



Information Guide

for people with mental health problems and
their carers in Scarborough, Whitby and Ryedale

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Foreword

I remember when I first came to work in mental health services I often found myself wondering 'Where can I find information in an easy to understand format?'

I soon realised that is exactly how many other people, maybe concerned for friends or loved ones, felt and that what we needed to produce in mental health services was an easy to use guide, so it was very exciting when Scarborough Survivors, working with Scarborough, Whitby and Ryedale Mind, first came up with this guide a few years ago. It's been put together by people who have experience of the services themselves, so has the added benefit of demonstrating what people can do when their creativity is supported.

Whether you are looking for the number of a national helpline, or wondering what CBT stands for, this guide is invaluable, and I'm delighted to recommend it to you. This is an informative guide that 'does what it says on the tin' and my congratulations and thanks go to Mat and Lindy for updating it.

**Paul Hyde, General Manager
Tees, Esk & Wear Valley
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Introduction

This is a guide for everyone who needs to use mental health services in Scarborough, Whitby and Ryedale. We first came up with the idea a few years ago for information in an easy to understand format. Many of the people who have put it together have experience of the services themselves, so we're pretty sure it 'does what it says on the tin.'

For most people with a mental health problem who experience a sudden crisis, the most urgent need is for a quick access to some form of support and for that to include someone to talk to. This might be a friend, therapist or counsellor, a professional or a voluntary organisation such as The Samaritans.

For some, the most pressing need is for solitude - peace and quiet in a safe place.

If at work, it may be necessary for a person temporarily to walk away from a distressing situation.

CrisisCall

Crisis Call is a telephone helpline, offering a service to those experiencing mental health problems, their carers, family and friends. The caller defines the crisis. The service covers Scarborough, Whitby and Ryedale, Hambleton & Richmondshire, Harrogate and Craven areas.

Phone **0800 501254** and leave your contact details. An experienced crisis worker will call you back, usually within 20 minutes and will assess the situation you describe. The worker will listen to you and try to support you in managing the crisis. They can arrange for someone to see you if this is appropriate.

Mental health

Mental health

Mental health is the emotional and spiritual resilience which enables us to enjoy life and survive pain, disappointment and sadness. It is a positive sense of well-being and an underlying belief in our own and each others dignity and worth.

Mental illness can occur when our sense of well-being is undermined and our resilience fails us. When this happens, it may cause us to experience disturbing thoughts or feelings which can overwhelm us to such an extent that it begins to disrupt our day to day lives and perhaps the lives of those around us.

At this point it is important to talk to someone about how we are feeling - this might be a close friend, relative or our family doctor. Most people recover from mental health difficulties though some may experience recurring problems.

Dual Diagnosis

For the last fifteen to twenty years, mainstream services have focused on people who fit into a specific group. However, some people have additional

problems, meaning that they cannot be placed into any one diagnostic category. This is known as Dual Diagnosis.

In effect, Dual Diagnosis means having a serious mental health problem combined with another dependency, borderline personality disorder or learning difficulty.

To some extent, the term dual diagnosis is being replaced by the term 'complex needs.' Although this sounds better, it is still problematic in that it implies others may have more simple needs.

If you feel that you need help with a mental health difficulty and another problem at the same time, you should discuss this with your GP.

The role of the family doctor

One in Four

One in four people will experience some kind of mental health problem in the course of a year. Of these people, three-quarters will ask for professional help, and the first point of contact is usually the family doctor (General Practitioner or GP). The problems which the patient takes to the doctor are 'unsorted' so he or she acts as a kind of filter for them.

Finding a doctor who is 'mental health friendly.'

You can expect your doctor to have a basic understanding of a broad range of mental health issues and an increasing number have additional training and expertise.

At present there is no way of knowing which doctors have a particular interest in mental health matters, but it is hoped that they will be readily identifiable in the future, as is the case with other specialisms. Of course, even doctors have their own life experiences and this can greatly enhance their understanding.

Expectations

When you consult your doctor, you can expect him or her to explore with you how you are feeling, to help you identify what the problem is and to explain the nature of this problem to you.

You can also expect him or her to suggest options for managing or treating the problem and to organise a plan of care with you. Many doctors will be only too ready to work in partnership with you in making choices and decisions about your health care needs.

Prescribing

If you are experiencing a problem which has responded well to a prescribed drug in the past, it is likely that you will be offered this again. In general, the likelihood of being prescribed medication will depend on the depth, duration and disabling effect of the problem.

This basically means how severe the symptoms are, how long they have been a problem for you and to what extent you feel they are affecting your ability to get on with your everyday life.

Remember to tell your doctor how that problem is affecting any work that you do - and your relationships. Whatever help you can get, your family doctor remains responsible for your care and treatment (with a minority of exceptions).

If your doctor assesses that you are distressed but not ill, he or she might suggest talking through your difficulties with him or her or someone else. For many people this can work very well alongside medication or by itself. (See chapter entitled Treatment on page 20).

Diagnosis

For many reasons family doctors are often careful about

'labelling' or diagnosing some conditions. However, any treatment and the outcome for recovery (prognosis) depend to a large extent on diagnosis.

For some people, being told clearly what the medical name for their problem is can help them to look ahead and begin the journey to recovery.

It is important to remind ourselves that a diagnosis is only an opinion and being diagnosed with a mental health problem does not mean that we are, or will become, a set of psychiatric symptoms.

Physical health care

Having a mental health problem does not mean that our physical health is any less important. We have a right to care and treatment for these problems regardless of any other health needs we may have.

It is reasonable to expect that if we have concerns about our physical health, these will be taken as seriously as those of anyone else.

If you feel that you need help with a physical health problem, you should see your GP about it.

'Gatekeeping' and referral to other services

As stated earlier, the family doctor acts as a filter and also a gatekeeper to other services, many of which we cannot access directly. For most of us, in an everyday sense, emotional support goes on all the time within families and social circles. Beyond this, the family doctor and those within the practice provide the vast majority of mental health care. Care within general practice is known as Primary Care. Secondary Care is that which is provided by a specialist service.

GPs also act as one of the main gateways to in-patient hospital care (others who provide this function include Accident & Emergency and the Police). All GPs across Scarborough, Whitby and Ryedale now have access to a mental health Primary Care Worker from the mental health Primary Care Team.

Continuity

Your GP is more likely to have a longer term involvement in your care than any other health professional and this can offer a welcome thread of continuity throughout changes in relationships and your life

generally. Whether or not you have support from specialist mental health services, your family doctor is likely to remain the same unless you change this yourself.

If you do have specialist mental health care, your GP will be kept informed about this and should be invited to Care Co-ordination review meetings (see Care Co-ordination, below).

