, David, who has a diagnosis of bi-polar disorder and obsessive compulsive disorder, lost his job on the grounds of ‘incapability’. “I felt humiliated and an outcast. Like my place in society was taken away from me without my consent,” he says. This set in motion a chain of events that led to a ‘severe and isolating’ mental health crisis.

“As my behaviour became more erratic it was really difficult for my wife and kids. My wife had to give up work to keep an eye on me, and my kids didn’t understand why Daddy was doing certain things. The worst times were when I didn’t have insight into what was happening to me, the family just wasn’t in my chain of thought. When you come out of that and back to reality, the realisation of it is devastating.”

David, who has a host of qualifications including a diploma in developing practice in mental health care planning, a certificate in the assessment of carers’ needs and a psychology and social studies degree, currently works as a Community Support Worker (CSW).

As a CSW David works with people that have mental health problems. Many of these also have children to care for. He believes that his own experience of mental health problems makes him more effective in his role.

“Families can get increasingly chaotic if a parent has a mental health problem and the family isn’t getting the right support. But people can be suspicious of the motives of people coming in to help, they worry you are judging them. I tell them that I’m not there because they can’t cope; rather I’m there to give the support they might need to make life easier or help them continue to cope.

“If I’m having difficulties getting that message across, sometimes I disclose parts of my own history, which can help to build trust. They understand that I’ve been there and I get it.

“Sometimes children can be like, who are you? What are you doing with my Dad or Mum? It’s really important to explain clearly why you are there, rather than treating the person and their family as if they are completely unrelated. The approach has to be integrated, family life is so important to overall wellbeing.”

David thinks that much more should be done to educate people about mental health issues, in order to combat discrimination and help people understand that spotting and addressing difficulties early on can help prevent a mental health ‘issue’ turning into a ‘problem’.

“With my kids, I’ve educated them about mental health issues myself. I’ve spent a lot of time sitting down with them and explaining things. I’ve taught them about the signs to look for and what can be done if it looks like somebody is becoming unwell. But I do think more should be done in schools, in partnership with other local agencies like the NHS.”

Carers Together

“It’s just as important when providing support to carers that the person they are caring for and the rest of the family is included in the process,” says Jean Richardson, Project-Co-ordinator of Together’s Wakefield Carers Development Service (WCDS).

“Caring for somebody who has a mental health problem can be stressful, and our primary role as a service is to reduce that stress for the carer, but we take an integrated approach. The wellbeing of the person who is unwell, and the rest of the family, is vital to improving the overall situation for our clients.

The carer tells us what they need to cope as a family, as well as an individual. We then supply that, or sign-post them to trusted sources and local agencies that can. It could be anything from help with housing or benefits, to help with childcare, to sourcing grants to buy things that make life easier, for example a washing machine.”

Jean says that Liz Wilson, a Senior Support Worker at the service, is great at finding little pots of funding for things that statutory services don’t cover.

“Respite for carers in our area is patchy, but we’ve managed to get funding to send seven families on holiday for a week or more recently. ‘We hope to get more of the people we support on holiday with their families this year.’

Family affairs

Jean and others working at WCDs understand that there is still a lot to be done to ensure that families affected by mental health problems get a better deal from health and social care services. But as a team they are positive about the role that carers, people with mental health problems, their families, and the people that support them, can play in bringing about positive change.

“People and services have to speak up if they want to change policy and practice locally. Just as important as the practical support we offer is our role in encouraging and helping people to have their voice heard, to let the people in charge know about the very real challenges they face as individuals, and as a family.”
This year sees us celebrate the fifth anniversary of Together Our Space, the gallery at our National Office in London that’s given hundreds of artists with mental health problems a platform to exhibit their work.

The gallery, part of our charitable work, is also one of the ways in which Together has been able to educate visitors about different aspects of mental health. By organising exhibitions by specific groups of people, such as veterans or people who use Together services, we offer them an opportunity to use art and words to share their experiences on their own terms.

