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**The  
Guardian**

# Mental health

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**Introduction**  
**Debbie Andalo**



*Training a spotlight on mental health services, its people and patients*

**M**ental health touches all of us, whether that is because we are unwell ourselves, supporting a relative who is ill or maybe working alongside a colleague who is struggling, or a friend at school who needs help. Mental ill health can strike anybody - it respects no barriers to age or gender.

In this supplement to mark National Mental Health Awareness week, we shine a light on those public and voluntary services delivering innovative, creative care. But we also reveal what more needs to be done, and who is getting left behind.

Discover how a former contemporary dancer with enduring mental illness found solace in gardening as the wider benefits of green therapies are being acknowledged nationwide.

Find out about a £10m government programme to encourage more school green space to help boost children's mental wellbeing and how taking learning outside the classroom into forests and woodland is helping some troubled children reconnect with nature and education.

*'Mental Health Awareness week reminds us that mental ill health can strike anybody - it respects no barriers'*

We look at whether mindfulness in the classroom is all that it's cracked up to be and how virtual reality headsets are widening the horizons of older people with dementia.

One woman reveals the tragic consequences of domestic abuse on her family and their mental health as we look at whether new changes to the law are enough to recognise the mental health toll on survivors.

A young woman reveals what it really means to live with schizoaffective disorder and why she wants people to understand more about her condition.

Discover the impact that body image has on mental health and how it's an issue that can affect women and men of any age.

We also look at how a bereavement service supporting people left behind after suicide may soon become the model for a national scheme, and hear a former professional footballer's story about how a phone call to a mental health charity support line saved him from taking his own life.

Hospital A&Es reveal the creative steps they are taking - including the use of video links with psychiatric teams - to cope with increased demand from people turning up in crisis. We also highlight those employers that are taking employee mental health seriously, and look

at the contribution people with lived experience are making to mental health staff training, as well as supporting patients on acute wards. We explore new roles emerging to help meet increased patient demand and how physician associates - typically found in A&E or GP surgeries - are now finding a place on psychiatric acute wards.

Finally, we hear from charities that support people with serious mental illness about why they still feel shut out of the national conversation.

Overview  
**Time to put plans into action**

Are promises of significant extra money for mental health services in England enough to cut through the rhetoric?

Debbie Andalo

**I**n a recent interview, Love Island reality TV star Jack Fincham said that he has been suffering from mental health problems since his teenage years. By the time he was 19, his severe anxiety and depression was so bad that he was too scared to leave the house. "I was worried about things that weren't happening. I thought I was going mad," said Fincham, now 27. "I didn't want to believe that this was happening to me - or why it was happening to me."

A few weeks earlier, former Olympic champion Dame Kelly Holmes revealed that, in the year before she won gold in the 800m and 1,500m at the Athens Games, she was regularly self-harming to relieve the stress and tension of suffering sporting injuries. "At my lowest, I was cutting myself with scissors every day that I was injured," she said. The revelations reflect the changing mood that people feel increasingly confident to speak about their demons; indeed, it seems like everybody has a mental health story to tell.

Being more open about mental wellbeing comes as politicians are moving the issue centre stage. Extra money is promised: Last week the government announced £1.9 million to be spent on improving rough sleepers' access to mental health and substance misuse services. At the same time, the government's NHS long-term plan says that in England the rate of investment in mental health will outstrip the money pledged for physical health in the next 10 years. There is a commitment to invest in integrated community services so that people can be treated nearer to their homes.

The mental health of children and young people has been prioritised. And there is recognition that people with lived experience can make a valuable contribution to helping others whose lives have taken a similar path. While these pledges are welcomed by mental health organisations, some say that not enough attention is given to people with serious mental illness - such as schizophrenia. And they all agree that unless there is a significant recruitment and investment in the workforce, the plans will remain

little more than rhetoric.

"It's not just about the numbers - it's also about the values and attitudes that workforce brings with them," says Vicki Nash, head of policy and campaigns at Mind.

Dr Adrian James, registrar at the Royal College of Psychiatrists, agrees that the conversation around mental health is changing: "It's good that people are talking about mental health in the workplace, for example, and in schools. When I talk to my children - who are now grown up - the stigma around mental health is not as much as it used to be."

"But I do think that mental health is certainly still playing catch up - big time," he says. In adult mental health services about two thirds of patients manage to access the treatment they need, compared with 98% of patients who have a cancer diagnosis, he says. "It's a huge gap to bridge, but you have to start somewhere." He is concerned that despite all the emphasis on mental wellbeing, it is people with long-term serious mental health and psychosis who are getting further left behind. "I think that is one of the messages from the long-term plan: that core mental health services dealing with people with serious illness have been neglected."

That is a view shared by Liberal Democrat MP and former care minister Norman Lamb, who has spoken about his sister's suicide and who has been a tireless campaigner for mental health. "Things have definitely improved - we are now more open about mental ill health and I think stigma has reduced," he says. "I think, now especially, it's much more difficult for the government to ignore mental health - when it's dishing out the money."

He continues to campaign for an end to out-of-area placements, where people sectioned under the Mental Health Act or others who are acutely ill are given hospital beds far away from home. But he is now also focusing his attention on hospital lengths of stay. He says in England the longest length of stay in a hospital mental health bed for a child or young person is 10 weeks; in Australia it's 10 days: "I'm not saying that Australia is perfect, but the figures do beg the question about how we are spending our money." He has also taken up the baton for patients with serious mental illness who become stuck in "locked rehabilitation wards" - which are designed to offer step-down care before patients are discharged into the community.

Two years ago, Care Quality Commission inspectors revealed some patients became "trapped" in these beds, even though they were capable of living independently.



*'It's more difficult for the government to ignore mental health when it's dishing out the money'*

**Norman Lamb**  
MP for North Norfolk

"The regulators are going to relook at this issue, and although at the moment it's only speculation, they are not expecting the figures to change," says Lamb.

Sean Duggan, chief executive of Mental Health Network, which represents mental health trusts, says trust leaders tell him that money is starting to reach front-line services, while NHS England is saying that its national standards for mental health, which govern waiting times and access to services, have to be met with "no excuses."

While Nash agrees that there has been a lot of "positive rhetoric" around mental health in recent years she has this message: "We have got the talk and some of the action, and if it's delivered, the long-term plan will make a difference to hundreds of thousands of people's lives. The big challenge is going to be delivering it."

**The facts and figures**  
**Mental health today**

**1.25m**

The number of people who contacted mental health services in England in 2018

**15,154**

The number of people detained under the Mental Health Act in England in 2018

**1,130**

The number of patients in 2018 who travelled more than 30 miles from home for an acute hospital bed; of this number 155 had to travel 120 miles or more

**5,821**

The number of suicides registered in the UK in 2017, of which 4,382 were male suicides; this is consistent with the pattern of men accounting for approximately three quarters of all suicides

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# The mental health benefits of learning in the great outdoors

Time spent in nature has been shown to improve concentration and resilience in young people

Sarah Johnson

**D**ominic Higgins, nature and wellbeing manager at the Wildlife Trusts, believes daily contact with nature is an essential part of health and wellbeing, especially for children. "There is a growing disconnect between children and the outdoors, and disappearing knowledge and words from our language," he says.

Now, in response to worries around escalating mental health problems among children and young people, the Wildlife Trusts will deliver a £10m programme aimed at helping disadvantaged communities to create school grounds that support learning about the natural world. The Wildlife Trusts - a movement of independent charities with a shared mission for wildlife and people - will lead the Nature Friendly School initiative as part of the government's 25-year environment plan. Due to launch at the start of the next school year in September, it will also encourage activities that support students' health and wellbeing through being outside in nature.

"There's a plethora of evidence that shows that when you have contact with nature, you impact a number of different areas, including mental health," says Higgins. He cites a study from Denmark that shows that children surrounded by green space are less likely to develop mental illness in adult life, as well as having improved memory and concentration.

The impact of nature and learning outdoors is something that Lily Horseman, chair of the Forest Schools Association, which runs outdoor learning sessions, has seen first-hand. "There's more evidence coming out showing our bodies and brains were designed to be in nature, and that spending repeated time in nature gives physiological benefits."

Horseman has also witnessed how learning outdoors encourages children to be independent. She remembers one girl who, when she first came into the woods, fell over a lot and could not stop crying. "I found out about her school setting and she was like that in lessons too,"

**'Getting outside for an hour should be part of our core approach to education'**

Dominic Higgins  
Wildlife Trusts

says Horseman. "Her teachers really wanted her to be able to bounce back a bit when things didn't work." At the end of a 10-week programme, Horseman remembers that the girl fell over into a pile of mud and her wellies came off. Instead of getting upset, she lay there laughing. "That was huge for that person," she says.

Higgins is thrilled the government has provided funding to develop nature-based learning. The Nature Friendly Schools programme will target about 500 schools and will create habitats, make school grounds greener, and arrange off-site school trips. "Getting outside for an hour should be part of our core approach to education. Outdoor learning and getting outside is essential," says Higgins. "We want children to get the best start in life."



▼ GPs are keen to promote 'green therapy' on the NHS to boost wellbeing  
PHOTOGRAPH: SYDENHAM GARDENS

## Green therapy How gardening is helping to fight depression

Beneficial effect on wellbeing has led to gardening being adopted as a 'social prescription'

Sarah Johnson

**S**ydenham Garden feels out of step with its surroundings in urban south London. Fringed by houses on most sides, with a school on its doorstep, it is hard to imagine that this small patch of green space is bringing a new lease of life to people struggling with their mental health.