Similarly, if you are discharged from such a service, your GP should be involved in that decision too. If you have a family who shares the same doctor, this can have the advantage of him or her having some knowledge of the bigger picture.

Confidentiality

It is worth remembering that your GP is legally and ethically bound to respect confidentiality in relation to your health, although if you do want certain information to be shared, this can have its advantages. (See chapter: 'Staying well and planning ahead' on page 34)

How to get a doctor

Everyone has the right to be registered with a doctor. If you are not on a doctor's list or if you

wish to change your doctor, you can register with one by going to the surgery of your choice and completing an application form at the surgery (someone will help you if you ask) or at the appropriate section of your medical card.

If the surgery accepts you as a patient, you can arrange to see your new doctor for treatment if you need to. However, GPs do not have to accept new patients. If a practice cannot assist you as a patient and you need emergency treatment, this will be provided.

You can also use the Castle Health Walk-In Centre in Scarborough, which is open 8am to 8pm, 7 days a week. Anyone can use this service without having to register.

If, however, you have not been able to register with a doctor despite trying several times, you could contact NHS North Yorkshire and York, telling them that you wish to register with a GP, give them the names and addresses of those practices you have tried. They will put you on a doctor's list within 2 days.

There are also out of hours GPs, but you should ring NHS Direct first.

Care Co-ordination

The approach of care co-ordination is used for people with special health care needs who require long-term health care

Care Co-ordinators are responsible for co-ordinating and managing a person's care in partnership with the service user and their carer(s).

The Care Co-ordinator will be a professionally qualified person (e.g. Social Worker, Occupational Therapist, Psychologist) who will work alongside a service user and their carer(s) to agree a plan of care which best suits the service user's health and social care needs and which makes sure that the service user receives the care and services that they are entitled to.

What follows is taken directly from Tees Esk and Wear Valley NHS Foundation Trust's Care Co-ordination Policy:

Principles of Practice - The Care Co-ordinator:

- Works in partnership with people who have complex mental health and social care needs, and those supporting them

- Strives to empower the service user using services to have choices and make decisions to determine their wellbeing and recovery
- Integrates and co-ordinates a service user's journey through all parts of the health and social care system
- Enables each service user to have a personalised care plan based on his/her needs, preferences and choices ensuring work, housing, hobbies, socialising and physical health needs are adequately addressed
- Ensures that the service user receives the least restrictive care in the setting most appropriate for that person
- Supports the service user to attain wellbeing and recovery
- Ensures that the needs of carers/families are addressed
- Brokers partnerships with health and social care agencies and networks which can respond to, and help to meet the needs of the service user who is experiencing mental health problems.

Core Functions

- 1. Comprehensive needs assessment
- 2. Risk assessment and management
- 3. Crisis planning and management
- 4. Assessing and responding to carers' needs
- 5. Care planning, monitoring and review
- 6. Transfer of care or discharge.

The core functions have been drawn from Care Programme Approach Policy Guidance 2008 and the Community Care Act 1990. They set out the key tasks required within CPA. These values, principles and core functions are embedded in the National Occupational Standards associated with the key functions of the Care Co-ordinator.

Healthy living



Healthy living

Maintaining a balanced diet, taking part in regular exercise, spending time with others and finding time to relax enables us to achieve a greater sense of physical and mental well-being. It need not be expensive!

If you want to find out more about the relationship between food, diet, relaxation and social contact on our mental well-being, read this chapter.

Healthy living

Every one of us needs to try and live a healthy lifestyle. This may be a challenge to many but is worth serious consideration. A balanced diet, regular exercise, spending time with others and finding time to relax enable us to achieve a greater sense of physical and mental well-being. Because we all want to feel good, we should make all of these things part of our daily or weekly routine. Good mental health will aid good physical health and vice versa.

Diet

It is now known that certain foods can help defeat depression, combat stress and improve alertness and sleeping patterns. For example, turkey, beans and lentils, brown rice, potatoes, brown bread, pasta and root vegetables are all foods which can have a calming effect. Lack of such foods will make our bodies

crave carbohydrates in a concentrated form like sugar. Sugar, though, is a mood altering substance and in certain forms should be avoided by people suffering from depression as it can trigger anxiety, panic, fatigue, headaches, irritability and agitation. Caffeine too can alter our mood. It raises our mood but in excess can cause hyperactivity, irritability, insomnia and anxiety. These are just a few examples of how food can affect our mood. There is a great deal of information available to those interested in finding out more or to those considering alternatives to medication.

Exercise

You should always consult your doctor before beginning a strenuous exercise plan.

Our bodies are built for exercise and not for a sedentary lifestyle. Exercise improves circulation, helping our systems to work in top gear and helping our immune system to fight infections. It also improves the action of the heart and benefits muscle tone. Activity can lift feelings of depression, build up stamina and can help us sleep better, all of which can contribute to our sense of well-being.

Types of exercise you might like to consider include walking, cycling, gardening, swimming, keep fit and aerobics. Dancing of all types is useful both as an exercise and as

a form of self-expression, allowing us to express feelings and emotions that cannot be adequately shown in any other way.

If you are not used to exercise, you should start gradually and build up over a number of weeks. Always wear suitable clothing and footwear and, as with any sport, do some 'warm up' exercises first to loosen up your body. STOP if you feel exhausted or if you feel any pain.

Eco-Therapy

'Green' exercise programmes can also improve mental health, according to a recent study published by National Mind. It showed benefits in more than ninety per cent of those who took part. Gardening projects, walking and conservation work can all be a "clinically valid treatment option for mental distress" and should be considered as a referral option by GPs. Whether it's a horticultural development programme supervised by a therapist or a simple walk in the park, being outdoors and being active is proven to benefit our mental health.

Relaxation

It is important to find some time in our day to relax and take time out for ourselves. This could be reading a book or a magazine, exercising, spending time with

others, going for a walk or maybe listening to some music. Some people find relaxation in fishing, gardening, painting or knitting. Many people benefit from yoga, meditation, using breathing techniques to relax, aromatherapy, a relaxing massage or a soak in a herbal bath. All of these can help relieve nervous tension and fatigue and can be uplifting, relaxing and healing. Yoga can help us feel better both physically and psychologically. It helps to alleviate stress and assists concentration. It can also help free our minds from obsessive and repetitive thoughts.

Restful sleep is an essential part of our lives. It refreshes our bodies and brains. Sleep allows our body to recharge itself. It is important to try to relax before going to bed, to wind down from the pressures of the day.

Environment plays an important part in our lives as it affects the way we feel. It can have a psychological and physical effect on our emotions and the way we perceive our surroundings. It can be helpful to create a calm and peaceful space in our own homes where we can feel totally at ease.

Spending time with others

We all need social contact some of the time, even those of us who tend

to prefer solitary pursuits. Having a social life that suits us helps us develop our confidence and self esteem.