The majority of the people who have exhibited work at our gallery over the years have been people supported by Together projects, or others involved with our service user involvement work. But another benefit of the gallery is that we’ve also been able to offer low cost hire to other arts organisations supporting those with mental health issues.

2010 was another busy year for the gallery (check out my highlights overleaf!) with an exciting programme of exhibitions coordinated by volunteer gallery curator Christina Millare.

Christina left Together last November after a winning a scholarship to the Royal College of Art. But luckily for us we’ve managed to recruit three new volunteers who are keen to build upon the successes of previous years, involve more Together projects in the gallery’s work, and help put Together Our Space on the map!

New gallery team

Christina has been replaced by volunteer curators Lou McDonnell and Ronee Hui who have a wealth of experience to bring to the gallery and have produced a range of successful exhibitions in the past. They are joined by volunteer art handler and technician Verity Soaper, who has worked at top London auction houses.

Lou and Ronee are currently planning exhibitions at the gallery for this year, and beyond. They are keen to hear ideas from Together service users and staff, and to link up with more artists at our projects. The gallery team is also looking at ways in which the gallery can become entirely self-funding, and attract more visitors.

To contact the team email: togethergallery@together-uk.org

www.together-uk.org/gallery
Roger’s 2010 gallery highlights

‘Adam’: This portrait of Together service user and volunteer Adam Barrett by photographer Carmen Luvian really captures Adam’s personality, and was chosen to be the image on the poster for the Our Stories exhibition. That particular exhibition also featured portraits of several other Together service users, who were able to share details of their lives and experiences with visitors via recorded audio interviews.

‘Red Detritus’: I absolutely loved this horse made by Lucy Edkins out of things she found on the street. Lucy is a member of Art Saves Lives, a charity that helps people who consider themselves to be ‘marginalised by society’. It was in the window of the gallery during the Blank Space (Y)our Space exhibition and was really popular with visitors.

‘Self Harmony’: This piece by Andy Brooker was part of the ‘Emergence’ exhibition, which featured work by people who have been diagnosed as having a personality disorder.

‘Self Portrait’ by Andrew Mead: Andrew is one of the artists involved with Studio Upstairs, a mental health arts charity which promotes better mental health through art.

‘Untitled’ (see opposite page): This detailed pastel work by Tom Powell, who is connected to Together’s Rochdale Community Support Service, was exhibited as part of the Non-Fiction exhibition at the gallery last year.

‘Red Detritus’ by Lucy Edkins

Gallery diary dates

27th January - 24th February

Release

Release is an exhibition of work by mental health service users from HM Pentonville Prison and St Anne’s Hospital featuring a variety of media from the creative therapies programmes of both institutions.

11th March - 10th June

Girls Behind Bars

Female experiences of justice

This new Together-organised exhibition will explore the experiences of women and girls who have found themselves in contact with the criminal justice system.

Eve McDougall, 52, was sent to an adult prison, aged 15, for breaking a window. She has been appointed as a consultant to the gallery for this exhibition.

A sculpture by Eve, ‘Girls Behind Bars’, explores her experience of imprisonment and mental health problems and inspired the title of this exhibition.

In Numbers: 2010 at the gallery

6
Number of exhibitions held.

117
Artists and others with experience of mental health problems who had the opportunity to show their work or contribute to exhibitions.

1054
Guests who attended special evening events.

15
Number of national media reports about Together Our Space.

0.01
Percentage of Together income spent on running the gallery.
Fundraising Focus

BY SARAH FUGGLE, Fundraising Executive

Throughout 2010 there were some fantastic fundraising activities undertaken by our supporters that raised over £14,000 for Together. This is in addition to all the money raised by individual projects in order to support their work. A huge thank you and well done to everybody who worked so hard to raise funds. Let’s make 2011 even better!

Fun fundraising ideas #2

Eyes down ready, full house for a prize, everyone wins with a bingo night fundraiser!