The site, run by the Sydenham Garden charity trust, is just under an acre and boasts a wellbeing centre with gardens, a nature reserve and activity rooms. Therapeutic gardening sessions are held weekly, and are run by experienced staff, who are in turn supported by a team of volunteers.

talking therapies," says Sydenham Garden director Tom Gallagher. "On top of that, you can also get physical, social and physiological benefits from gardening."

The majority of people referred will score in the low wellbeing category - according to the Warwick-Edinburgh scale - when starting, but score in the moderate wellbeing category upon completion.

Sydenham Garden is part of a growing movement devoted to increasing the role that gardening and other forms of "green" therapy can play in patient recovery and rehabilitation settings.

It is one of the 1,500 organisations signed up to Growing Health, a national scheme set up seven years ago by the charity Garden Organic and the membership organisation Sustain, the alliance for better food and farming.

"Gardening is not for everyone," says Maria Devereaux, a project officer at Sustain. "But, increasingly now, we've got evidence that even people who aren't gardeners are able to reap the benefits of being outside, working with nature and all the things that come with it."

Growing Health's original remit was to evaluate research into how gardening can impact on health, but it also set out to discover how food

**'Being active and meeting new people can have a really positive impact on emotional health'**

Helen Stokes-Lampard  
Royal College of GPs

Christine Dow, 63, was originally referred to the garden by her GP to help overcome her depression. After a year of "green" therapy, she became a volunteer; for the past decade she has spent a few hours every week supporting others referred to the project.

"I've lived in Sydenham for 42 years and my husband was born here, but we never realised the garden was here," she says.

"My GP referred me to the garden years ago when I had depression. It was quite mild, but he thought gardening would be good for me. He was right. I came here for a year and saw all the seasons change," she recalls. "It's an oasis of calm. You can come here and, for however long you are here, the outside world stays outside."

During 2017-2018, Sydenham Garden received 313 patient referrals from health professionals. A typical referral will be between six to 12 months. "I know from our stats that people are going to get as good mental health benefits from us as

growing and other green projects could work more closely with the health service.

From the evidence it collated, it found that simply viewing a green space through a window can help people relax and reduce stress levels. Other evidence confirmed that the physical activity of gardening can improve mental wellbeing.

Growing Health is also keen to spread best practice by publishing case studies illustrating how organisations got to where they are, and how they forged links with other services.

"Collating all that information together [means that] other projects can use it to work with the health service," says Devereaux.

GPs have been keen for years to adopt various forms of "social prescribing" - referring patients to non-clinical activities in a bid to improve their physical or mental health, says Prof Helen Stokes-Lampard, chair of the Royal College of GPs.

"GPs and our teams will see over a million patients today across the country, and for some of them, the underlying reason they are visiting their GP is not principally medical," she says. But it is only recently that the social prescribing option has been taken more seriously.

"Some people might mock the idea of recommending a gardening group or exercise class to patients, but learning new skills, meeting people and being active can have a really positive impact on a patient's physical and emotional health and wellbeing," says Stokes-Lampard.

Devereaux agrees: "It's an exciting time; there are a lot of gardens out there and it's about accessing those for people's wellbeing."

**'By watching things grow, you realise that it isn't always the fault of the plant if things don't work out'**

Mikloth Bond  
Volunteer support worker



## Experience 'The real learning is connecting with people'

Becoming a community garden volunteer helped retired dancer Mikloth Bond manage mental illness

Interview by Debbie Andalo

**I** was diagnosed with paranoid schizophrenia 40 years ago. Two years ago I decided to look into gardening and get close to nature. That was me saying: "Well, mental health services haven't worked." It was time for me to take my own health in hand.

I wanted to connect with nature. I had an instinct that it would help my mental health if I could connect

with the seasons, to live in nature's time. I wanted to spend time with other gardeners, because they are special people.

I started as a volunteer for Spitalfields farm and it really inspired me. The gardeners would sit and talk about the plants and what they were doing and it just motivated me - I thought I'd like some of that.

When its funding ended I came to Core Landscapes, where I am a volunteer support worker twice a week. I support people on the project by just engaging with them, and in that way they support me. I've learned about different soils, how to do cuttings and how to plant seeds.

But that isn't the real learning. The real learning is in connecting with people and becoming confident

▲ Retired dancer Mikloth Bond at Core Landscapes Community Nursery and Garden

PHOTOGRAPH: CAMILLA GREENWELL

in yourself and just feeling part of nature; that is the real learning, especially for people with mental health issues.

I enjoy the company and look forward to going every week because it's a close group, a group that care for one another and help each other and whose expectations of one another are not too great.

When you are gardening you get very involved, because of all the elements and the seasons. You can't run away from it; you can't feel superior. And by watching things grow, you realise that it isn't always the fault of the plant if things don't work - it's about the seasons and the weather. It's the same with mental health issues: it's not always your fault.

I am also a peer support tutor at the Recovery College in Tower Hamlets, where I co-produce courses for students [recovering from mental ill health] and for health professionals as well.

I am hoping to combine my two roles in the future, as there is talk about co-producing a three-day horticultural course in partnership with Core Landscapes.



▲ Outdoor lessons are being rolled out through the Nature Friendly Schools programme. PHOTOGRAPH: STOCKSY



## Domestic violence Survivors and the mental toll of abuse

A new initiative is addressing the impact of abuse on mental health

Rossalyn Warren

An estimated 2 million adults aged 16 to 59 years experienced domestic abuse in England and Wales in the past 12 months – more than a million women and 695,000 men. And as domestic violence is often under-reported, the true numbers are expected to be even higher. While domestic abuse is usually associated with physical violence, the toll the abuse takes on the mental health of the victims is much less acknowledged.

Perpetrators of domestic violence will often undermine, insult and humiliate a victim or subject them to “gaslighting” – a form of psychological manipulation. The abuse can lead to depression, anxiety, and even suicide. Indeed, around one-in-eight of all suicides and suicide attempts by women in the UK are due to domestic abuse. And about 30% of female psychiatric in-patients and 33% of female psychiatric outpatients have experienced domestic abuse.

In recent years, the public’s understanding of the psychological harm of domestic abuse has taken strides forward – partly due to awareness-raising campaigns led by domestic violence charities about mentally abusive relationships.

And then, in 2015, coercive and controlling behaviour – an act of intimidation or threat used to harm, punish or frighten an individual – was made a criminal offence.

But, despite changes to the law, coercive control is still a largely misunderstood and under-reported crime. Of the 1.3 million women who experienced domestic abuse in 2017/18 in England and Wales, the police recorded just 9,053 coercive control offences. And only 235 offenders were convicted in 2017.

Although there has been a small rise year-on-year in the number of coercive control crimes recorded and resulting convictions, the charity Women’s Aid says the full

force of the law is yet to be felt by those who continue to perpetrate this form of abuse.

“We know from our work with survivors that they continue to worry that if they have no evidence of physical violence they will not be taken seriously by the police,” says Women’s Aid spokesperson Teresa Parker. “We want to continue to work to help build survivors’ trust in the police and give them the confidence that they will be supported throughout the criminal justice process.”

While the change in law is helping to shift the public’s understanding of coercive control, frontline domestic violence services have spearheaded the development of new ways of supporting abuse victims with mental health issues. One way is through independent domestic violence advisers (IDVAs).

Typically mental health trusts do not routinely ask patients about their domestic abuse history. To address this, the charity SafeLives – alongside Barnet, Enfield and Haringey mental health NHS trust, Solace Women’s Aid, and King’s College London – led an NHS-funded pilot project to locate an IDVA advocate-educator to work within mental health services in Edgware community hospital and Barnet hospital.

The aim of the project was to identify domestic abuse victims, but it also included domestic violence training for staff, to increase their understanding of the issue as well as encouraging referrals.

The pilot was a huge success. Over 12 months there was a 660% increase in referrals from patients to Solace Women’s Aid. SafeLives found nine out of 10 victims reported improvements in safety following an intervention by an IDVA.

Ruth Vines, head of safeguarding at Barnet, Enfield and Haringey mental health NHS trust, who led the pilot, says IDVAs work in partnership with the women and provide them with longer-term support. Collaboration, she says, is critical. “Having a physical presence and face-to-face support made a significant difference,” says Vines.

While lack of funding for innovation in domestic abuse services remains an issue, charities say thinking differently about new ways to support victims is key.

“We’re listening to what people are saying they need,” says Safe Lives chief executive Suzanne Jacob. “This isn’t about throwing rocks at services and telling them how they’re getting it wrong,” she adds. “It’s about showing them how they can do things differently and better for people.”

Contact Samaritans in the UK on 116 123 or email [jo@samaritans.org](mailto:jo@samaritans.org)

▼ Writing has helped Rachel Williams recover from domestic abuse

PHOTOGRAPH: FRANCESCA JONES



### Experience ‘I use my voice – and that’s helped me to heal’

Rachel Williams, 47, recalls the devastating mental health impact of domestic violence

Interview by Rossalyn Warren

I met Darren when I was 21 and we had one son together. When I left him in 2011, he strangled me, and then began to stalk and harass me. Then on the 19th August 2011, Darren walked into the hairdressers where I worked, and shot me twice. He told me he loved me, and then he pulled the trigger. The first shot hit my leg. The second shot missed my head.

