

strategies for living

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the
Mental Health
Foundation

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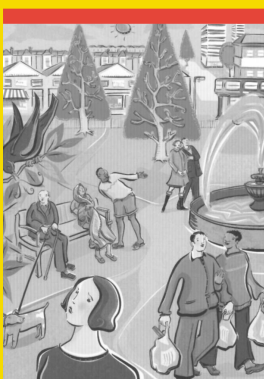
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Welcome to the Strategies for Living newsletter, incorporating news on survivor/user led research, adult mental health and user empowerment.

season's greetings

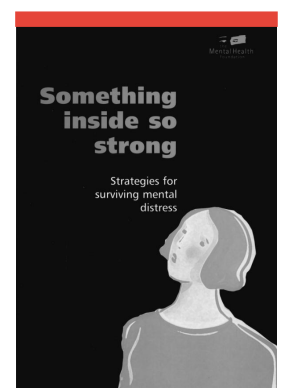
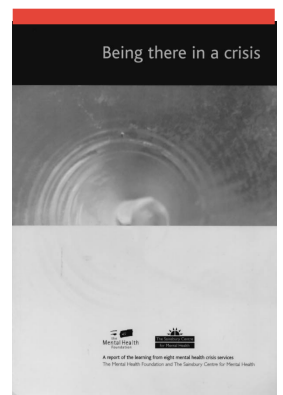
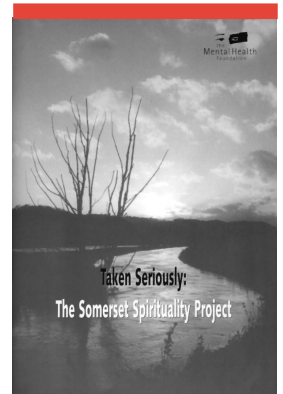
The Strategies for Living team wishes you a healing and warm holiday season. We are looking forward to a respite from our busy and exciting year! This year we have among other things; welcomed Toby Williamson, our new Head of Strategies for Living; got two new projects underway - Advance Directives and Good Practice in User Centred Initiatives (see inside for more information on this project); published the findings of the Somerset Spirituality Project: and continue to support our fifteen user led research projects. We look forward to developing all this work in the New Year.

big alternative conference v

Another exciting Big Alternative Conference took place in October, booked to capacity with around one hundred and fifty people attending. See page four for review. Dr Lester Sireling, the only psychiatrist at the conference has subsequently written to the Post Graduate Medical Centre at Edgware Community Hospital suggesting a joint conference with users and the London Division of Psychiatrists. He said, "I recently attended a superb ... conference. I enclose a copy of the programme which you can see is stimulating and exciting. Unfortunately I was the only psychiatrist at the conference. It seems sad that users and psychiatrists should be so dichotomised: I am sure that psychiatrists would have a lot to learn (as I did) from such a conference." We await developments on this with interest.

mental health bill

Following the Parliamentary lobby in October, we were delighted when the new mental health bill was not included in the Queen's speech as that seemed to mean it was less likely to be passed this year. However Alan Milburn, the Health Minister, has recently announced that a new mental health bill will be introduced to Parliament in the coming months. Watch this space. ■



strategies

Amanda Geary talks about the relationship between food and mood and



Amanda Geary

My personal experience of using dietary and nutritional self-help to self-manage depression and anxiety led me to found The Food and Mood Project in 1998, with the help of a Millennium Award from Mind. The aim of the Project is 'to empower individuals to explore the relationship between diet, nutrition and emotional and mental health and to share this information with others'. The findings of its national survey of 200 people who have been using this form of self-help with the specific goal of improving their emotional and mental health, have just been published.

findings

The findings suggest that making changes to what we eat can have a positive and sometimes rapid effect on our mental health. Up to 80% of those surveyed said the changes they had made were beneficial, with a quarter of respondents each specifically reporting large improvements in, or even the disappearance of, mood swings (26%), depression (24%), panic attacks and anxiety (26%). Over one third (36%) said they were 'very certain' that the benefits they experienced were associated with the dietary

or nutritional supplement changes they had made. The Mental Health Foundation's Chief Executive, Dr Andrew McCulloch, sees the survey as a further welcome contribution to the

to be included within mental health services, and for further research into the diet/nutrition and mental health connection. According to the survey, cutting down or avoiding potential 'food stressors'

Box 1

The percentages refer to those people reporting the use of each self-help strategy as being 'helpful' or 'very helpful' for their emotional and mental health. The total number of people in the survey using this form of self-help was 165.