You’ll need a venue, some prizes, a cheap bingo set, and some bingo cards. Plus of course a good bingo caller! It’s definitely not a job for shrinking violets.

You could contact local businesses and ask them to donate prizes that would really help pull in the punters. But the very first thing you should do, before you get planning, is contact the Fundraising Team for planning and legal advice. We look forward to hearing from you!

Our supporters

Very often the supporters who choose to raise money for Together have been touched by the effects of mental health problems themselves.

Our most successful fundraisers last year were a group of nine friends who lost one of their closest friends. Dominique, 25, had been supported by one of our projects before she died, and they wanted to undertake a fundraising challenge to honour her memory. So Lindsey Thomas, Rachel Jones, Fern Treifa, Jodie Chesterman, Laura Reid, Eleanor Berg, Pippa Topp, Katey Brooks and Hannah Kaiser set themselves an incredibly gruelling challenge - to complete a 100km walk across the South Downs Way.

The girls initially set themselves a target of raising £4,500. However with the success of their online fundraising page, and by organising events, including a charity event at Bethnal Green Working Men’s Club, they managed to raise over £10,000!

The event at Bethnal Green Working Men’s Club was fantastic. The evening got off to a great start with comedians Tom Davies and Dan Schreiber. Then Katey Brooks, one of the walkers, wowed the audience with songs from her album ‘Proof of Life’, which was at Number 1 in the Amazon folk charts at the time! Other acts included electro pop act The Heartrates and DJs Shae Mutu and Russ Tannen.

The walk took place in September 2010 and was one of the toughest challenges any of the friends had ever undertaken. But they soldiered on, walking through the night, and managed to complete it in just 29.5 hours.

Fern Treifa says, “Since starting to fundraise I’ve become so aware of all the amazing work that’s being done to raise awareness about people with mental health issues, and to break down discrimination.

I think people who suffer with mental health issues are amazing. The strength I saw in Dom continues to astound me. People like her need to be celebrated and be told how brilliant they are to be fighting a constant uphill battle against something that everyone else takes for granted.”

Fundraising at projects

So much good work at projects goes on to raise vital funds to support their work, but very often we’re not aware of it.

Fundraising activities at Together projects last year included applying for successful grants to fund everything from washing machines to holidays. As well as hosting an array of fundraising events and activities.

We want to do whatever we can to support you, so if you are planning any kind of fundraising activity let us know! We can then advise you on funding applications, and on how to maximise the amount of money you can raise from your events and activities. We’re also going to be contacting every project at Together to discuss your fundraising needs and how we can help, as well as providing a brand new fundraising leaflet jam-packed with helpful advice and ideas.

Corporate fundraising

Together is beginning the process of approaching commercial companies to request their support. The support could be financial, for example they might donate money to support a project. Or it might involve companies donating “gifts in kind”, or even encouraging staff members to undertake challenges on our behalf.

If you have friends or family who work at a company you think might like to support Together, please get in touch with the Fundraising Team.

Contact us! T: 0207 780 7374 Email: sarah-fuggle@together-uk.org
Serotonin is our brain’s ‘feel-good’ chemical and is a neurotransmitter needed for happiness, problem-solving and concentration. It’s fair to say that most people associate serotonin levels as being specific to the brain, but 95% of the body’s serotonin is found in the gut!

Fluctuations in serotonin can lead to changes in mood, sleep, appetite, memory and learning ability. Very often serotonin deficiencies, which can lead to a diagnosis of depression, are regulated with medication. But people can also help to increase their serotonin levels and boost their brain function naturally; simply by making sure they look after their gut and making small changes to their diet.

Caring for your gut

‘Friendly’ bacteria (or probiotics) are thought to help regulate gut function. Plain ‘live’ yoghurt is cheap and a great source of ‘friendly’ bacteria.

In one research study, volunteers who suffered with stress were split into two groups. One half took probiotics and the other half took a placebo (without probiotics) for three weeks.