Many people who have survived domestic violence seek counselling, which is a way for survivors to heal. My other, older son sought counselling and he found it useful for his wellbeing. I found therapeutic support through writing, as well as through friendship and conversations.

Services dedicated to domestic violence are important, too. But they need much more dedicated funding, because domestic abuse is an epidemic that needs addressing. I use my voice – and that’s helped me heal. By sharing my journey in a public way, I hope to try and change people’s mindsets. Family members are not just witnesses to the mental and physical violence – they’re victims too. The trauma from the abuse leads to post-traumatic stress disorder, and I lived in conditions that are like a war zone. It creates that same level of fear.

Domestic violence affects the whole family. It has a ripple effect. Family members are not just witnesses to the mental and physical violence – they’re victims too. The trauma from the abuse leads to post-traumatic stress disorder, and I lived in conditions that are like a war zone. It creates that same level of fear.

When you experience something like this, I think you can decide to be pitiful, or powerful. I turned a corner, and I chose to be powerful.

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## ADVERTISEMENT

# WHY GAMBLING IS A SERIOUS PUBLIC HEALTH CONCERN

Improving public awareness and support services for addiction to gambling requires a collective and coordinated effort, according to Marc Etches, CEO of GambleAware.



### Marc Etches

Chief Executive of GambleAware

Around two million adults suffer gambling-related harm in Britain and for some, gambling addiction ends in suicide. There are 450,000 11-16 year-olds who spend their own money on gambling, which is more than the number of those of the same age drinking alcohol, smoking cigarettes or taking illegal drugs.

For the one in eight 11-16 year-olds who follow gambling companies on social media, they are three times more likely to spend money on gambling. Of those who

have ever played online gambling-style games, 24 per cent follow gambling companies online. There is public concern about gambling-related advertising on television, particularly that attached to football. And yet, gambling businesses spend five times more money on online marketing.

In May 2019, the World Health Organization (WHO) will endorse the latest edition of the International Classification of Diseases (ICD-11). The ICD was revised in 2018 and recognises gambling disorder as a mental health condition due to addictive behaviours. As a WHO member, the UK government will collect and report information related to gambling addiction from 2022.

Gambling addiction is both a symptom and a cause of mental health problems; it is often referred to as the “hidden addiction”. Hidden from family and friends because the outward signs are less physically obvious, and hidden from policymakers, health professionals and other support services because of a lack of awareness.

Currently, there is no government-led national harm prevention strategy and the NHS does not fund specialist treatment for gambling addiction. However, there are positive steps underway. Public Health England is undertaking an evidence review into public health harms of gambling and the NHS has committed to investing in specialist treatment clinics. In the meantime, GambleAware is at the forefront of commissioning a National Gambling Treatment Service, working with the NHS and others to help direct people to the right intervention.

GambleAware has commissioned specialist treatment for gambling addiction at Central & North West London NHS Foundation Trust

since 2008 and in the summer a second specialist clinic will open in collaboration with Leeds and York Partnership NHS Foundation Trust. GambleAware also commissions treatment in a residential setting via the Gordon Moody Association. And for those who need less intensive treatment, there is a national network of providers, led by GamCare. Last year, 30,000 people received advice from the National Gambling Helpline and 9,000 people were treated.

Taken together, the National Gambling Treatment Service provides safe, effective treatment and support, free at the point of use, for people across Britain who are addicted to gambling. The National Gambling Helpline and its online equivalent, the National Gambling Netline, are open from 8am to midnight, seven days a week for self-referrals.

But less than three per cent of the reported number of problem gamblers access services so it is clear there is much more to be done in raising awareness about this serious public health issue.



BeGambleAware.org



## The school where pupils lead the way on wellbeing

The young students at Queen's Park primary school have put mental health front and centre with a peer mentoring scheme

Liz Lightfoot

If you make a mistake at award-winning Queen's Park primary in London, don't waste time looking for a rubber. The school, known for its focus on positive mental health, has a "whole school" approach to wellbeing. And that includes a ban on erasers.

"We all make mistakes, and we need to pick ourselves up and learn from failure in order to build up our resilience," says headteacher Ben Commins. "We have made huge structural changes to support the wellbeing and mental health of our staff and pupils. It filters down on the ground to things such as the use of rubbers. If children make a mistake, they do not erase it - they cross it out and learn from it," he says.

The change began two-and-a-half years ago, when Commins and deputy head Lyndsy Killip took over the Westminster school. The school had been under pressure to improve its results and the new leadership team were faced with the resignation of all the teaching staff. As new teachers were recruited, they were all given mental health first aid training in how to spot the signs of conditions such as anxiety and depression - in themselves and pupils - and develop strategies to help alleviate them.

Higher-level teaching assistant Stella Wilson did not

leave, and when the leadership team discovered her interest in counselling, the school sponsored her to train as a cognitive behavioural therapist.

"We have educational objectives, of course, but we are also looking at the wider issues of how you can weave resilience, acceptance, consequences and choices into our curriculum as skills for life," says Commins. "Our approach to wellbeing isn't fluff, it's the real deal."

The school won the national award for learning and education at the Positive Practice Awards 2018 and was praised for its "whole school" approach to mental health.

Children are taught about the different parts of the brain and how they control feelings and emotions. Three times a day, they have 10-minute "brain breaks" to help them be calm and focused. "We close our eyes for a bit and the amygdala in our brain calms down and we can concentrate and learn more," says Moran, 11. "We learn how the brain works and changes our decisions. It helps because when I am upset I can go and do a brain break for myself," he says.

**'We all make mistakes, and we need to pick ourselves up and learn from failure'**

Ben Commins  
Queen's Park primary

Its young ambassadors scheme focuses on improving wellbeing through peer mentoring at Queen's Park primary and four other schools. Sajul, 11, says ambassadors learn about calming down themselves and other people. "We learn how to be kind to other people so they have happiness. For example, a boy came to us in the middle of the year and he didn't have any friends - he is a very shy person. I spoke to him and let him know about the school and introduced him to people and now he has lots of friends and has joined our buddy group," he says.

"This school gives you the opportunity to be whoever you want [to be]," he adds.



## Schools of thought Mindfulness in the classroom

Investing in children's mental wellbeing brings dividends that will continue to be felt in later life

Liz Lightfoot

Children are taking 10 minutes out from the hurly burly school day to reflect on their thoughts and their feelings. Some ground themselves by thinking about their feet on the floor, while others concentrate on their breathing.

This is mindfulness, the lessons quickly growing in popularity as

an antidote to the stress of being a young person in the 21st century, be it pressure to perform in exams, social media, or the obsession with body image that is reported to even affect primary age children.

Children are learning about their brains and how to deal with unruly thoughts - to control emotions such as anger and fear. It is no longer head, shoulders, knees and toes, but amygdala, hippocampus and pre-frontal cortex.

The most recent NHS survey of young people's mental health in 2017 shows one-in-eight five- to 19-year-olds in England has a diagnosable mental health condition. Hospital admissions for anorexia alone more than doubled in the eight years to 2017/18.

Stress is a known barrier to learning and a growing number of schools are targeting the emotional health of pupils through schemes such as meditation, mindfulness and the provision of mental health first aiders and buddies.

The Mental Health Foundation charity wants emotional wellbeing to be at the heart of the school curriculum, and has chosen body image as the key theme of this year's Mental Health Awareness Week. Dr Antonis Kousoulis, its assistant director, said its survey last year found 47% of people aged 18-24 had experienced stress over their body image to the extent of being overwhelmed or unable to cope. "Social media has certainly played a part," he says. "Historically, it was the mirror that was the main driver of perception of our image and how we thought others perceived us. Nowadays, young people are exposed almost on a 24/7 basis to manipulated and heavily edited images, whether that's in advertising or photos of their friends."

Over the past five years there has been a proliferation of mindfulness organisations and companies selling lesson plans and staff training to schools. But does it work?

Secondary school teacher Richard Burnett, who founded the Mindfulness in Schools Project 10

years ago, warns against "quick fix" approaches. "We are a charity started by teachers who wanted to teach children how best to manage their thoughts and feelings and deal with the rollercoaster of being a young person," he says.

It has two training courses for teachers - one aimed at secondary students and another for younger classes. "It's about training your attention to notice what is going on. If you are aware of that, you can choose how to respond, for example to manage the amygdala, the part of the brain that detects fear and prepares a response," he says.

Emotional disorders are on the rise, and we should instil something in our children and young people about coping with stress, advises Lee Hudson, the Royal College of Paediatrics and Child Health's mental health lead. But should it be mindfulness? There is evidence

**'Children have told us that mindfulness helps to calm them down and that they use it at home as well'**

Kim Milsom  
Cherry Tree primary

▲ The Mental Health Foundation wants emotional wellbeing to sit at the heart of school curriculum  
PHOTOGRAPHY: GETTY

that the process can bring benefits to adults, he says. "[But] the evidence for its effectiveness with children is not yet sufficiently robust and we need more research. However, some schools are rolling it out and children seem to enjoy it and it unlikely to cause harm."

The Department for Education is funding a major project to find the most effective ways of promoting positive mental health in schools, which is being run by the Evidence Based Practice Unit, a collaboration between the Anna Freud Centre for Children and Families and UCL's faculty of brain science. One of the five approaches being trialled is mindfulness.