Spending time with others might be in a relaxing atmosphere or a livelier one. If we make regular exercise part of our social life, we are more likely to benefit from their support than if we go alone. Joining a class at a local sports or leisure centre will enable us to meet other like-minded people. It will establish a routine of meeting certain people at certain times and gives us something to look forward to.

Further Information

There are lots of books available that may also help us understand more about mental health. The Mental Health Foundation produces a range of publications, including reports, briefings and information booklets. Most of these can be downloaded free of charge from their website. Many of us have access to computers at home but if you don't, it's worth a trip to one of the libraries in Scarborough, Whitby and Ryedale, where you can use theirs.

Look up www.mentalhealthfoundation.org.uk for more information. Many of our libraries also carry a good range of books and staff are happy to show you where they're kept.

What to expect from mental health services



What to expect from mental health service

Should you be in contact with statutory mental health services as a patient or as someone who supports a patient you can expect them to offer you the help and support at the right time and in the right place. Their services seek to maintain the goals stated below.

You can expect that services to treat and care for people with mental health problems will be accessible to all who need them, based on the best available evidence and focused on recovery, as defined in discussion with the service user. Effectiveness and acceptability to the service user will be measured frequently using agreed indicators, and the results used to plan further improvements in pathways and whole systems, as well as to monitor the progress of individuals.

The NHS Plan, which replaced the Patients Charter in July 2000, introduced a number of new ways to explain how the National Health Service works and what we can expect from it as our right. In the following ten years, the information has become much more localised so that we are able to find out who in our locality - Scarborough, Whitby and Ryedale - is responsible for what services.

Tees, Esk and Wear Valleys NHS

Foundation Trust provides a range of mental health and substance misuse services for people living in Scarborough, Whitby and Ryedale in North Yorkshire, and for the residents of County Durham and the Tees Valley. It aims to improve people's lives by minimising the impact of mental ill health or a learning disability and to provide excellent services, working with individual users of our services and their carers to promote recovery and wellbeing.

As well as inpatient, day and outpatient assessment and treatment services, the trust also provides a wide range of community based services.

Much of the information that has been available in booklet form is now viewable on the Internet, though you can still ask Tees, Esk and Wear Valleys NHS Trust for a printed version. The advantage of accessing it by computer is that it's updated frequently and is available as an audio version as well - you can download it and listen to it either at home or in one of the libraries in Scarborough, Whitby and Ryedale. However you choose to read it, you'll find useful information about how to access front line services such as GPs, pharmacists, dentists and optometrists. On top of this there's information on how to keep yourself healthy and you can give feedback on health plans for the future.

Other Information Sources

You can also request booklets published by the Department of Health Publications from The Department of Health Publications Order Line on **0300 123 1002**. This is a telephone ordering service for free Department of Health publications on a range of health issues. Calls are charged at local rates. The opening hours are: Monday to Friday 8.00 am to 6.00 pm. If you'd rather use your computer, enter this address www.orderline.dh.gov.uk

The National Mind organisation also has some guides to help you know your rights. You have to pay for these, but it's a nominal cost. They cover everything we need to know about our rights under the law and include information on, for example, The Mental Health Act 1983, The Mental Capacity Act 2005, Advocacy, Clinical Negligence, Consent to Treatment and The Human Rights Act 1998. All of this information and more can be found online at www.mind.org.uk/help/rights_and_legislation.

If you want more information or you want to talk to someone in more detail, National Mind has two telephone services. The Info-line on **0845 766 0163** provides information on a range of topics including types of mental distress, where to get help, drug and alternative treatments and advocacy,

while its Legal Advice Service on **0845 2259393** provides legal information and advice on mental health related law covering mental health, community care, capacity, discrimination/equality and human rights.

Treatment

Treatment

Choices in treatment

The first response to mental distress should always be that you are listened to and to find out what you want to happen. This first contact should be a route to a range of options including 'talking treatments.' Along with the physical and talking treatments outlined below, there is information about Occupational Therapy, Physiotherapy, Eco Therapy, Drama and Music Therapy. A list of these and other possibilities is available on request.

Physical treatments

The term 'physical treatments' refers mainly to the use of medication, though it includes other techniques as well.

It is not our intention to give detailed information here about specific drugs. There is a wealth of information available about medication, including leaflets from dispensing chemists, in packaging, in libraries and on the Internet. It is well worth reading any instructions or information relating to your particular prescription.

Prescribed medication can play a considerable part in reducing or managing our symptoms and

generally keeping us well. Drugs used to treat mental illness achieve their effects by altering brain chemistry and therefore brain function.

It remains the responsibility of the prescribing doctor to explain what your medication is for, how and when to take it and when it is likely to take effect, together with any side effects expected and what to do about them. Your doctor should also indicate how long you are likely to need prescribed medication and how this need will be reviewed.

Prescription Charges

You may be exempt from having to pay for NHS prescriptions for various reasons; if you are not, ask at your local pharmacy for leaflet HC11. You can also telephone the Health Cost Advice Line on **0845 850 1166** for advice on health costs.

Repeat Prescriptions

You should not be offered endless repeat prescriptions without having an opportunity to talk through any concerns you have and it is reasonable to see your GP about this. Equally, you should recognise that your GP will want to see you from time to time to discuss how you are and to check for any side effects.

Monitoring the level of medication

With some medications, for a minority of people, regular blood tests may be necessary. This is simply to make sure that your body is maintaining the best therapeutic level of medication; your GP should explain this to you and you can talk to him or her if any of the process worries you. Some people may need to have medication given in the form of an injection at intervals of around a fortnight. That's because some medications work more effectively by injecting them into muscle. If this is what your GP recommends to you, you should be told why this is and you should be offered some choice of other possible options.

Coping with side effects

All too often, the beneficial effects of medication come hand in hand with undesired effects, known as 'side effects,' and we may well notice these before any therapeutic effects begin. These side effects will usually be quite short-lived and will often settle within the first week or so, although some may last longer and be more troublesome. The list on page 23 suggests simple ways of relieving some (though not all) side effects.

Your GP's way of tackling troublesome side effects are likely

to include: reducing the dosage; prescribing something to counteract the side effects or switching to another medication. Many people find herbal remedies useful, but it can be dangerous to combine them with prescription medicines. Herbal alternatives are not currently regulated, though herbalists and alternative therapists are lobbying for improvements to the licensing system. It can be dangerous to combine herbal remedies with prescription medication. You should always consult your GP before taking unlicensed herbal remedies. An honest and straightforward talk with your GP or psychiatrist should help you make sense of the balance between potential beneficial effects of medication and any problems which seem caused by it.