Cutting down or avoiding potential food 'stressors' Helpful strategies were:

Cutting down on sugar	(80%)
Cutting down on caffeine	(79%)
Cutting down on alcohol	(55%)
Cutting down on chocolate	(53%)
Cutting down on wheat-containing foods	(48%)
Cutting down on additives	(47%)
Cutting down on dairy	(44%)
Cutting down on saturated fats	(39%)

Increasing potential food 'supporters' Helpful strategies were:

Drinking more water	(80%)
Eating more vegetables	(78%)
Eating more fruit	(72%)
Eating more oil rich fish	(52%)
Eating more nuts and seeds	(51%)
Eating more 'brown' (wholegrain) food	(50%)
Eating more fibre	(48%)
Eating more protein	(41%)
Eating more organic food	(36%)

development of a holistic understanding of mental health, "Healthy minds and healthy bodies go together. Diet is a key component of both physical and mental health. I welcome the long overdue recognition of this fundamental truth". Also, Mind have called for nutritional testing and advice

and having more 'food supporters' had beneficial effects on mental health (see Box 1). Respondents' views were mixed on whether these changes were easy or difficult to make, but for many the real benefits made the effort worthwhile. The survey also found that eating regular meals, not



for eating

describes the findings of her survey.

missing breakfast and carrying snacks around, were the changes in eating patterns which had been the most effective.

Those taking part in the survey were mainly women, living in London or southeast England and aged 26-55: a profile that is apparently typical of people who tend to use complementary medicine. Most of these women were in some kind of full or part-time paid employment, although nearly a third (32%) were unemployed for a variety of reasons including long-term illness.

treatment

Of those that provided information on conventional medical diagnosis or treatments received: 47% said they had been prescribed antidepressant medication; 19% minor tranquillisers; 12% anti-psychotic medication; and 9% mood stabilisers. The most frequently reported diagnosis was depression (35%).

Nutritional supplements had also been found to be useful. 93% had taken these (e.g. vitamins, minerals, herbs, essential fats/oils, amino acids) specifically to help their mental or emotional health. Essential fatty acids (EFAs) such as fish oils

were mentioned the most frequently as beneficial (22%). Taken as a group, herbal supplements such as St John's wort, kava, ginkgo and ginseng were similarly mentioned (22%) as being definitely helpful, although 6% reported a worsening of symptoms following the use of herbal supplements.

holistic

The Food and Mood Project maintains a holistic view of the individual - one that recognises that both psychosocial and physical factors influence health and well-being. Spirituality also plays a part, perhaps expressed through a growing awareness of environmental concerns. Self-help groups are key to providing the social support and motivation that are

often needed to make even simple changes to what and how we eat.

I believe that the strength of the Food and Mood Project is that it's founded on, and is being developed from, individuals' experiences of using this particular form of self-help for managing emotional and mental distress.

Recommendations from the survey participants to people who are starting out to explore food and mood (see Box 2) and key findings from the survey are listed on The Food and Mood Project website. The website also has a free email self-help support group, and a list of registered nutritional therapists. Funds permitting, there are plans for more user-led research and to further develop the website as a source of information and support. ■

Box 2

Survey participants' recommendations for exploring food and mood

"It's worth breaking through the 'comfort zones' to experience a greater well-being."

"Get the support of family, friends, colleagues or a health professional if you can."

"Perhaps keep a food and mood diary - and be honest with yourself!"

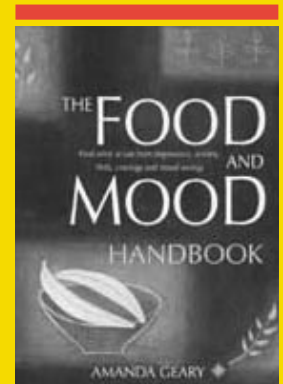
"Try changing things, step by step."

"Think of this as an experiment, to see how you can feel."

"Go at your own pace and make it a sustainable way of living."

"Don't give up. Things may not happen overnight"

"Remember: you are unique, and you are the expert on how you feel."