"A lot of people are interested in mindfulness and are doing it in different ways, but there is not a large evidence base for its delivery in schools," says programme director Jaime Smith.

Meanwhile, teachers at Cherry Tree primary school in Basildon, Essex, say mindfulness lessons are already making a difference. "Children aged eight to 10 in four classes do different exercises for 10 minutes after lunch each day," says school pastoral leader Kim Milsom. "Children have told us that mindfulness helps to calm them down and that they use it at home as well."

## Experience 'We need to equip them with coping strategies'

Tracey Ward, assistant head teacher at Stanley Grove primary academy, reviews her work as a trained mental health first aider

Interview by Liz Lightfoot

Being a mental health first aider means you have been trained to spot signs and symptoms and can "intervene early". If you have done the Mental Health First Aid England training you are more aware of depression and anxiety.

To give a bit of context, 97% of pupils in our school have English as an additional language and 57% of the population of our area are living in poverty, according to a report last year. Wellbeing is a priority for us and we want to make sure that if our children are in a crisis in their lives, that we have equipped them with the right coping strategies - ones that are sustainable and that they will be able to use in the future.

We have converted our first aid stations into mental and physical health stations and we have trained mental health first aiders to be there at break and lunch times.

On their trays the children all

have a "first aid kit" - which is a picture of an open case with a red cross on it. They write on it what they need when they are feeling distressed, overwhelmed or anxious. The children love this approach.

This week I was at one of the first aid stations when a child had an outburst and came to me saying they were "overwhelmed". I told him to collect his mental first aid kit from the tray and we discussed what he could do. Another child came to us because they had "a busy mind" and we carried out the stress bucket activity. We discussed what was making the stress container full and what could be put in place to empty out some of the water.

We had a session with mental health first aiders in our sensory room for targeted children who need support.

Part of our approach is to embrace physical activity to support mental health. One of our wellbeing activities is the daily mile, marked out on the playground. Every child from nursery to year 6 walks, jogs or runs it every day and they can do it with a friend or a member of staff. We find children are more likely to open up about their feelings outside of the classroom. Our ethos and culture is warm and happy and I think that's a lot to do with the importance we place on mental health and wellbeing.

**'We find that children are more likely to be open about their feelings outside of the classroom'**

Tracey Ward  
Stanley Grove Primary



► Mental health first aiders are trained to support children through the emotional ups and downs of the school day  
PHOTOGRAPHY: STOCKSY



▲ Queen's Park primary has been praised for its approach to mental health  
PHOTOGRAPHY: QUEEN'S PARK PRIMARY SCHOOL



# It's an exciting time

I have been able to work with Health Education England and Royal College of Psychiatrists to produce a handbook on employing physician associates in mental health services. I have also been leading the work stream for introducing clinical apps to our services as part of our Global Digital Exemplar programme. **Arun Chidambaram, consultant psychiatrist and deputy medical director**

I'm one of a number of doctors within Mersey Care who has been seconded into national roles. Over the past three years I've led on secure care in the form of Chair to the Adult Secure Clinical Reference Group, advising specialised commissioning on matters relating to the adult secure services across England. As the Associate National Clinical Director for Secure Care, I provide clinical leadership to transformation programmes, focusing particularly on developing new community forensic services. As Deputy National Clinical Director for Mental Health I'm involved in wide-ranging policy discussions, chair working groups, and advise on various safety and quality initiatives.

**David Fearnley, medical director**



Dr Arun Chidambaram

As a consultant psychiatrist in Mersey Care I've had the opportunity to undertake roles that sometimes fall outside the remit of direct clinical care. This has enabled me to get involved in Royal College work and I'm a member of the Equivalence Committee for the Royal College of Psychiatrists and a CESR (Certificate of Equivalence of Specialist Registration) assessor. This involves College oversight of the process whereby a doctor wishes to gain entry as a psychiatrist onto the GMC specialist register. It is an arduous process and involves the review of up to two thousand pages of evidence submitted by the candidate! I also work closely with the Associate Dean for Equivalence and provide training for prospective CESR applicants at the College.

I'm proud to be part of a Trust that is a Global Digital Exemplar. This means that Mersey Care is part of a select group of trusts in the UK that is an internationally recognised healthcare provider delivering improvements in the quality of care via the use of digital technology and information.

**Kuben Naidoo, consultant psychiatrist**

Whilst working at Mersey Care I've been supported in developing aspects of my career alongside my clinical role. I've been able to become actively involved in training the psychiatrists of the future, through working with Health Education North West to organise and develop the psychiatry specialist training rotation, and working with the Royal College of Psychiatrists to develop and deliver clinical exams.

**John Stevens, consultant psychiatrist**

The Trust has supported me in influencing change at a national level. I'm the chair of the General Adult Specialist Advisory Committee for RCPsych, currently primarily working towards designing a new post graduate curriculum for psychiatry as per GMC guidelines. I've had the opportunity to work closely with the education and training committee at the College and enhance medical education for our Trust as Director of Medical Education.

**Indira Vinjamuri, consultant psychiatrist, director of medical education**

I've been involved in the implementation of new care models within medium and low secure services and have taken the lead on the development of a new community forensic service model. Mersey Care has supported me to develop my role with the Royal College of Psychiatrists. I'm now deputy chair of the panel responsible for the administration of the practical clinical examination psychiatrists must complete to achieve membership. The role includes: quality assurance, delivering training, developing examination questions, invigilating and examining. As well as fulfilling the role in this country, I travel to international examination centres such as Hong Kong.

**Gill Holt, lead consultant forensic psychiatrist**



Dr Gill Holt, lead consultant forensic psychiatrist

“It's a great place to be a doctor”



**Dr Arun Chidambaram, deputy medical director**

**Dr John Stevens, consultant psychiatrist**

To hear what our doctors think of working at Mersey Care: [www.merseycare.nhs.uk/contact-us/working-for-us/medical-recruitment](http://www.merseycare.nhs.uk/contact-us/working-for-us/medical-recruitment)

“Consultants and teams get the right support to enhance patient care”



## Merseyside: A great place to live

Liverpool has been voted as one of the best cities in the UK for work-life balance. The city's famous waterfront is a designated World Heritage site, there's been retail development and Liverpool ONE has more than 150 stores and the city boasts the largest collection of museums and art galleries outside London including Tate Liverpool.

To read about our £80 million investment in two new hospitals: [www.merseycare.nhs.uk/about-us/a-new-generation-of-mental-health-hospitals](http://www.merseycare.nhs.uk/about-us/a-new-generation-of-mental-health-hospitals)

Find out how you can develop at Mersey Care NHS Foundation Trust email: [careers@merseycare.nhs.uk](mailto:careers@merseycare.nhs.uk)

### Publishing

Our doctors contribute to national NHS policy and publish regularly in peer reviewed journals, blogs, invited articles and via social media.

### Best for work life balance

Consultant psychiatrist and director of medical education, Indira Vinjamuri lives outside the city in St Helens. "It's a lovely place to bring up a family – house prices are very reasonable, there's a big choice of good state and independent schools, and childcare is much easier to arrange than it would be in London and the south east."

### Housing

House prices on Merseyside are among the lowest of any in the UK. The average price in April 2019 was £197,073 compared to the national average £305,449 (source Rightmove).

### Transport

Merseyside has many excellent road and rail links - commuting in from the suburbs is fast and easy. London trains run several times daily and you can fly from Liverpool airport to more than 200 worldwide destinations.

### Education

The city is home to 149 state funded schools, 13 independent schools, several further education colleges and three universities.

## We're transforming the FUTURE OF HEALTHCARE

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Mersey Care is a Global Digital Exemplar and is transforming health and care systems through the use of world-class digital technology and information.

Our GDE milestones so far...

1. Clinical information system has delivered an improved interface for recording and managing clinical data for staff.
2. Electronic Prescribing and Medicines Management system has resulted in fewer prescription errors and has consequently improved safety.
3. Digital access to GP records has saved staff time and improved safety for service users.
4. A bed management system to aid planning and the coordination of bed use across the Trust.
5. The creation of an app using machine learning and wearables for the prevention of self harm and suicide (SWiM) will provide indications of symptoms to enable early intervention to staff and enable self care and self management for service users.
6. A pilot predictive tool and dashboard to risk stratify the likelihood of a mental health crisis helped staff to improve decision making in assessing the most appropriate pathway and interventions.

7. Creation of a clinical digital leadership group for the workforce will ensure digital projects are co-designed with the clinical workforce to help improve understanding and the prioritisation of the digital agenda.
8. Co-designed a personal health record with service users so staff can access clinical records from other clinical systems when included in the service user's circle of care. Service users have had full engagement in the digital tools that they will use to create their own digital records and gain access to their clinical records.
9. Digital pathways and digital therapies which will improve the experience of care, the outcomes from care and access to care. Examples within the Improving Access to Psychological Therapies service include the use of Silvercloud online therapy, and in secure services the use of Avatars.

For more information or to find out how you can get involved contact our programme director [Jim.hughes@merseycare.nhs.uk](mailto:Jim.hughes@merseycare.nhs.uk)

[MerseyCareNHSFoundationTrust](https://www.facebook.com/MerseyCareNHSFoundationTrust) [@Mersey\\_Care](https://twitter.com/Mersey_Care)

To read about our partnership with the Organisation for the Review of Care and Health Applications (ORCHA): [www.merseycare.nhs.uk/about-us/news/weve-got-an-app-for-that](http://www.merseycare.nhs.uk/about-us/news/weve-got-an-app-for-that)



# Body image

## Concerns over how we look affect all ages and genders

The battle to become body positive begins with uprooting stereotypes

Lynn Eaton

Like it or not, most of us are aware of how we look. We have all had a bad hair day, or worried whether we are wearing the right clothes for a particular event.