Reducing or stopping medication

A common barrier to people taking medication as prescribed is a lack of knowledge about the treatment. If you are considering reducing or stopping medication, it is important to do so in the cool light of day and not at a time when you are unwell and also to consider the likely consequences of this. It is something many of us give thought to. If you choose to do this after discussion with your GP, it may help to think of it as an experiment and to keep notes or

a mood chart to reflect on any changes which occur. You can also expect that your doctor will want to talk this through with you to ensure you remain safe when reducing or stopping medication. Stopping medication suddenly is not recommended.

If you have any queries or concerns about your medication, you should talk to the person who prescribed it to you. If you find this difficult, make a list of what you want to ask and take it with you; you could also take a friend with you.

Simple strategies for coping with common side effects

- **Dry mouth**
Take regular fluids; suck ice cubes; use sugar-free gum; limit alcohol and caffeine
- **Drowsiness**
Take medication in a single dose before bed-time (but check first with your GP); take a brief nap in the day
- **Nausea**
Take with milk/tea/toast or biscuit or with a meal to put a lining on the stomach
- **Increased appetite**
Avoid sugary or fatty foods; eat a low fat, high fibre diet; take sugar-free drinks

- **Constipation**
Increase exercise (especially walking); increase fluids and fibre in diet

- **Dizziness**
Get up slowly from lying or sitting; avoid excessively hot showers or baths; avoid alcohol

- **Restlessness**
Take some exercise or any vigorous activity

- **Sensitivity to sun-burn**
Wear sunscreen (may be prescribed); avoid mid-day sun; wear a hat

- **Loss of interest in sex**
Herbal remedies may help but consult your GP first.

Talking treatments

Supportive listening goes on all the time at an informal level - with friends, colleagues, family and so on. This is often invaluable in helping us to keep well.

Anyone in contact with mental health services can expect to have someone to talk to and to be taken seriously, particularly at times of crisis. This may not be a formal 'talking treatment' but may simply be the time and space to talk. Our need for more structured psychological support varies according to what is going on in our lives and the difficulties we

face in terms of mental health. Availability on the NHS is variable and is perhaps likely to depend on the nature of the problem, the experience and skills of particular workers and the individual's level of understanding. Sometimes a course of medication, especially an antidepressant, will be offered initially to relieve distress enough to allow us to focus in more depth on the particular issues that cause concern.

There are a number of issues that are worth clarifying at the earliest opportunity. These include: what you can expect from therapy, how you will cope with 'uncovered' issues arising in between sessions and, most importantly, what to do if it doesn't feel right for you. It is well worth being clear and honest about your expectations. The matter of how you will cope with any issues that arise from therapy which cause you concern between sessions is one of the utmost importance.

You should be encouraged to look at this at an early stage and perhaps consider techniques you can draw on to 'put things to bed' until next time. This might be something like reading an exciting book - something to occupy your mind when you have nothing to do. You may keep yourself occupied in as many ways as possible to distract yourself from becoming pre-occupied with 'all or nothing' thoughts. Your therapist should help you learn these skills. On the other

hand, you may want to do some personal work between sessions; the most important thing is to find what works for you.

According to the British Association for Counselling and Psychotherapy, at the moment anyone can still call themselves a counsellor or psychotherapist. The Health Professions Council (HPC) has just completed a consultation on the statutory regulation of counsellors and psychotherapists and the results of this consultation can be found on their website www.hpc-uk.org.

The current timetable for the statutory regulation of counsellors and psychotherapists is 2011/2012, though this could change depending on the new government. To clarify this issue, please contact SWR Mind or Scarborough Survivors. What is known with regard to regulation is that once regulation is in place then counsellors and psychotherapists who wish to carry on practising and using the protected titles will be required by law to be registered with the HPC.

If you are referred by a statutory service, you can expect this to have been clarified by that service. If you independently seek counselling or psychotherapy, it is up to you to be sure about the credibility of that service.

Counselling generally deals with problems arising from specific life

situations, and some services are set to help with particular problems, for example, Sexual Health or Bereavement. Counselling aims to help or empower us to help ourselves and look at options for change and alternative coping strategies.

Psychotherapy usually looks at the influence of past and childhood experiences on present difficulties and takes place over a longer period of time. It can help people take control of their lives differently and make positive changes themselves.

There are different approaches used within counselling and psychotherapy. These include Cognitive Behaviour Therapy (also known as CBT) and Transactional Analysis.

Cognitive Behaviour Therapy is based on the idea that how we think largely determines the way we feel. It teaches us to recognise and challenge upsetting thoughts. Learning to challenge these negative and fear-inducing thoughts helps us to think more realistically and to feel better.

Transactional Analysis (TA) provides a simple method of understanding our feelings and behaviour. It rests upon the assumptions: people are okay; everyone has the capacity to think and that people decide their own destiny and that these decisions can be changed.

Not surprisingly, there is an

increasing interest in the value of talking therapies and each GP Practice will, in time, be able to offer more of this.

Accommodation



Accommodation

Keeping your home or finding appropriate accommodation can be difficult - where can you go and who can help?

Accommodation

Good accommodation is a basic human need and a comfortable home can enable people to feel safe and give them greater independence.

Everyone has the right to live in ordinary, mainstream housing. This means having a place to live in an ordinary everyday sense, where the building that you live in is not seen as different from any other in a local community or neighbourhood. It is also important to recognise that one should receive appropriate care and support when needed.

Most people with mental health needs live in mainstream accommodation - that is, their own rented or owned home - and when necessary may be supported by their GP, a support group, friends and family or the specialist mental health services available.

Supported Housing

Some people need or prefer supported accommodation. This means the availability of appropriate care and support to the resident(s) of accommodation provided by, for

example, a voluntary organisation or Housing Association. Such care and support may include help with practical tasks such as cooking, laundry, filling in forms, accessing services or emotional support. Supported housing should provide a service that is sufficiently flexible to take account of an individual's needs and wishes. An individual may need supported housing on a long, short or medium term basis.

Although limited, there is a range of supported accommodation available for people with mental health needs in the locality of Scarborough, Whitby and Ryedale. Referral to and suitability of such accommodation depends on individual circumstances and needs and ranges from minimal support to twenty-four hour support. For further information you can contact SWR Mind.

How to access supported accommodation

If you are receiving a service from specialist mental health services, any housing needs or worries that you have about accommodation should be addressed through the Care Co-ordination process.

If you receive your care from the team at your GP Practice and you feel that a housing problem (or indeed any other problem) is detrimentally affecting your mental health, you should be able to talk this through with your GP.

If you have nowhere to live

There are a number of agencies and organisations that can help you if you have nowhere to live. For up to date information on phone numbers etc., please refer to Scarborough, Whitby & Ryedale Mind www.swrmind.co.uk or Scarborough Survivors. You can contact the organisations by email: info@swrmind.co.uk or survivors.office@btconnect.com You can also talk to the Housing Options Team at Scarborough Borough Council by getting in touch with their Customer First Department.