Available from the Food and Mood Project:
The Food and Mood Poster
The Food and Mood Handbook
The Food and Mood Self-help Report
The Food and Mood Newsletter

For more information contact: The Food and Mood Project
PO Box 2737, Lewes
East Sussex BN7 2GN
www.foodandmood.org
info@foodandmood.org

bac again



In session

Torsten Shaw from Making Waves (formerly known as Service Users Monitoring Services) describes his experience of attending the Big Alternative Conference (BAC) in October.

We'd heard about the Big Alternative Conference and

thought it sounded like a good place to be. When we got the details and saw how cheap we could get places we thought this was too good an opportunity to miss. It gave a chance to attend a national conference

that attracted large numbers of service users and offered up a vision for a very

different kind of service. So nine of us from the Nottingham Service Users Monitoring Services project (SUMS) booked places.

madness

Some excellent panelists opened the day. I was very moved by the accounts of both Robert Jones and Jasna Russo. (Robert kindly sent me copies of what he'd written, as I was very keen to have copies of his poems). I was particularly struck by what Jasna had to say about owning her 'madness' and not wanting it taking away by drugs and psychiatrists.

I attended Jasna's workshop, which I thought generated lots of interesting discussion about our own experiences and how we dealt with/made sense of them. Unfortunately I missed the play 'A Quiet Night on Roundway Wing' performed by the Orphans of Beulah from Leeds, because I was having a session of 'Internal Light Healing'. I found this very relaxing but had some problems accepting the philosophy which appeared to underpin it. Someone else in our group also had a session and found it intensely emotional.

In the afternoon session I went to the workshop on 'User-led Research', as this was directly relevant to the work we do. It was interesting to get a sense of



Sue Renton (left) chatting with the Self-Harmer (centre) and Angie Smith (right)

how others have experienced the process and how far we have (or haven't) moved on.

understanding

One of the things that really struck me during the day was just how middle class the user movement is (and white). Some people were doing the very kinds of things we criticise professionals for, like using language that is hard to follow and making assumptions about people's



Steve Finnimore enjoying Indian Head Massage from Mike Ali



Debbie Baker (left) receiving Pet Therapy from

the holding ground

Andy Field reviews *The Holding Ground* by Angela Morton.

*“When, like her tongue, her talk
was dried to dust, and all her sound was clamped
inside her mind, and day by day
by day they took their speechless walk
along the path that led to Pwll y Wrach
bad thoughts
conspired to thrust a weight across her shoulders”*

This, as well as being a quote that illustrates the many reasons I would urge you to buy this book, also represents fairly accurately what happened to me as I deliberated over writing this review. In the end I decided that rather than try to give you a cohesive Times literary review of *The Holding Ground* (which I am neither qualified nor gifted enough to do), I would simply reproduce my three abortive attempts and recommend you do the homework.

take 1

Here the plan was to take one poem and tease out the underlying themes that reverberate throughout the collection. The title poem suggests that while there may be cause enough to entertain suicidal fantasies, love and loyalty provide reason to remain. And there, while I may have managed to summarise the themes within the poem, I have in no way done justice to the manner in which Angela takes the reader on that journey. For example, in this poem the ambiguity as to whether the lover is still alive or dead only adds to the emotional impact of the piece. If the lover is dead, the reason to remain is lessened, and the decision to remain alive, faithful to their memory, all the more poignant.

take 2

This was my attempt to get in touch with my emotional response to the book.
rhythm waterfalls Welsh streammmss turbulence swirling currents calmer moments depth self-destructive violent falls plunge you into shallows

take 3

And finally, here’s an example of what you end up saying when you realise that what you’d like to say sounds clichéd by comparison to thing you wish to describe. Throughout this collection the subtle fluidity and gravity of her words ...blah blah blah... just buy it. As you can see, not the neatest review, but the book comes highly recommended. ■



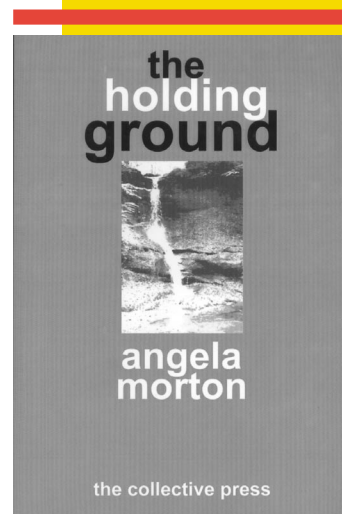
Workshop facilitators, Jill Clarke

understanding; I think these are things we still need to reflect on.