The traditional stereotype is that young women are more concerned about their appearance than young men. Societal pressures, media images, and doting relatives saying how pretty a female child looks all have an impact.

But how serious an impact can it have on our wellbeing and our mental health? And just how much does our body image trouble us as we get older?

Statistics by the charity the Mental Health Foundation (MHF), show that poor body self-image can affect all ages, not just younger people, and the reactions it can trigger range from anxiety and self-dignity to suicidal thoughts.

The figures, revealed to coincide with the body image theme of national Mental Health Awareness Week, follow a YouGov poll of 4,505 UK adults. It found that 57% of 18-24 year-olds surveyed admit to having felt anxious because of their body image, compared with 30% of 45-54 year-olds and 20% of over 55s.

Some 10% of women have deliberately hurt themselves because of their body image compared with 4% of men. At the same time, 13% of adults admit to having experienced suicidal thoughts or feelings because of their body image.

And, although the sample of people from the LGBT+ community was small, 39% of those who experienced these thoughts identified as bisexual, and 23% identified as gay or lesbian.

While puberty is notoriously stressful, there are other times in our lives when we might worry about our image, such as during pregnancy

or the menopause - or when our hairline starts to recede or we need to use a walking stick.

Phillippa Diedrichs, professor of psychology at the University of the West of England (UWE) and an expert on body image, says even at primary school age, girls are more aware than boys of their appearance.

"They have been very much valued in terms of their image. That's the way they have currency in society; most research has focused on young women," she says. "But there are key transitional points in people's lives, such as reaching 65, when people still feel it's important how they present themselves. It's difficult to say for sure how these concerns affect

people over time, because we've no longitudinal research."

Having concerns about how you look is not, in itself, a mental illness, according to the MHF. "However, it can be a risk factor for mental health problems," its spokesperson says.

"Research suggests that higher body dissatisfaction is associated with poorer quality of life, psychological distress and risk of unhealthy eating behaviours and eating disorders."

For Hannah Lewis, policy officer at Rethink Mental Illness, how we see ourselves is also a public health issue: "People with poor body image are at risk of self-harm and of potentially harmful sexual behaviour," she says. And poor body image can further undermine the wellbeing of people who already have a mental illness. Some medications can cause weight gain. "That's really important to a person's body image," says Lewis. But can concerns about how you look directly lead to an eating disorder?

Separate research from the LGBT+ equality charity Stonewall last year showed that 12% of LGBT+ people had experienced an eating disorder. Stonewall policy manager Josh Bradlow acknowledges the potential damage insecurities about body image may cause: "Stereotypical assumptions and beliefs about masculinity and femininity can be deeply damaging for how anyone - especially LGBT people - see themselves and their bodies."

And Tom Quinn, director of external affairs at eating disorder charity Beat, says people who are dissatisfied with their body image are at higher risk of developing an eating disorder. "This is only one of many factors that can lead to the development of these serious mental illnesses," he says. So how can we start to tackle an issue that is so ingrained in our society?

Diedrichs has been working with the beauty product manufacturer Dove on a self-esteem project in schools that encourages pupils to discuss the impact of advertising body image. Diedrichs also counsels against "fat talk" and "old talk".

"Telling someone 'you look good, have you been on a diet' or 'you don't look that old, tell me your secret' only reinforces our obsession with body image," she says.

She also suggests complaining if you do not like body images you see in the media, particularly where the photo has been retouched. "And don't just talk about looks when you meet a friend. Instead, ask them how they've been," she says.

Contact Samaritans in the UK on 116 123 or email [jo@samaritans.org](mailto:jo@samaritans.org)



▼ Alexia Harrison is now a counsellor and psychotherapist

PHOTOGRAPH: JOANNE CRAWFORD

### Experience

## 'Body image is constantly under discussion, everywhere'

Alexia Harrison was hospitalised for anorexia as an adolescent. She shares the toll it took on her mental health, and how she recovered

Rossalyn Warren

Alexia Harrison did not stay in one place for very long during her childhood. Her family often moved from country to country due to her father's work, so she attended many different schools, making it difficult to keep hold of long-term friendships.

Then, at the age of 11, she returned to live in the UK. At school,

she describes that period of her life as "desperately unhappy." But today she is in a far better place. Now aged 41, she lives in Leeds with her husband and two children, and is surrounded by close friends.

She is also using her experience to shape the lives of others who face similar challenges.

As a counsellor and psychotherapist, she works closely with young people who have anorexia and bulimia, and volunteers with Beat, the UK's leading charity for eating disorders.

While the causes for eating disorders are complex and many factors are involved, being surrounded by images of "perfect" bodies can distort how a person sees themselves.

And celebrity culture and social media strongly contribute to and exacerbate the issue, she says.

"The society I grew up in is very different to what girls face today," she says. "There is social media and unrealistic models on Instagram, and it's all contributing to the pressure on young people and their mental health, and how they see their bodies."

"The trouble is that people's body

image is constantly being discussed everywhere - on television, screens, magazines. And if you're somebody who's vulnerable, it's really easy to snap into a very low mood and think dieting may be the answer."

Medical care is not always there, or easily accessible either, she says, despite eating disorders being serious mental illnesses that require professional support.

Harrison has a starker view about herself in relation to the pressures young people face today.

"If I grew up in this culture today, with the intense influence from social media and celebrities, I'm not sure I would have made it through," she says.

Still, she thinks her coping mechanisms in her childhood years still serve as valuable guidance for herself and others today.

"What kept me going is that I've always liked nature," says Harrison. "I would always feel better when I'd get away from it all - from everybody, from the pressures, and from technology," she says.

"I still do this today with my husband. We take off and get lost, and go to lakes. I am always better when I'm outside."

**'If you're vulnerable, it's really easy to snap into a low mood and think dieting is the answer'**

Alexia Harrison  
Counsellor and psychotherapist

### Comment

#### Deirdre Kehoe



## Social media only exacerbates pressure on body image

Body image and mental health have a big impact on each other. Young people tell us that worries about their appearance can go hand in hand with times when they're struggling to cope, while when they're feeling mentally well, their body image can be in a good place too. Body image is how we think and feel about ourselves physically, and how we believe others see us, and this can fluctuate depending on things that happen to us throughout our lives.

As a teenager, it's common to become more aware of your body and to start feeling more self-conscious. Things that can make you feel good about yourself - like your relationships with others, doing things that you love, or being praised for things you're good at - can build up your self-esteem and make you feel positive about the way you look.

There are also external factors that can affect body image, including what you see in the media and reflected around you. When you start to feel bad about yourself, it can be easy to feel bad about your body, compare what you look like with others, or hold yourself to unrealistic standards.

It's important for young people to develop an internal voice that helps them build a positive, honest sense of self, without focusing too much on just one area. But it doesn't help that advertising, TV and films often only show one kind of body, which can send

the message that young people shouldn't feel good about their bodies unless they conform to the images that mainstream culture promotes.

That's why at YoungMinds we think it's important that there are more bodies of different shapes, sizes, ethnicities and abilities reflected in what we see around us every day. It's why we have signed up to the Be Real campaign, which aims to diversify beauty standards.

Pressure on body image can be exacerbated by the online world and social media. An NHS report last year showed that girls who said that they compared themselves to others on social media were more likely to have a mental health condition than those who didn't - and this is likely to be related, at least in part, to body image.

Our advice to young people who are feeling overwhelmed by social media is to take a break from your phone and do something you like instead - you can always come back to your phone when you're feeling better.

We also recommend being kind to yourself, spending time with other people who make you feel positive, and remembering that there's no right or wrong way to look. It's important to find things you like about yourself, to help shift your self-image to a more positive place. Above all, it's a good idea to seek out someone you trust to talk to if you're struggling to cope. It could be a family member, a friend, a teacher, a counsellor or a helpline.

It's also crucial that young people are supported to develop "digital resilience" at school and beyond. This includes being able to learn to assess images critically, to understand they're often fake, and realise there are many positive role models that don't conform to a single view of perfection.

From a young age, every child should be learning to use the internet in a way that will have a positive effect on their mental health.

Deirdre Kehoe is director of training and services at YoungMinds.

**'Don't just talk about looks when you meet a friend. Instead ask them how they've been'**

Prof Phillippa Diedrichs  
UWE

THE YOUNGVOY POLL INVOLVED 4,505 ADULTS IN THE UK AGED OVER 18. THE POLL INCLUDED 2,185 MEN AND 2,320 WOMEN. \*193 PEOPLE, \*\*188 PEOPLE



# Recruitment Psychiatry and nursing numbers remain low

Poor recruitment figures for the mental health workforce belie brighter prospects for attracting talent

Debbie Andalo

At first glance the recruitment and retention statistics for the mental health workforce look grim. Vacancies for mental health nursing – the largest staff group in the sector – account for more than 20% of all unfilled nursing posts in England, while around 9% of UK consultant psychiatric posts remain unfilled. In September 2018, MPs were told that 2,000 mental health staff in England alone were quitting every month. There is little doubt then that the government is way off meeting its target to create another 21,000 new posts in mental health by 2021.