The group taking the probiotics found that their stress-related digestive symptoms, such as abdominal pain, nausea and vomiting, had greatly reduced. This indicates that probiotics can have a beneficial effect on gastrointestinal symptoms experienced by individuals with chronic stress.

Foods high in fibre are thought to ‘feed’ friendly bacteria, so make sure you eat six to eight portions a day. Try to include as much variety as possible, try brown rice, oats, vegetables and fruits (especially apples and berries). Make sure you get enough fluid when you increase your fibre intake. You should drink around one and a half litres daily, which can include fruit juices and herbal tea.

Good for you fats

Essential fatty acids, like omega 3, have been proven to play a role in brain and gut health. In fact, the ‘friendly’ bacteria mentioned before would not be able to ‘populate’ the gut without the presence of these essential fats, as they help it stick to the gut.

The brain itself has a high concentration of these types of fats, and a diet rich in oily fish, nuts (like brazil nuts and almonds) and seeds (such as sunflower seeds and pumpkin seeds) has been reported to help ward off brain disorders like dementia and Alzheimer’s disease.

By thinking more about what you eat and making sensible choices, you can feel healthier, happier and more positive about life. You are absolutely worth it, so give some of these tips a try.

4 ways to improve your serotonin levels

1. Eat more protein
   Include fish, seafood, whey protein, turkey and eggs.

2. Include carbohydrates and dairy
   Most carbohydrates (such as bread and pasta) and dairy boost serotonin levels, but try to have wholegrain options (e.g. brown rice and wholewheat pasta).

3. Reduce refined carbohydrates
   (such as white bread) as they tend to have a negative impact on blood sugar levels. They cause a spike of energy then a dip, leaving your brain starved of glucose and leading to feelings of anxiety and irritability.

4. Eat dark chocolate
   It’s a mood-boosting treat that boosts serotonin levels.

For more information about nutrition or a bibliography for this article please contact vikki-legallienne@together-uk.org
There are an estimated 5 million veterans living in the UK today, and in recent years there has been increasing public concern about the availability of appropriate mental health services for this group, particularly given recent military actions in Iraq and Afghanistan.

Awareness of the mental health problems facing some ex-service personnel has risen to higher levels than ever before thanks, in part, to high profile campaigns by the Sun and The Daily Telegraph in support of veterans’ mental health charity Combat Stress.

Combat Stress looks after men and women who are suffering from a psychological condition related to their service career. It might be depression, anxiety, a phobia or PTSD (Post Traumatic Stress Disorder). The charity currently supports a caseload of 4,400 individuals, including 102 Afghanistan and 400 Iraq veterans.

Support offered includes clinical treatment at three short-stay residential centres and an expanding community outreach programme delivered by teams of Mental Health Practitioners, Community Psychiatric Nurses, and Welfare Officers.

However, the charity has reported a staggering 72% increase in the number of ex-service men and women seeking their help in the past five years, and it has now turned its attention to campaigning for better access to mainstream mental health services for veterans.

A return to civvie street
Being in the forces means that every part of your life is mapped out for you, and whilst people can benefit from this support structure whilst they are serving, it is withdrawn when they leave the military. And this includes access to Ministry of Defence mental health services.

As veterans are only eligible for support via the NHS, the first point of contact for those who do decide to seek help for their problems is often their GP. However, research has shown that many veterans feel that GPs do not understand their needs, and that very few are then being referred to specialist mental health services, with many simply being prescribed anti-depressants.

Indeed there is great concern that GPs and other staff working in mainstream mental health services, as well as in primary care, do not have sufficient experience and expertise of working with ex-service men and women. It is not surprising then, perhaps, that less than half of the veterans experiencing mental health problems engage with NHS mental health services.

Compounding the problem is that veterans’ mental health problems may be made worse or caused by other post-service factors, such as the difficulty of adapting to civilian life or marital problems. They are also statistically more vulnerable to social exclusion, homelessness, and alcohol or drug abuse.

The good news is that improving the support available for veterans with mental health needs was a specific commitment in the Coalition government agreement last year, and Combat Stress has been doing some fantastic work to address the barriers to mainstream mental health support that affect many veterans.