Admission to and discharge from hospital

If you are admitted to hospital as a result of a mental health problem, you may be worried about your accommodation. You may worry about who will pay the rent or mortgage and the bills. You should consider planning in advance for this possibility when you are well. (see separate chapter on Staying Well and Planning Ahead)

If you are in hospital as a result of a mental health problem, you may be worried that you will have nowhere appropriate to live when you are able to leave. Make sure that you tell your Care Co-ordinator about these concerns. If you don't know who your Care Co-ordinator is, ask a member of the ward staff. The Care

Co-ordination process should ensure that your return to your home or to a new home is co-ordinated and is as trouble free as possible.

Opportunities for employment, training and education



Opportunities for employment, training and education

Having something meaningful to do with our time can help to give us a sense of purpose and can have a truly positive effect on our self-esteem and self-confidence. There are many things we can do with our time. These include leisure activities, education, training, employment and voluntary work.

Employment

Many of us with mental health problems feel that we are capable of doing some work, provided that our needs are taken into account. For some this will mean paid employment, whilst for others this may be voluntary work. People who have had to stop work due to a mental health need often feel a sense of emptiness, miss a sense of purpose and social contact and may have to deal with a sudden and often devastating loss of income (see our section on benefits) as well as having something meaningful to enhance our self-belief. All of us who are unable to consider paid employment can opt for voluntary work.

Wanting to work

Being off work, or having to stop work is not in itself a barrier to returning to employment. We all

have skills and life experiences that we can bring to the workplace. In addition, our experience of mental illness has given us a great deal. We can be a valuable asset to the workplace as we have a greater understanding of our strengths and weaknesses and can better understand and support our colleagues. Before we take the step of returning to work there are things we should consider.

Are we ready to work?

We should think carefully about whether we feel ready to go back to work and not be pressurised by others. Prior to making a decision, we should consider the following:

- Talking to our GP about our readiness to return to work Talking with someone who knows us well about how this change might affect us
- A step by step plan which may take us back into paid employment, perhaps considering some voluntary work first
- Finding out how any paid or voluntary work will affect our benefits
- Talking to the employment services available.

If you are requested to attend a

medical examination (which may be called an 'all work test') or an examination by an Occupational Health specialist, we suggest you take guidance and advice about this as soon as possible by contacting either Scarborough Survivors or Scarborough, Whitby & Ryedale Mind.

Returning to work

If you do decide to go back to work, there are employment services which can help.

Department for Work and Pensions JobCentre Plus

The majority of disabled job seekers who find work through the JobCentre Plus service are assisted by advisers who can provide us with a range of information about jobs, training and self-employment. You may feel uneasy about using the term 'disabled' or using a service for people with disabilities but, if you feel your mental health needs put you at a disadvantage in finding employment, then these services are designed for you.

The Disability Employment Adviser (DEA)

The Disability Employment Adviser at our local JobCentre Plus can help us look for a job and will work with us to plan the best way into work. If we are already in work, they can help us to keep our job if we are worried that we may lose it because of our illness. They can provide advice to

our employer and to us and can explore with us practical ways to help.

DEAs can give advice on:

- Finding a job that's right for us by means of an assessment to identify what work or training suits us best
- Getting our strengths across to employers and concentrating on what we can do rather than what we can't
- Work placements with supportive employers - trying out a job to see how we get on. This can usually be done without losing benefits
- In work benefits that we can claim
- Training and other ways to improve our job prospects
- Disability Discrimination Act, and the protection it gives us.

DEAs can also offer:

- An employment assessment to identify what type of work or training suits you best
- Referral, where appropriate, to Work Preparation, an individually tailored programme designed to help some disabled people
- A referral, where appropriate, to a work programme for disabled people, like the Job Introduction Scheme, WORKSTEP or Access to Work

- A referral, if needed, to a Work Psychologist for a more detailed assessment to identify the best work or training for you
- A job matching and referral service - the DEA can let you know about jobs that match your experience and skills. If we both feel it's appropriate, the DEA can approach the employer on our behalf
- Information on employers in your area who have adopted the 'two ticks' disability symbol. This shows that they are positive about disabled people and are keen to offer equal opportunities
- Advice to employers on the best ways to support disabled people if they employ them.

Workplace Experience

People who have enduring mental health problems can get help moving forward towards to a work related activity. If a referral is necessary, this can be identified at your Care Co-ordination meeting. However, an individual or their key worker can make an approach to the Workplace Experience Officer at Cross Lane Hospital.

An individual's needs will be assessed and an action plan drawn up. Support can be offered for as

long as needed and the action plan will be regularly reviewed with an individual and their key worker.

The Workplace Experience Officer will work on a one-to-one basis to help you with decisions about future work options and will explore information about career choices, educational opportunities, training courses, voluntary work, training schemes and job applications. Support is given on whichever course of action is chosen and may take the form of motivational support, practical assistance with topics such as employment benefits and if required, liaison work with employers or placement providers. The Workplace Experience Officer also works with employers to develop job schemes and positions suitable for people with mental health needs. These jobs can be voluntary or paid.

The Disability Discrimination Act

The Disability Discrimination Act is covered in more detail elsewhere in this Guide but it may be useful in this section to be aware of some points regarding job applications.

Under the DDA it is unlawful for employers to discriminate against disabled people in their recruitment and selection procedures. Whilst it is

not unlawful to ask questions about health and disability on an application form, or to issue a separate health questionnaire, it is unlawful to use responses to these in a discriminatory manner.

JobCentre Plus advises employers that:

- Where health/ disability questions are included on application forms, positive statements about the employer's policy towards disabled applicants should accompany them
- They should check wording and language so it does not give the impression that questions will be used to exclude disabled jobseekers
- Questions about health/ disability should be used only if they are relevant to the job advertised.

However, not all employers adopt this good practice. When employers use application forms which are less than perfect, we may feel reluctant to disclose our mental health difficulties. If we are worried about this and would welcome some advice, we should talk to our DEA. They can help us decide on the best way to explain our suitability for the job or, if we would find it helpful, they may contact the employer on our behalf.

Training/ Further Education/ Leisure

To improve our job prospects, or to pursue an interest, we may decide to update our skills or learn new ones. Learning and Skills Councils provide a range of training and will be able to tell us what's on offer. Information about training and further education in our area is available from a range of sources including our local JobCentre Plus, the Disability Employment Advisor, Workplace Experience, Learn Direct, your local library, Scarborough Survivors and the Adult and Community Education department at North Yorkshire County Council. You can contact the Adult Learning Services in your area by contacting SWR Mind or Scarborough Survivors. Coast and Moors Voluntary Action can also help you find an outlet for your talents if you'd like to do some unpaid, volunteering work and is based at Allatt House in Scarborough and at Church House in Whitby.