But look a little closer and there are indications that things are starting to shift and that the skilled workforce, so crucial to the delivery of mental health care – which is at the heart of the government's NHS long term plan – is showing signs of growth.

A 2017 recruitment campaign by the Royal College of Psychiatrists (RCPsych) helped boost the number of junior doctors deciding to train in psychiatry by 30% last year. Its

off. But why is it that people experiencing mental illness don't deserve the best and brightest doctors?" Lovett says she never regrets her career choice. "I get the biggest buzz when I see somebody who has been really ill get better."

Medical schools may also be making the recruitment problems in the sector worse by selecting the wrong kind of students – ignoring those school leavers who might naturally be attracted to a psychiatry career. Only three UK medical schools, according to Lovett, accept psychology A-level as entry to medicine. It is an issue being addressed by Health Education England (HEE). Last year, HEE commissioned the national workforce skills development unit at the Tavistock and Portman NHS foundation trust in London to look at the potential NHS career paths for psychology graduates. Its interim report is due this summer.

With nurses making up the majority of the mental health workforce, and applications to UK undergraduate nursing only slightly increasing this January, the government is keen to think of new ways of attracting students. Its NHS long-term plan proposes a cash incentive to attract mature students to study mental health nursing, and also promises an online nursing programme without the £9,250 annual tuition fee attached to the face-to-face programmes in England. The cash premium – mooted to be around £5,000 – is dependent on the NHS winning the money in the government spending review later this year. "The big issue we are faced with is nursing," says NHS Employers' chief executive Danny Mortimer. It is imperative that the treasury understands the value of financial incentives for the nursing workforce, says Mortimer, but also that any incentives should not only apply to mature students: "They should be for all mental health nurses, whether you are 18 or 38 – the need is so great."

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success, according to Dr Kate Lovett, consultant psychiatrist and RCPsych dean, is down to a new focus. "We put the voice of the patient, rather than the doctor, at the centre of the campaign," she says. "It was very powerful; we used real doctors and had actors speaking the words of patients. We wanted to change the narrative, to show psychiatric medicine as it really is."

NHS Employers – the voice of NHS trusts in England and Wales – thinks the additional pay premium it negotiated in the 2016 junior doctors contract, worth £20,604 over six years, is also having an impact.

Lovett believes a variety of factors have been deterring medical students and junior doctors from joining psychiatry. "I think there is a stigma about mental health in training," she says. "There is that negative attitude from senior role models that mental health is a poor relation. You get derogatory comments like: 'you could do anything – why are you doing psychiatry?' Those kind of comments put medical students

**"There should be cash incentives for [all people] training to become mental health nurses"**

Danny Mortimer  
NHS Employers

▼ The government is keen to attract more students to mental health careers  
PHOTOGRAPH: GETTY



▼ Consultant forensic psychiatrist  
Dr Arun Chidambaram  
PHOTOGRAPH: SHAW & SHAW

## New to the game Changing roles in mental health

New skills and shifting approaches to mental health treatment have seen a number of new roles created

Debbie Andalo

The make-up of the mental health workforce is changing. New roles are being developed to cope with increased demand, while others are emerging to reflect a move towards offering more holistic care to patients who are struggling with their mental health.

Wellbeing practitioners, who typically support patients with low-level anxiety or depression, are being rolled out across practices in England as part of the GP contract. Primary Care Cheshire was among the first to offer this new role.

"The majority of referrals are from people who have a mental health issue. We see a lot who

are bereaved and a lot are carers who are struggling with their responsibility and very often feel overwhelmed," says Kathy Dooley, a senior wellbeing coordinator who manages a nine-member team. The new role attracts people from nursing and therapy backgrounds but it is also appealing to people with lived experience, whose value in delivering mental health services is on the rise.

Indeed, in another part of the county, Cheshire and Wirral partnership NHS foundation trust has recruited 45 volunteer lived experience connectors. These former service users are partnered with a trainee nurse associate or advanced practitioner during training to bring another perspective. "By having somebody who has lived experience, staff gain a much greater insight into what it actually means to part of the health care system," says Gary Flockhart, associate director of nursing and therapies for mental health and learning disability services at the trust.

Physician associates (PAs) –

**"By having somebody who has lived experience, staff gain much greater insight into the system"**

Gary Flockhart  
Cheshire and Wirral NHS

clinicians trained to perform most of the duties typically provided by a GP, but who cannot prescribe – are now gaining a foothold in mental health services. Traditionally PAs have been attracted to primary care or emergency departments, but now the role is being tested in mental health services by the Royal College of Psychiatrists and the workforce training body, Health Education England.

Dr Arun Chidambaram is a consultant forensic psychiatrist at Mersey Care NHS foundation trust, which now employs three PAs. "It was a leap of faith when we took them on but we knew PAs could work in an acute hospital," says Chidambaram, who is also a member of the national working party piloting PAs. "The enthusiasm and motivation they bring has been like a breath of fresh air."

The PAs fill a skills gap in the mental health team because they are trained to manage physical health. "That means, for example, that we can avoid a trip to accident and emergency if a patient has self-harmed or has unexplained chest pain," says Chidambaram. PAs also

have the potential to take some of the workload off psychiatrists by completing mental state examinations – mood assessments that form part of a patient's wider risk assessment. "Currently PAs are unable to section people under the Mental Health Act, but there is the possibility that they will be able to do that in the future," he says.

New roles are also being developed across education and health as part of the government's mental health reforms targeting children and young people.

The first education mental health practitioners, employed by mental health trusts to work with pupils and schools to improve mental health, began their one-year training this spring. This new type of specialist will have the cognitive behaviour therapy skills needed to work with individual young people, but also help teachers recognise mental health problems in pupils.

Northampton is one of the first universities to deliver education mental health practitioner training; its first cohort of 30 students included teachers, health care assistants and psychology graduates. "It's an exciting time because for the first time the training brings together psychological therapies and education," says Jynna Yarrum, a lecturer in psychological therapies at the University of Northampton. "Children and adolescent mental health practitioners say when they turn up at schools teachers are just crying out for help and support – these new recruits are going to be invaluable."

## Experience 'My life skills have made a difference'

Career changer Graeme Gentles shares why he gave up his job as a joiner to train as a mental health nurse

Interview by Debbie Andalo

I left school just before I was 16 with no qualifications and went on to a further education college in Perth to complete an apprenticeship in joinery. My granny was a nurse auxiliary and I remember on a Sunday when she was at Perth Royal Infirmary going to meet her after work and she would tell me how busy she had been.

When I was 35 I'd worked for a company for a while and when the owner retired I worked for other companies but didn't feel the same about joinery. I always had a niggly, an urge, to be a nurse so I decided to leave work and go back to college to do my standard grades.

I then got on to an access course that gave me the higher qualifications I needed to get into nursing and I took up a place at Abertay University in Dundee.

I've always been interested in mental health nursing – especially the care of people with dementia. It's very rewarding getting a smile from somebody with dementia – it gives you such a sense of achievement.

My first year at university was tricky but not as hard as I thought it would be. It was the first time in my life that I had ever done proper essays and the first time I got an A-plus I couldn't believe it; I thought as a student I'd just scrape through. I think the biggest reward so far is probably getting really good feedback from senior charge nurses and managers on my placements – people who have been nursing for maybe 20 years who tell me I am going to make a fantastic nurse. I am just amazed.

I'm not the oldest on the mental health nursing course – I'm 40 and about seven are roughly the same age or older. I think as an older person I bring life skills with me and I think that has made a difference on my placements.



◀ Student mental health nurse  
Graeme Gentles

Comment  
Jill Maben



## It's time to overcome mental health stigma in the NHS workplace

Unlike many workers, healthcare staff are expected to bring themselves, their empathy and compassion to work each day to enable them to support patients well. We know this work is difficult, supporting patients and their families at some of the most difficult times in their lives.

Increasing demand for healthcare and complex patient needs in the 21st century means that pressure on staff is more acute and more prevalent than ever before, particularly in places where there are staff shortages. Organisations sometimes fail to recognise the impact adverse events can have on healthcare staff, who themselves can become "second victims" – suffering emotional distress and mental ill health as a result of the same incidents that harm patients. In extreme cases, this can result in burnout, post-traumatic stress disorder and even suicide.

Recent conversations I have had with staff suggest there are few opportunities to talk about work difficulties and the emotional strain of certain roles with colleagues, a useful safety valve which enables staff to support each other. Staff told me that they are "exposed to unpredictable high stress" and "traumatic incidents that create potential flashpoints" – both of which could trigger mental health problems. Others talked about the "rollercoaster of emotions they go through every shift". It is clear that spaces and places for staff to get together to talk about work stresses are necessary, but have become more difficult to access.

The recent Health Education England commission, of which I was a part, took evidence from NHS staff, and colleagues and families of NHS workers bereaved by suicide. Our recommendations highlighted the need for an NHS "Workforce Wellbeing Guardian" and dedicated support resources through workplace wellbeing leaders. It also outlined the need for post-incident support and post-trauma counselling, and the development of a national NHS "Samaritans-style" service, with the aim of providing a complete

**"Spaces and places for staff to get together to talk about work stresses are necessary, but have become more difficult to access"**

emotional support service to NHS staff and those learning in the NHS. It also highlighted the importance of accessible, psychologically safe and confidential spaces in which to socialise, share and discuss experiences.