For example, in October last year, Combat Stress teamed up with The Royal College of General Practitioners (RCGP) and The Royal British Legion to launch a guidance document to support GPs in identifying and meeting the healthcare needs of veterans more effectively, including accessing the priority treatment to which all veterans are entitled for service-related conditions.

Then in November Combat Stress teamed up with the NHS Confederation Mental Health Network to produce a briefing note aimed at making sure mental health providers and commissioners are aware of the scale and policy context of the issue. It concluded that both groups could do far more to improve outcomes amongst the veteran population.

19,000 servicemen and women rejoin civilian life each year. The vast majority do not develop mental health problems as a direct result of their time in the forces or otherwise. But for those who do, there is a wide body of evidence to show that access to appropriate mental health services and other support can be problematic.
What Together is doing

Dave Leigh is a Together Advocate at Ashworth High Secure Hospital on Merseyside. He’s also a Sergeant Major in the RAMC Territorial Army (TA) and has seen active service in Afghanistan.

Alongside Paul Harrison, Deputy Director of Operations and Development, Claire Helman, Director of New Initiatives, and a working group of staff and service users, Dave has been helping to review how Together might better support veterans who have mental health problems.

“In the North West, where we’re based, we have more military veterans than any other region in the UK, which is why we originally started to look at this type of work locally”, says Dave.

“The first thing Paul and I did when we started out was to organise a networking event in our region that bought together a range of organisations that focus on delivering services for ex-service men and women. Surprisingly it was the first time a meeting like this had been held.”

Speakers at the event included David Quinn from Resettlement Property Services (RPS), which provides accommodation to ex-service men and women. RPS, which is run by veterans, has also developed a peer support network that resembles the type of support that would naturally happen whilst serving in the military ‘family’.

The event was also attended by the Everton Foundation, the part of Everton FC which delivers a range of sports-related activities and schemes to improve the lives of people living on Merseyside. The Foundation spoke about its involvement with the ‘Inside Right’ veteran’s project, which is run in conjunction with national charity, The Football Foundation (see case study above).

“We had learnt a hell of a lot by linking up with the other groups locally helping veterans. So the next step was to talk to other Together projects that are currently supporting veterans. St. Helens Community Support Service in Merseyside was first up, followed by a large meeting in London that all Together projects were invited to attend.”

Following the London meeting Together’s veteran working group was formed, which is now looking at new types of support Together can develop to meet the particular needs of veterans with mental health needs. The research and planning stages are still very much in their infancy, but it is expected that a number of pilot schemes trialling different types of services will be run in the north and south of England later this year.
Involvement update

Together’s mission is to become trusted for our expertise in service user involvement. We aim to ensure that people who use our services contribute fully to every aspect of our work, in the belief that this approach leads to greater wellbeing.

Established in 2004, the Service User Involvement Directorate (SUID) is our unique department tasked with improving levels of involvement within Together, as well as promoting service user involvement and leadership externally.

Welcome to...

Katherine Allen

Katherine joined the team last summer and is the face of Together within Lancashire Care NHS Foundation Trust. Her role is to support the Adult Network at the trust to effectively engage service users and carers, and to ensure that services are truly service user and carer led.

Katherine is building on the good work already going on, developing new initiatives, and building strong links with the voluntary and community sector so that service users and carers lead the Adult Network at a strategic level. There are some great initiatives already going on, such as service user led focus groups and staff communication workshops, carer led staff training on information sharing with carers, and some emerging service user led social enterprises.

For more information:
Katherine T: 01282 657 451
E: katherine.allen@lancashirecare.nhs.uk

Dominic Makuvachuma Walker

A big welcome to Dominic, who was appointed as our new Deputy Director of Service User Involvement early last year. Dominic works with groups and projects across the south of England to improve levels of involvement.

Dominic describes himself as an African mental health survivor with a passion for the meaningful participation of service users in the design and delivery of the services they receive. He also has an interest in performing arts.