Libraries in the area also have information on courses including arts and crafts, music, dance and drama, languages, computer skills and so on. They also have computers where you can carry out your own research. Activities such as these provide the opportunity for recreation and social contact as well as giving us new skills.

Staying well and planning ahead

Staying well and planning ahead

Many of us with mental health problems are experts in our own condition. We know from past experience what helps us when we become unwell.

Rainy Day Plans give us greater control over our lives and can significantly increase our ability to cope with a mental health problem.

If you read no other chapter in this guide, please read this one.

Rainy Day Plans

Awareness of 'Rainy Day Plans' as a highly effective tool for staying well is patchy and misunderstood. The benefits of creating and using such a plan include: receiving help earlier and therefore usually recovering sooner; ensuring that everyone involved clearly knows the signs of approaching problems and what to do; ensuring that a person or people close to you have permission to ask for help for you even when you say you don't want it. Rainy Day Plans can minimise the impact and trauma for others and for yourself. They can also help you manage your own mental health problem. This can be extremely useful and can give you the opportunity to take more

responsibility for your mental health.

Many of us with mental health problems are experts in our own condition. We know from past experiences what helps us when we become unwell. It's a bit like knowing where to find a torch if all our lights go off. Likewise, we may want to have a plan in case things go mentally 'pear-shaped' for us. One way of doing this is to have a 'Rainy Day Plan' - we write this for ourselves when we are well. It can include someone whom we trust to speak on our behalf and the signs and symptoms that may indicate that we are becoming unwell, together with information about the circumstances in which we may need help, usually a combination of thoughts, feelings and behaviours. A 'Rainy Day Plan' can give us a clear voice in decisions about our care and treatment and can be particularly useful for those of us who have problems that may recur. **The plan may be called a 'Relapse Plan', 'Rainy Day Plan', 'Advance Statement' or something similar.**

A 'Rainy Day Plan' can include:

- Clear information about the signs and symptoms that may indicate you are becoming unwell
- What you want people to do when you become unwell and who these people are

- Information about what has and what hasn't helped you before
- Information about what practical help you may need
- Who you trust to act or speak on your behalf.

When should the plan be used

The decision about when the plan will be used and when it will be deactivated is perhaps the most important aspect of it. Ideally, this will be agreed mutually with all those involved.

The Plan will be used when the signs that indicate that we are becoming unwell are present. Make it clear in your plan what these signs are - any thoughts, feelings or behaviour that may indicate you may need help. Make it clear whether some or all of these signs have to be present before action is taken. In effect, the plan takes effect at a time when a person lacks 'capacity' to take treatment decisions for themselves. 'Capacity' means being able to understand, retain and believe information and to have the ability to consider the reasonably foreseeable consequences of deciding on something one way or the other, and to arrive at an informed and rational choice.

Professionals are not legally bound to take into account our wishes and preferences regarding treatment, because a person with 'capacity' cannot require a doctor to provide particular treatment. But a refusal to consent to treatment is legally binding provided; a) the person had capacity when they made the statement b) it clearly applies in the circumstances. Under common law, the overall effect of this is to put a person in the same position as if they still had capacity. At present, compulsory treatment provisions under the Mental Health Act 1983 can override Advance Statements. It is likely that future mental health legislation will give more recognition to the value of Advance Statements.

Make it clear whom you wish to be involved and when and also whom you do not wish to have involved. The plan can work equally well for people with or without carers.

A copy of your Rainy Day Plan should be given to your carer(s) and anyone else involved and certainly to your GP.

If you have a setback mentally, refine your plan to take into account what helped and what didn't.

If we are subject to Care Co-ordination, it will enhance the

value of our plan to have it put through and recognised at our Care Co-ordination Review and signed by us and all those involved in our 'support net.' Remember to have any changes endorsed at Care Co-ordination Reviews. Learn from your plan and make it work for you.

Problem Solving

Having a strategy that can be used to help us deal effectively with the difficulties we face can be tremendously useful. Developing such a strategy allows us to build on what we know already works for us, although it may help to work through options with someone who knows us well. Working towards gaining control of problems can develop our self confidence and reduce feelings of powerlessness.

Here is a strategy that can be used for most hurdles we face.

■ Identify the problem.

It is important to focus on one specific difficulty at a time. We could start by producing a list of problems, prioritising those that are most distressing and working on one of them. The clearer the problem, the easier it will be to work on.

■ Identify possible courses of action.

Think about what has helped before and what else to try; be creative with ideas about what might help and consider new ways of working.

■ Weigh up the pros and cons of every possible action.

Again, it might help to talk this through with someone else. By looking at the advantages and disadvantages of each course of action it will be easier to reach decisions about workable options

■ Select a course of action.

Decide on one option but think about having another ready in case the first does not have the desired effect.

■ Action.

Lay out a clear plan, based on realistic steps. It can be helpful to rehearse what, when and how to do it and to check with someone how the strategy is going. Be ready to modify the strategy and try to remain open minded about moving to another course of action if you don't get the desired outcome.

Coping Strategies

(taken from 'Knowing our own minds' produced by the Mental Health Foundation)

Many of us believe that control over our own lives is essential to emotional healing and develop personal coping strategies for our day to day existence. Some people use an individual approach, while others emphasise the strength and support gained from working with others. Many common themes occur in people's strategies, such as keeping busy, establishing a routine and finding reasons to get out of the home. Many people like to mix with others similar to themselves, like to talk with good friends and try not to isolate themselves, whilst others prefer to spend time alone doing 'their own thing'.

Looking after our physical health and hygiene is important, as is sleeping properly and eating well and often. Many people also use different ways of 'tuning out' intrusive and negative thoughts, such as turning up the volume of music, switching on the television, having a bath or reading.

Leading a quieter life and avoiding becoming over-tired can work for most, as well as learning to say no. It can be helpful to learn to live with our capabilities and set achievable goals, thereby maintaining a positive state of mind.

In all these, we need to achieve a balance between:

- Being fully occupied/ leading a quieter life
- Keeping busy/ becoming over-tired
- Getting out, meeting people and being involved/ being left alone to do what we want
- Giving ourselves treats/ avoiding excessive alcohol, cigarettes etc
- Taking care of our appearance/ being obsessive about our looks.

If we achieve this balance in our coping strategies, we should have more control over our daily lives.