One such space is Schwartz Centre Rounds – regular one-hour meetings, open to all healthcare staff in an organisation to come together to share stories and reflect with each other on the social, ethical and emotional challenges of their work. Our national evaluation of Rounds have found that regular attendance can halve poor psychological wellbeing compared with levels experienced by staff who do not attend.

We need to change workplace cultures and the culture at large, remove the stigma that is attached to talking about mental health and encourage open discussion. Really relating to patients takes courage, humility and compassion, it requires constant renewal by practitioners and recognition, reinforcement and support from colleagues and managers.

That is why the work of the commission is so vital – it sets out how we can tackle mental wellbeing issues faced by staff and learners alike.

Jill Maben is professor of health services research and nursing at the University of Surrey.

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# Technology

## How apps and VR are changing mental health treatment

Clinicians and patients alike are beginning to adopt innovative digital solutions to mental illness

SA Mathieson

Digital technologies should have much to contribute to tackling mental health conditions. Treatment can take place remotely and some patients may prefer to discuss problems through a screen rather than face-to-face. Plus, in the UK, and globally, there is a big gap between demand and capacity for treatment, something that technology could help fill.

The greatest potential is in “blended treatments”, where self-service and automated technology supports healthcare professionals, says Dr Jen Martin, senior programme manager at the mental health MindTech MedTech Co-operative - a national centre focusing on the development, adoption and evaluation of new technologies for mental healthcare and dementia. “Where digital has a real role to play is in that additional help, while someone is having traditional face-to-face therapy,” she says. Much research and funding has gone into digital mental health therapies. “The big blocker is NHS adoption. It needs to be embedded into systems.”

Embedding is already happening, however - Greater Manchester mental health foundation trust uses ClinTouch, for example: a mobile app for people recovering from psychosis, schizophrenia and bipolar disorder. Although patients will typically see a care co-ordinator monthly, symptoms of a relapse can appear within days; with the app, users are asked how they feel a few times a day, and an alert is generated if a relapse looks likely. Shôn Lewis, University of Manchester professor of adult psychiatry, says about half of patients find it useful and most stick with it; some even suggest new functions, such as a diary facility and medication reminders.

But it has taken time to convince healthcare professionals. “They thought it was science fiction, it would never work, patients would never use it,” says Lewis who started working on ClinTouch a decade ago. But other trusts are piloting the app, which is also set to be made publicly available later this year.

Affigo, the not-for-profit organisation that manages the app,

is also looking at how wearable devices and social media usage could contribute useful data. And University of Manchester clinical psychologist Dr Sandra Buccì is adapting the app to provide a cognitive behavioural therapy service for psychosis patients, with plans to test it in a clinical trial.

Some NHS organisations have adopted telepsychiatry - videoconferencing therapy sessions. Healthcare technology company Healios provides nearly 30 clinical commissioning groups and mental health trusts with such services, including the option of involving several members of a family in a single session. Founder and chief executive Rich Andrews sees potential for much greater use of data analysis, comparing this to how physical conditions are diagnosed through biomarkers such as high levels of cholesterol in blood: “One area I think is incredibly exciting is how we develop the digital equivalent of cholesterol for psychiatry,” he says. Mental health often relies on paper questionnaires and people’s memories, but digital technology could instead analyse people’s voices, monitor how fast they swipe mobile devices, and analyse the contents of social media images and the language of written messages, says Andrews.

Virtual reality (VR) is another technology that can be used for mental health. Daniel Freeman, University of Oxford professor of clinical psychology, has led the treatment of fear of heights by placing people in a virtual atrium through the use of headsets. A scientific trial found that the results exceeded those of face-to-face therapy, and it is now available on the NHS in some places in England.

Freeman and colleagues are now working on gameChange, a six-session programme that tackles psychosis by placing people in virtual equivalents of a bus or a cafe. Users work through levels of difficulty, such as the bus getting more crowded or needing to ring the bell and becoming the centre of attention. “We find people overestimate what bad things will happen,” says Freeman. “They find in VR that they can look at people, they can order a coffee in a cafe and everything is fine.”

Freeman thinks VR will help residents to Apple iPads, Amazon Echo Dots and virtual reality headsets two years ago, it has found that the need for anti-psychotic drugs has all but disappeared, and emergency ambulance calls have fallen by 29%.

▼ A resident of Woffington house enjoys a VR experience

PHOTOGRAPH: FRANCESCA JONES



## Experience

### ‘Older people are sharing their lives’

A care home in Wales is introducing its residents to tech - and helping them connect with younger people

SA Mathieson

Tom Jones is better than medicine for residents of Woffington House, a dementia care home in Gwent, Wales. “When someone is becoming upset or anxious, we go on to YouTube and show them Tom Jones, particularly his 1966 hit The Green, Green Grass of Home,” says registered home manager Adam Hesselden.

Since the home introduced residents to Apple iPads, Amazon Echo Dots and virtual reality headsets two years ago, it has found that the need for anti-psychotic drugs has all but disappeared, and emergency ambulance calls have fallen by 29%.

The technology has enabled residents to undertake virtual travel through the headset or projectors. This can be down the road, to judge the Easter bonnet parade at Georgetown primary school in Tredegar, but also to other places the residents know.

The home is now considering offering virtual cruises and train journeys as well.

For Hesselden, the initiative is a way to connect Woffington House’s residents to the world outside: “These people need meaningful occupation, a purpose and something to do, as opposed to

being sat inappropriately sedated in a care home.”

The home’s original reason for investing in the technology, though, was to help regularly-visiting schoolchildren to bond with residents as part of an inter-generational project, which has gone from strength to strength.

“The children are introducing the older people to technology, and older people are sharing their life experiences. They are mutually benefiting from the experience,” says Hesselden.

Children have also been able to learn from residents’ histories through emailed questions, on topics including the second world war and what it is like to be a steam train engineer.

“We’ve got a whole bank of experience cooped up in a care home that maybe isn’t being utilised enough, and it’s free,” says Hesselden.

Technology - and, perhaps more importantly, enthusiastic schoolchildren - are providing an outlet for just that.



## Workplaces

### Changing attitudes to mental health

New initiatives aim to bring mental health into parity with physical wellbeing in the workplace

Linda Jackson

It is described as a sanctuary with books on self-care and mindfulness, a place of retreat. Decorated with fairy lights, bunting and beige sofas, the “Head Shed” room is a unique part of the culture of a small management company that is putting mental health at the heart of what it does. Employees at Split the Bills who feel overwhelmed or simply want to take a break from their desk can find respite in the cosy space created 20 metres away from their busy open-plan office in Sheffield.

Set up seven years ago, the company - which provides a utility and household bill management service for rented student properties - has just 30 staff. But, despite its small workforce, it is proving size is no barrier to looking after mental health. It offers a number of other workplace wellbeing initiatives that range from monthly walk and talks in the Peak District, to curry and chat nights and special events around mental health days.

“In a short space of time, we’ve managed to create a safe working environment where our staff feel comfortable enough to open up about their mental health condition without fear of discrimination,” says HR manager Nadine Warburton. “We’re able to share stories and support each other as we go through our individual journeys and understand that it’s OK to not be OK.”

Official national statistics highlight how looking after employees’ mental health makes economic sense as well as making for a happier workforce. Mental ill health is estimated to cost the UK economy £94bn a year, according to recent OECD figures. At the same time, the Mental Health Foundation charity calculates that work increase productivity by as much as 12%.

It was 18 months ago that Split the Bills decided to make looking after mental health as important as looking after physical health, when a survey highlighted 71% of its staff had experienced stress, low mood or mental health problems while in employment. Many did not know



▲ Mental ill health is the leading cause of sickness absence in the UK  
PHOTOGRAPH: STOCKSY

where to get support. Determined to create an environment where people could open up about their mental health, the company signed a pledge from Time to Change (TTC) - the campaign set up by Mind and Rethink Mental Illness aimed at reducing mental health stigma and discrimination.

Today, events focusing on raising mental health awareness are held throughout the year by the company, which now has eight mental health champions and first aiders.

Each can signpost people to organisations offering professional help if needed. Employees are encouraged to sign confidential wellness action plans, where they list signs to look out for if they are struggling and what can be done to help. Split the Bills joins around more than 1,000 organisations in signing the TTC pledge including the Bank of England, the Financial Conduct Authority, British Gas, BT, Lloyds Banking Group, Ernst & Young, E.ON, PepsiCo and parts of the NHS.

**‘We’re able to share stories, support each other and understand that it’s OK to not be OK’**

Nadine Warburton  
Split the Bills

## Experience

### ‘I still have rough months but I feel supported’

Nine years ago, James Martin had a breakdown. He tells how he has been supported his employer

Interview by Linda Jackson

I have gone through multiple episodes of depression and anxiety, but nine years ago I had a complete mental breakdown, where I planned my death. I couldn’t get out of bed and eventually ended up at the doctor, where I spent half an hour crying. I lay in bed for weeks.

Throughout, Enterprise Holdings was really good. I had private health insurance through the company and was treated as an outpatient at a private mental health hospital all-day, every day, for six months, before I came back to work in a new role, on adjusted hours and a phased return. I would work two days a week from 10am until 2pm and then this was gradually increased.