He previously worked for the East London Mental Health Foundation Trust, as the People Participation Lead for City and Hackney. Before that, Dominic was instrumental in setting up the Catch-A-Fiya Network, a service user-controlled forum for mental health system ‘survivors’ from black and minority ethnic communities.

For more information:
Dominic T: 07778 659 391
E: dominic-walker@together-uk.org

Let’s Work Together

Let’s Work Together is the new name for the Wellbeing Approach to Involvement, our unique way of involving service users in all that we do.

The change of name was in response to feedback that people didn’t understand the benefits of the approach, or had difficulty articulating its benefits to others.

Alongside the change of name, there is now standard text available that you can use to describe the approach to staff, service users, and stakeholders for your project.

This text is currently being incorporated into the main Together ‘brand’, and materials are being developed to assist people who want to describe the benefits of Let’s Work Together to a wider audience.

For more information:
Elina Stamou
T: 07590 961 353
E: elina-stamou@together-uk.org

Good practice in involvement

The vast majority of staff and service users at Together have now completed the Good Practice in Service User Involvement training course, which was developed by the SUID and is run in partnership with staff and service users.

Matthew Hyndman, Involvement Worker and Trainer says, “The sessions have been thought provoking and inspiring, enabling staff and service users to work together across a broad range of settings to develop plans for how meaningful involvement can be made a reality across all of our services and departments.

Some fantastic ideas about how involvement opportunities could improve life for the people we support, as well as the services we run, have been discussed at each training course.”

Ways in which people have pledged to improve practical involvement at their services so far include:

- Establishing specific service user involvement roles at projects
- Plans for service users to lead local fundraising initiatives
- Full and meaningful engagement of service users in the recruitment of all staff
- Producing newsletters that are written and edited by service users

For more information:
Matthew T: 07595 654 475
E: matthew-hyndman@together-uk.org
Involvement in action

Involvement worked for me
Nigel’s story

Nigel went from living in a 24/7 Together residential care home, to living in his own flat with support, and is one of our most precious resources in service user involvement.

I had been in a residential care home for more than ten years when I saw a poster on the notice board about a meeting the SUID was holding in London. I had been fed up spending so much time in bed because of my illness and decided I had to change my lifestyle for the better. The first time I went to London I would never have managed to get there on my own. I’d been at the service a long time and it was really good to meet and share life experiences with a wider range of people. It helped put me on the road to recovery. Two months later I did a course in training skills and got up and gave a presentation. It didn’t get boos – it got applause.

I’ve participated in all sorts of forums for Together since then. People tell me after presentations ‘you can’t tell you have mental health problems’ and I say, ‘well you can’t always tell by looking at someone.’ Good to hear those things, like how much better you look than you did. But I’m not here to win an award or anything or a battle, I’m here to get better. The most important thing is your health. I want to get better for my son and family.

The big thing in my life is that after 11 years in 24/7 care I moved into supported housing on Easter Monday 2009. I’ve achieved my dream to move on to my own flat, and the participation in the things I’ve done helped me with that. It’s also helped me get more involved locally in my community. I’ve been into a school and done a talk about mental health issues centred around World Mental Health Day, got involved in a local advocacy service and also in the work of Suffolk Mental Health Partnership Trust. Without massive Together support I wouldn’t be here to help others.

Involvement at our project

Our client Denise first came into contact with Together when she moved to St Helens two years ago. She received support from the team as the carer for her partner, Barry, who has mental health problems. It took a long time, plus lots of support and encouragement for Barry to access our service too.

Denise and Barry started attending the drop-in that we run every Monday. But they would sit by themselves to begin with. It was really hard for Barry to mix with other people at first. Gradually, their confidence grew, and they began to get more and more involved with the running of our service.

As volunteer workers for the drop-in we run they have helped to recruit new staff and facilitate a men’s and women’s group. They also arrange activities agreed by each of the respective groups.