Coping with sudden distress

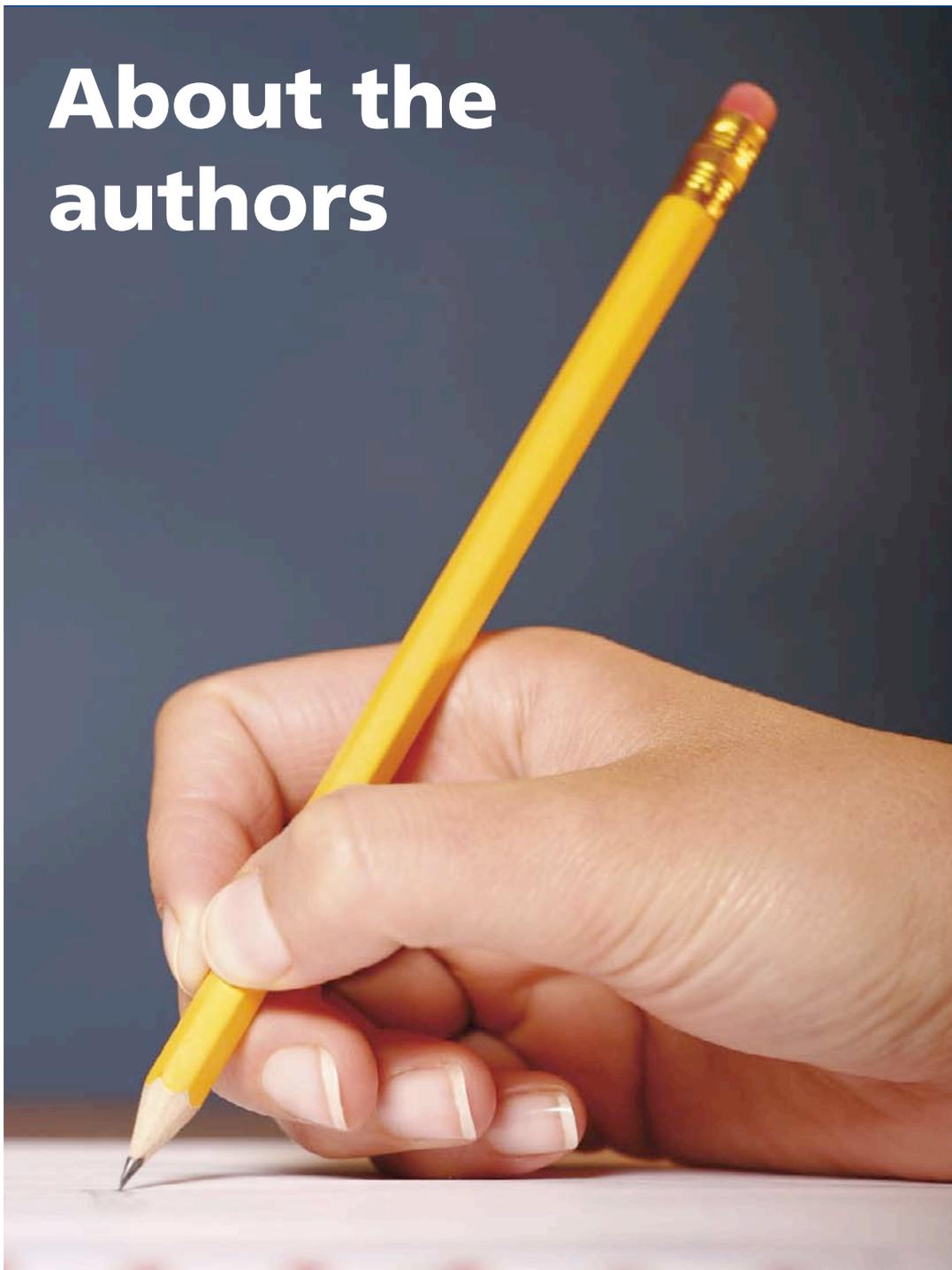
For most people with a mental health problem who experience a sudden crisis, the most urgent need is for a quick access to some form of support and for that to include someone to talk to. This might be a friend, therapist or counsellor, a professional or a voluntary organisation such as The Samaritans. For some, the most pressing need is for solitude - peace and quiet in a safe place and an opportunity to calm down. If at work, it may be necessary for a person temporarily

to walk away from a distressing situation.

CrisisCall

CrisisCall is a 24 hour telephone support for people with mental health needs who are in a crisis due to their mental health problems and for their carers. How this works is that the person calling is the one who defines the crisis. It covers Scarborough, Whitby and Ryedale. Phone **0800 501254** and leave your contact details. An experienced crisis worker will call you back, usually within 20 minutes and will assess the situation you describe. The worker will listen to you and try to support you in managing the crisis. They can arrange for someone to see you if this is appropriate.

About the authors



About the authors

Reading or listening to the real experiences of others can help us understand, to come to terms with and to live successfully with our own mental health difficulties. It helps to know that we are not alone in having to contend with such difficulties.

Each member of the team that researched and wrote this Guide was invited to share some of their own experiences with you.

Lindy Herrington, Denis Welch and Mat Watkinson have written short accounts of their experiences and Eileen Heaton has chosen a piece of her own art which she feels expresses her feelings and difficulties more appropriately than she could do in words.

My true story

by Denis Welch

In January, 1996, during a lull in a severe depression brought on by the pressure of my job and my father's serious illness, I went to my GP and described the emotional roller coaster I was on. Some days I felt total despair, then a week or so later I would feel able to tackle anything, only to fall back into a depressive phase.

He listened sympathetically, then told me I was suffering from Bipolar Affective Disorder. He told me all about the condition but three things stood out in my mind afterwards:

He knew what was wrong with me He could help me It wasn't my fault

With the tablets he prescribed and information from [what was then known as] the Manic Depression Fellowship, I coped quite well until in May 1998, changes in the office beyond my control led to my being warned about the standard of my work. After a lengthy period of sick leave, my employment with the company I had been with for twenty years was terminated. Now I was unemployed for the first time in my life and my self-confidence was at rock bottom.

I struggled with the JobSeekers

forms, missed a signing on day and lost my benefit. Now completely demoralised, I went back to my GP and he put me back on Incapacity Benefit. So, at the end of 1998, I reached the lowest point in my life. I was suicidal and looking for a way out. Without the support of my loving family and friends, together with my wonderful GP, I would just have given up.

Since then, I have gradually been able to structure my life to accept my manic depression - not to let it take over but also, not to ignore it.

I feel empowered by my diagnosis and know that with the right support and understanding, I can lead a fulfilling life.

Images of my experiences

by Lindy Herrington

The Bird

I have a bird. He's more of a lodger than a pet. He lives in a cage in my head so we exist together, each aware, yet unaware of the other.

Now and again, we come up against each other, both of us out for the kill (vacant possession).

Mostly, I claim my mind as my own and disregard him. I try to ignore the familiar warnings and the sense of fear: it'll be alright in the morning. Then he starts to rattle around. **Acknowledge me**, he says, **admit you know I'm here**.