Big thanks to the organisers for making it happen and for giving so many of us a chance to come to such an event. For many of the people in the group this was the first time they’d been to a conference and the opportunity to meet others and get the sense that there were lots of others out there pushing for change was very powerful. ■



Pepper and Jackie Mattingly



into the mainstream

Tara St.John gives an overview of the Government's recent consultation document for women's mental health care in England. *Women's Mental Health: Into the Mainstream* was published in October 2002.

It outlines a proposed strategy for improving the way in which services address women's mental health and support women with mental health problems. The document recognises there are clear gender differences in the causes and presentation of mental ill-health between the sexes and women's particular experiences and concerns need to be addressed and understood by service providers. Men, for example, present more often with substance misuse and personality disorders while for women anxiety, depression and eating disorders are more common.

life experience

Factors which impact greatly on women and which women have identified as key to their mental health are: socioeconomic (poverty, employment, women's work in the family); physiological (hormonal, physical ill health); psychological (life events, social isolation); and experience of violence and abuse - women are three times more likely to have been abused than men. Between 18 and 30% of women experience domestic violence during their lifetime and between 4 to 40% of women experience



domestic and/or sexual violence during their lifetime.

proposals

Clearly, in this context, mixed sex environments can be threatening places for women with a history of abuse, however most mental health care is provided in mixed-sex settings, an issue over which there has been serious criticism in relation to women's safety. One of the key proposals of the new strategy is to introduce measures which provide a sense of safety and choice, for example choice over gender of key worker and single sex accommodation in residential settings. Every trust is also to have women-only day services by 2004. Experiences of violence and abuse also often remain hidden because the right questions are not asked during assessment. The strategy states that these experiences should be treated as a core mental health issue and a lead person identified in every trust to ensure this is addressed. Other key proposals include: introducing gender sensitive issues into the core training of all mental health workers - these have not traditionally been addressed; provision of funds to voluntary sector organisations e.g. independent day centres, so

that they can work and plan in partnership with the NHS; and providing greater support for women with mental ill-health who are mothers and carers. The strategy also highlights that specialised care programmes need to be developed for specific groups of women, including minority ethnic women, gay and transsexual women, and women offenders.

implications

While the Mental Health Foundation welcomes these proposals, they need to go further. For example practical workable systems are needed in ward management in order to ensure safety, and checks on new staff need to be thoroughly and properly implemented. Continuity of care is also vital, therefore the numbers of agency nurses need to be reduced. The document states that specific strategies are needed for specific groups of women, however these are not outlined in any detail. Issues around women's mental health and homelessness are also poorly addressed. Overall though, the strategy is a positive move towards recognising and addressing the fact that women have needs and issues which are very unique to their gender. However, what we need to see now is positive action and a plan outlining how these improvements will be implemented and resourced, making the aspirations of the strategy a practical reality in the lives of women with experience of mental distress. ■

what we need to see now is positive action and a plan outlining how these improvements will be implemented and resourced

For a copy of the report contact:
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doh@prolog.uk.com
Website:
www.doh.gov.uk

strategies for living project updates

bi-polar carers

Lesley Jenkins, one of our supported user researchers, who also has a diagnosis of bi-polar disorder, gives an update on her project.

The aim of my research is to investigate the coping strategies of bi-polar carers (i.e. people who care for people with a diagnosis of manic depression) and to find out what information and services they require to help them cope more effectively.

In March I advertised the research and the need for volunteers. The Manic Depression Fellowship (MDF) in Wales were happy to give me authorisation to approach other MDF self-help groups to access carers.

interviews

By September I had completed in-depth interviews with thirteen bi-

polar carers. Latterly carers who were willing to participate were hard to find. The carers are from all walks of life, and are full or part-time carers. Husbands, wives, mothers and children are represented. The interview questions were framed to gather information on how the illness affected the carer and how the carer coped in a crisis. Although the experience was quite intense I did enjoy it. There was a great worry with one or two carers concerning confidentiality, and many carers had to be put at ease, so they felt comfortable that it wasn't a "tale telling exercise".

copng

The participants' contribution to my research has been outstanding. One person said, "A coping strategy ... It's to accept the

situation, not to resent it or fight it, come to terms with it and live with the limitations it imposes. If you can do that, you could 'win the battle', but I'd shudder to think how you'd be otherwise. You could give up."