Earlier this year, they played a key role in organising a trip to Blackpool, which included securing funding to do this from a local forum as well as conducting risk assessments. They regularly write to local businesses, housing associations and prospective funders for grants to support their work.

Denise and Barry have both been encouraged and supported to be more independent and now feel that they’re giving something back to the St Helen’s team by volunteering. In terms of personal achievement, they have gone from feeling isolated, to becoming confident and able members of the team.

It has now been about two years since we took our first tentative steps to look at what access service users had to IT.

The research we undertook at the start of the project showed that very few service users, at the time, had access to IT and very little knowledge of how to use a computer competently. However, if access was available the research showed that people would use this to keep in contact with family and friends, look for employment, learn new skills, listen to music, watch TV or play DVD’s and send emails.

In this world of technology the SUID and Central Support felt there had to be a way of improving access to computers for service users and set up the IT steering group. The group is made up of four service users all with different levels of IT skills. It also includes myself, and input from Together’s IT Department.

Following the research the group identified five pilot sites where service users showed a real interest in IT and training. Site visits took place, along with working out what shared equipment would be needed and the associated costs.

We are now looking at fundraising to provide these pilot sites with IT equipment and associated support for three years. It seems to have taken a long time to get to this stage but as a group we are quietly confident that we will achieve what we initially set out to do.

BY MANDY CHAINES

BY JACKIE CARPENTER AND DENISE BELLIS
The QCF aims to provide more flexible qualification and career routes, enabling progression to be achieved in smaller steps. Learners will be able to transfer some of their credit (through units) across levels and qualifications, which will avoid repetition of subjects when learning.

The new qualifications are now called Award, Certificate or Diploma. These three terms are used to indicate the relative size (volume) of qualification. These terms do not link to the difficulty or challenge involved, which is indicated only by the level of the qualification or unit.

This means that it is possible to have an Award at Level 4 for example, and a Diploma at Level 1.

**New structure:**

- **Award:**
  - 1-12 credit qualifications

- **Certificate:**
  - 13-36 credit qualifications

- **Diploma:**
  - 37+ credit qualifications

As the first national organisation to be accredited to offer the Level 3 Certificate in Independent Advocacy, Together has been working with the new system for some time. In this instance, the difference between the Level 3 at Certificate and Diploma level would require the completion of two more core units.

Together’s NVQ Centre has not registered any new candidates for the old awards since the end of 2010. However, the role of our NVQ assessors will be just as important under the new system, and our peripatetic team will work to support the transfer through planned assessor development days and regular standardisation meetings.

For more information visit: [www.cityandguilds.com/qcf.html](http://www.cityandguilds.com/qcf.html)

---

**Charity Works Success**

Charity Works is run by a partnership of national charities, including Together, and offers graduates and high flyers the opportunity to gain experience across the charity sector. This well-respected scheme is accredited by the Institute of Leadership and Management.

Congratulations go to Anna Robertson from the Learning and Development team, Pawel Domitrz, Senior Social Care Worker (SSCW) at Randolph Avenue and Memory Masunda SSCW at Green Lane, who have become the first staff from Together to graduate from the Charity Works Graduate Scheme.

During their year-long involvement, our Charity Works cohort was exposed to a variety of dynamic learning events, facilitated by sector experts such as the Charity Commission. They also attended peer-led action learning sets, and prepared a 5000-word report as part of the final assessment.

For more information visit: [www.charity-works.co.uk](http://www.charity-works.co.uk)
Subscribe to *time together* is free. If you would like to receive editions of the magazine directly in future, please fill out this short form to be added to the mailing list. Your details will not be passed on to any third party organisations.

Title: 
First name: 
Surname: 
Address: 
Email address: 
Date of birth: 
Occupation: 

Privacy Policy
Please tick appropriate boxes if you do NOT wish to be kept informed by mail □ email □ and/or by questionnaires □ of other Together publications, services or news.