Suddenly, he spreads his wings and fills my head until there is no room for other thoughts; all is centred around the bird. He flaps about, darting this way and that as he shoves at the seams of my sanity. I know then that I have to get help. I cannot get him back in the cage alone. The bird needs treatment but the treatment has to be through me, so I start taking the tablets again.

The bird is Bipolar Affective Disorder, formerly known as Manic Depression. For many years I denied its existence and it regularly broke out and tried to take over my life.

Now I no longer wonder why it's there - it just is. We have come to a respectful understanding that through talking I can safely let the bird out and it willingly returns to its cage, knowing that I will give it the time and attention it needs. It has become as much a part of me as the colour of my eyes and we are comfortable with each other.

Seduction

The pull of depression has become greater than anything else I know. It knows me well and it lies in wait for me around the corner. When it sees me struggling with life and its problems, it catches my eye and it beckons me.

Come to me. I will hold you and keep you warm and safe until it all feels better. And it will not matter if you no longer want to look to tomorrow because I will allow you to give up trying.

And so it takes me into its arms. It holds me and soothes me and somehow it is as comfortable as a favourite old coat.

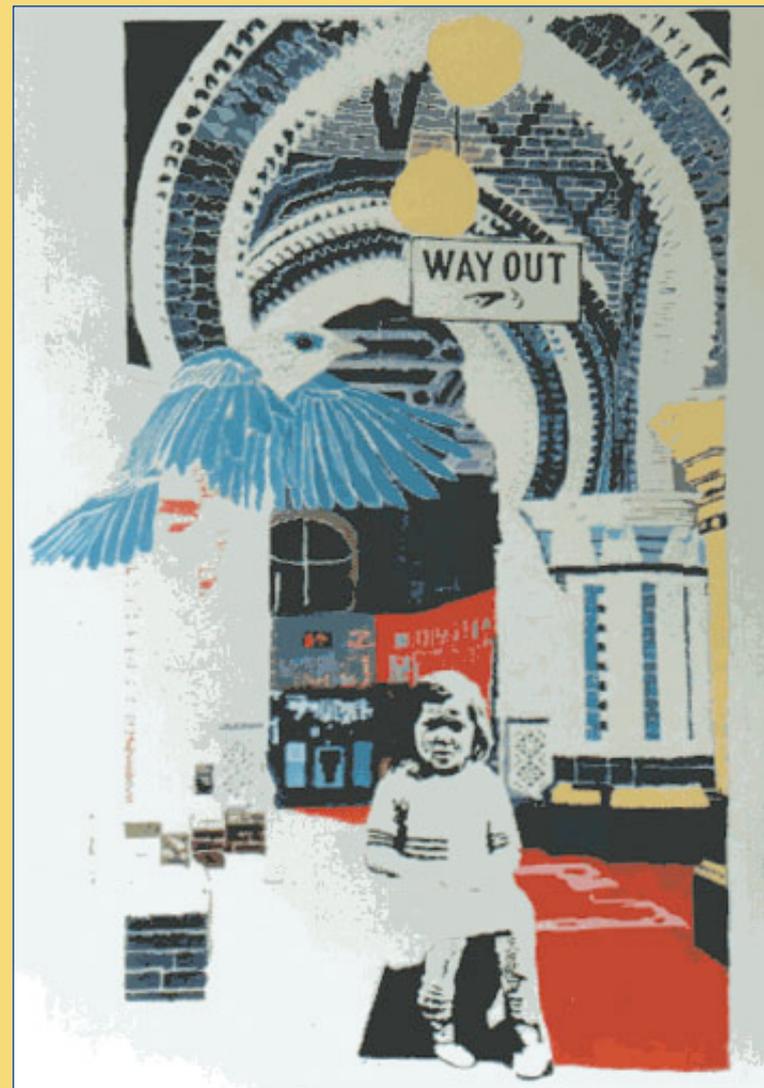
The hands on the clock move slowly and my body feels like a heavy cage. Then, there's some kind of emotional turning point and a glimmer of hope - and suddenly I'm ready to start living again.

But the coat does not easily release

me and then I remember once again
that there is no safety in the
comfort that is depression.
When it has gone, I vow never to let
it take me again...

...the pull of depression has become
greater than anything else I know. It
knows me well and it lies in wait for
me around the corner. When it sees
me struggling with life and its
problems, it catches my eye and
then it beckons me...

Way out by Eileen Heaton



A crazy little thing by Mat Watkinson

It was work that finally tipped me off the fine line I've trodden for many years between having the thickest skin you could imagine and with wondering why anyone would ever think the things I do have any real worth at all. Give me a job and some good company and I'm unstoppable, a winner, no contest. I lost the job I'd had for twenty years as a journalist very much in the public eye after I couldn't cope with the work I loved so much and to which I would return, late into the night, perfecting, perfecting... I'd started to miss things, rich irony for a perfectionist and I came under heavy scrutiny and with an even heavier workload. I became stressed like I had never imagined possible, pulled every which way, a servant of more and more masters, waking up feeling terrified in the early hours of the morning, unable then to go back to sleep until finally, I went to my GP. He diagnosed work-related stress, anxiety and depression and prescribed medication and time off. But this was no holiday. I felt swallowed up by absolute despair, while even the simple act of going shopping filled me with fear.

The pain simply of getting going, of walking up the garden on a sunny day, is hard to imagine but it is a real, physical feeling. But I persevered, took my medication and

tried to get back to the job I loved, driven by financial need and the need to know I was still capable of putting together entertaining, informative and accurate news reports. My employers sacked me and I left two days after interviewing the heir to the throne. I felt relieved but later, quite devastated.

I had a project - a book to write - which I hoped would see me through the long days of isolation, my family being at college, at university and at work. But it took more than a year of fighting against the desperate pull of depression and the lack of any measure of what I was worth, because writing is a lonely thing and depression loves a lonely soul to suffocate.

I found friendship and understanding with a part-time post recruiting volunteers for Scarborough, Whitby and Ryedale Mind, to support other people with mental health problems, a job with a real purpose. And when that came to an end, I agreed to help with much-needed fundraising. Oh, and I was lucky enough to get an hour of fame on Trafalgar Square's Fourth Plinth to shout about mental health and who are its unsung heroes.

What I have learnt from depression is not to be judgemental, to be understanding and even kind. Not to get impatient with the person in the supermarket who seems to be

holding the queue up. Depression thrives on negativity and though some days I just want to hide, there are other better days. And the support of a family is something you can't buy, though we'd be fooling ourselves if we thought they didn't suffer almost as much. Updating the Guide has been a great help, reminding me of things I'd forgotten, offering simple ways to make changes, a bit at a time. What no longer surprises me is how many people I know who are in very similar positions.



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