That was brilliant! It's universal and could apply to all major mental illnesses. We must accept - it's vital to recovery for the person in distress and also to coping effectively as a carer. I am now working on the analysing process - developing themes and ideas. Hopefully this will be completed by December and I can enjoy a well-earned break! ■

Strategies for Living recognises that different people have differing understandings of well-being and distress. ■



Lesley Jenkins

Lesley also co-runs free courses for bi-polar carers and can be contacted on Tel: 01873 856314

sharing good practice

My name is Carole Lovett and I am the recently appointed project worker for the Good Practice Guidelines in User Centred Initiatives.

The project aims to involve many people in the process of consultation and preparation of reference tools and a directory sharing experiences of good practice in such initiatives. There are many examples of good practice in a wide range of user centred

initiatives, it is from this wealth of knowledge the reference/guidelines will be shaped. The consultation and contribution to the end product will continue throughout the process. Contact will be maintained through a steering group (to be formed) the Internet, e-mail and traditional means of communication.

background

I am particularly delighted to be involved in this project because user centred initiatives are of

personal interest to me. Prior to working for the Mental Health Foundation I was employed in a user run and led organisation that illustrated the benefits and essentiality of user centred working. I hope the Good Practice Guidelines in User Centred Initiatives will provide a tool to assist all those involved within mental health in any capacity, to make 'user centred' commonplace not exceptional. ■

For more information about this project, contact Carole on Tel: 0161 371 5093, at email clovett.mhf.org.uk or at the Foundation's London office.



spirituality and mental health forum

To order any publication please call the Publications Department on **020 7802 0300**

This forum of organisations and individuals with a particular interest in raising awareness of issues around spirituality and mental health, continues to grow.

Andrew Powell, chair of the Spirituality Special Interest Group at the Royal College of Psychiatrists, attended the latest meeting and

spoke movingly about the work going on behind the scenes to try and introduce changes to the training curriculum for psychiatrists that would incorporate spiritual perspectives. There was strong support for service users to be involved in providing training and offering opportunities to increase understanding of people's experiences away from the power-laden and



heavily structured environment of the psychiatrist's session. ■

tell us

We would love to hear about your strategy for living. If you would like to contribute to the newsletter in the form of an article, poetry, illustration or artwork, please get in touch with us at the Foundation's London Office.

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what's going on . . . at the mental health foundation

further information

Mental Health Action Week

Mental Health Action Week is the Mental Health Foundation's annual awareness-raising week. In the last three years we have covered issues such as mental health in the workplace, friendship and stigma.

This year we will produce a report on work-life balance and mental wellbeing. We need to ensure people who have experienced mental distress take part in our survey about the effect work has on their mental wellbeing. Please help by filling out our questionnaire on work-life balance. You can get a copy by contacting Celia Richardson on Tel: 020 7802 0312, at email crichardson@mhf.org.uk or fill it in online at <http://mentalhealth.org.uk/html/content/survey.cfm>

recent publications/conferences

Count Us In: The report of the Foundation for People with Learning Disabilities inquiry into the mental health needs of young people with learning disabilities **£27.50**

Recognising that young people with learning disabilities are known to be at risk of developing mental health problems, Count Us In, through its recommendations, aims to promote the mental health and emotional well-being of young people with learning disabilities aged from 13 to 25. It also explores ways services should work together to respond to the needs of those young people who experience mental health problems.

Bright Futures: Protecting vulnerable young people's mental health conference (11 March 2003, London)
This conference will provide an opportunity for policy makers and practitioners from across the UK to explore key issues around children and young people, vulnerability and mental health. It will explore: promoting and protecting children and young people's mental health and well-being and how this can reduce vulnerability; and meeting the mental health needs of key vulnerable groups, especially children with emotional and behavioural problems, homeless young people, looked after children and young offenders
For more information contact Pavilion on Tel: 01273 623222