Please return this form to: *time together*
Communications Team
12 Old Street
London
EC1V 9BE

Or email the details above to: timetogether@together-uk.org

**Donation form**

I want to support individuals with mental health issues to achieve fulfilment and an improved quality of life.

Title: Name:
Home Address:

Postcode: 
Email: 

[I would like to receive *time together* via email]

Make your donation worth 25% more: If you are a UK taxpayer, please tick the box so we can claim back 25p from every pound you give at no extra cost to you. You must be paying an amount of income tax and/or capital gains tax at least equal to the amount we reclaim.

**Giftaid it**

[ ] Yes, I want Together to treat all donations over the past six years, and all future donations as Gift Aid until I notify you otherwise.

I would like to make a one off donation of:

- £5
- £10
- £15
- other £

I enclose a cheque/postal order/CAF voucher* made payable to Together

I would like to pay by:

- Visa
- Mastercard
- Maestro
- CAF card

Card number: ____________________________
Start date: [ ] [ ] [ ] [ ] [ ] Expiry date: [ ] [ ] [ ]
Security code: [ ] [ ] (last three digits on signature strip)

Signature: ____________________________ Date: [ ] [ ]

Please return this form to: Sarah Fuggle, Together, 12 Old Street, London, EC1V 9BE.

[ ] I do not require a personal acknowledgement of my donation.

Registered Charity No 211091  Issue 6
Send us your pictures and stories
If you have a photograph or story to share we’d love to hear from you. Please email your contributions to timetogether@together-uk.org

The Magic Pill
In my youth I felt the strain,
In my mind I felt a pain.
Couldn’t smile and couldn’t think
Dressed to kill in shirt of pink
I was drawn to all the girls
In their frills and in their curls
But I could not meet their minds,
Older, younger, many kinds,
I was shy and I was scared
Ran away when lady cared,
Opportunities turned to nought
All the wishes that I sought
Many dreams would fade away
With the games that I might play.
Then I aged and left the scene
Went to days that might have been
Lost the world with many sights,
One of legs and ladies lights
I was lonely, left in doubt
Wanting scream and wishing shout,
Married once, but not for long,
Fell to pieces, wrote a song
Thought the world could be so mean,
Twisted feelings, hapless scene,
Couldn’t cope without a friend
Nowhere hope, no-one to mend,
Finally a doctor schemed
Provided pill that worked as dreamed,
Awoke so well, my mind felt whole
And happiness transfix my soul.

Poetry corner
Poet Cliff Bayen who is currently residing at our Lawn Court Project in Ruxton is studying creative writing at Sussex University. Cliff says: “This piece is a shortened version of a poem about my life. It tells the story of my illness and eventual recovery.”

The Good Life
Melvyn Wyke is a resident at our Church Hill project in Aidershot. Alongside Lincoln, another resident, he looks after the property’s huge garden. Melvyn says, “Gardening is a super hobby and as regards a healthy diet you can’t beat growing vegetables for consumption.
I thoroughly enjoy tending our lovely garden and I enjoy using the lawnmower to keep our lawns looking top-notch. Our garden is a garden to be proud of.”

Bloomin’ marvellous
Everyone at our Felixstowe Road project in Ipswich would like to say a massive thank you to Malcolm for keeping his gardens in a wonderful condition.
“Malcolm planted, weeded, and tended the lawns to his particular level of perfection. But if you want to see Malcolm in action you will have to get up with the larks, very early in the morning because it’s all done by breakfast time,” says one Felixstowe roader.

Just say walk
Together and DARE, a local service user group in Essex that helps people who have mental health and addiction issues, teamed up to mark National Substance Misuse Recovery Week last November with a recovery walk.
Suzie Nankivell, Service Manager for Essex says, “The route became pretty steep at one point and people started flagging. But it was a lovely day and the group kept cheerful and encouraged each other to continue. Here we are at the end point enjoying a cup of tea and a rest.”

The Notice Board
Top of the class
Together Advocates at Ashworth Hospital proudly pose with certificates gained as part of their Independent Mental Health Advocacy (IMHA) training.