I am still on medication today - it is a crutch that helps me rather than solves the problems. I still have incredibly bad social anxiety and find crowds really difficult. I have to travel on the A3 and M25 from my home in Morden to the company’s headquarters at Egham, where I work as a European bid manager. But my line manager was very supportive and adjusted my hours so I can avoid the traffic. I can also work from home once a week and increase this if necessary. I still go through rough months, mainly in the winter, when I am depressed, but I can tell my line manager I am really struggling. He will adjust the workload so I feel supported.

Other senior leaders are also committed to looking after mental health. Only last month, Andy Taylor, the son of the founder of Enterprise Holdings, donated \$10m towards research aimed at improving the diagnosis and treatment of mental health problems, including depression.

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James Martin: on the path to recovery

Behind the pledge, each company draws up an action plan, supported by its senior leaders. These could be small actions, such as running events for World Mental Health Day, or larger ones, such as training line managers to have conversations about mental health with their team, and the recruitment of mental health champions.

The results have been dramatic, according to TTC employer engagement manager Deborah Shaw, who says mental ill-health is the leading cause of sickness absence in the UK.

“We know 95% of employees calling in sick with stress gave a different reason. Looking after the mental health of your employees makes business sense: tackling stigma can make a real difference to sickness absence rates, presenteeism levels, staff wellbeing and productivity, and retention,” says Shaw. “95% of employers who signed the Employer Pledge, said it had a positive impact on their organisation.”



# Crisis response

## How emergency services have joined the front line of mental health care

Mental health specialists now work with ambulance and A&E teams to assist growing numbers of people in crisis

Kim Thomas

The last thing a patient experiencing a mental health crisis wants is a long wait in A&E to access specialist help. But for patients at Horton general hospital in Oxfordshire, there was no other option: the emergency psychiatric team is based 27 miles away at the John Radcliffe hospital in Oxford, and the drive to Horton can take more than an hour.

But that all changed in October 2016, when the Oxford Health NHS foundation trust began offering Horton patients the option to talk to a John Radcliffe psychiatrist via a video link.

Initially, says consultant psychiatrist Kezia Lange, some members of the psychiatric team were sceptical about whether it could match the experience of being in the same room as the patient. In practice, she says, staff have been “shocked by how easy it is”. According to Lange, more than 300 patients (80% of the total) have chosen the video link in preference to waiting to see a psychiatrist in person. Despite occasional wifi glitches, the video link, which is offered from a comfortable private room, has worked well even with the most distressed patients – more than 90% of service users described it as good or excellent.

Trusts throughout the UK are coping with rising demand from people requiring urgent mental health treatment. The London Ambulance Service NHS trust control room takes 13,000 calls a month related to mental health – about 10% of all calls. Four years ago it recruited mental health nurses in the control room to provide immediate expert help to callers. “If someone is very upset, or distressed in any way, a senior mental health nurse is there delivering psychological interventions to help soothe and calm the patient,” says trust mental health lead Carly Lynch. “They’ll talk to them about what their difficulties might be and

who’s best placed to help them.” The patient receives the appropriate help and, in some cases, an ambulance visit is avoided.

More recently, in south-east London, mental health nurses have been accompanying paramedics to patients experiencing a mental health emergency to offer immediate help. Nurses rotate between the call centre and the response car.

Since the service launched last November, it has seen patients with severe problems, including suicidal feelings or a psychotic relapse. The proportion taken to A&E has dropped from 54% to 19%, and the team has received many emails from grateful patients.

It has worked well professionally, too. “Paramedics have flourished in the team,” says Lynch, “and we’ve all learned things from each other”. The trust now plans to roll out the service across London, and predicts annual mental health hospital admissions could be nearly halved – from 58,000 to 30,000.

A similar model, launched in 2016 and involving the Scottish Ambulance Service, is being tested across four health boards. When a caller experiencing a mental health crisis calls 999, emergency staff offer initial emotional support and then, if they would like further mental health support, they are referred to the Distress Brief Intervention service, which provides face-to-face support from a third sector mental health organisation.

In Lancashire, a rise in patients presenting with mental health problems at A&E, and an increase in the number of people being sectioned under the Mental Health Act, led to some being placed in acute hospitals out of the local area. It was costly for the trust, but can also be damaging for patients, says Lancashire Care NHS foundation trust’s director of strategic development Sue Moore. “If you are mentally unwell for a significant period of time, it starts to have an impact on your family relationships, your housing, your finances, your ability to work,” she says.

Moore’s solution was to offer short-stay crisis houses to those in need of urgent mental health treatment. The accommodation was not only for those who have arrived at A&E in crisis, but people known to and referred by the trust’s community mental health teams. The first, six-bed house opened in

London Ambulance Service NHS trust mental health lead Carly Lynch



May 2017, and another, five-bed house opened last April. The houses, which have gardens, en suite bedrooms, kitchens and communal living rooms, are staffed by health care support workers and peer support workers from the Richmond Fellowship, who help patients learn coping techniques. The trust’s crisis teams also provide intensive individual support.

The typical stay in a crisis house is only five days, and 98% of patients leave without requiring another hospital admission. “People seem to recover much quicker because they’ve not developed a dependency,” says Moore. Feedback has been overwhelmingly positive, with one patient writing that staff “talked to me for hours when I felt at my worst”.

While the introduction of the houses has saved the trust £1.3m in out-of-area placements, it has also brought better quality care. “For me, this is about how you make healthcare human,” says Moore. “You don’t look at the body part, you look at the whole person.”

**‘Paramedics have flourished in the team and we’ve all learned a lot from each other’**

Carly Lynch  
London Ambulance  
Service NHS trust

### Emergency services and mental health treatment

#### What the numbers tell us

- In 2016-17, paramedics helped 172,799 people experiencing a mental health crisis in England – up by 23% compared with the figures for 2014-15

- In 2016-17 there was a 32% increase in the number of hours spent by paramedics supporting people with mental health difficulties. In London that figure rose by 45%

- The London Ambulance Service responded to more mental health incidents than any other trust in England, recording 51,717 calls in 2016-17.

- The West Midlands ambulance service experienced the biggest rise in mental health incidents in 2016-17 – an increase of 41% from 2014-15

# The hidden crisis

## Acute mental illness needs recognition

For people living with the most acute forms of mental illness, effective help is becoming increasingly difficult to access

Debbie Andalo

Schizophrenia remains the forgotten mental illness. It is largely excluded from the national conversation about mental health. Often, the only time it gets attention it is for the wrong reasons – when somebody has a psychotic episode in public which ends in violence. These images are powerful and shape the public’s perception of what they think it means to have an enduring and serious mental illness.

But the picture is misleading. It is estimated that around a third of people with schizophrenia will have only one psychotic episode, after which they will recover. Another third may have repeated episodes but be perfectly able to manage their lives in between. It is only the remaining third who are resistant to treatment and so unwell that their lives are severely constrained. Overcoming the public image associated with a diagnosis of schizophrenia, however, is only one part of the battle.

The biggest challenge is accessing appropriate treatment at the right time. Charities that support people with a psychotic illness – which also includes bipolar disorder – say that the more mentally unwell you are, the more likely you are to have to wait longer for care. They blame the closure of acute mental health hospital beds without additional investment in additional community mental health services.

“A number of people are being managed in primary care but sometimes they are too ill to receive psychological treatment and not ill enough to be in hospital, which means they end up in crisis and find themselves in hospital in an acute psychiatric ward,” says Mark Winstanley, chief executive of the charity Rethink Mental Illness.

“They may go in as a voluntary patient, but in some trusts the only way you can get a bed is by being

**‘Schizophrenia is still on the backburner because there hasn’t been a breakthrough in treatment’**

Marjorie Wallace  
Sane

sectioned under the Mental Health Act. It means that people end up staying longer in hospital than they would have done if they received the treatment sooner [in the community].”

The frustrations and challenges faced by patients with serious and enduring mental illness are borne out by the results of two recent surveys. Rethink Mental Illness found that patients with serious mental illness had to wait, on average, 14 weeks for an assessment; and 51% said that when they did receive treatment, it was not for long enough. One in nine people with schizophrenia told the mental health charity Sane that they were given no support following their diagnosis, and 61% of family members also felt unsupported. “Schizophrenia is still sitting on the backburner because there hasn’t been the breakthrough in treatment or a cure that we have all hoped for,” says Sane’s chief executive Marjorie Wallace.

“We don’t have a good news story to tell. It just doesn’t attract the kind of attention of other mental health conditions where people can talk about their successful recovery. All the focus and attention goes on the ‘softer’ end of the mental health spectrum.”

The government’s NHS long-term plan for England – which comes with a promise of ringfenced £2.3bn-a-year funding by 2023/24 – outlines a raft of reforms for mental health in the next 10 years. There is a big focus on the care of children and young adults, but there are signs that the needs of adults with serious mental illness are also being acknowledged.

Plans to introduce a mental health liaison team in every acute hospital are a significant step forward. Wallace hopes the teams will provide that vital link with mental health community services which, she says, has so far been missing.

A government promise of a one-hour referral to the liaison psychiatry team for people in mental health crisis turning up at A&E was also welcomed.

A commitment to build on models of care designed to provide a more holistic package for people with enduring serious mental illness, including housing and employment, was heralded as a step in the right direction. “In terms of crisis, we are optimistic that the work NHS England is doing, its involvement of the voluntary sector, and what does seem to be the commitment of additional resources, is good,” says Winstanley.

“But the current system doesn’t work – there needs to be a radical redesign in the way that people are supported.”

Rebecca Dignum hopes that serious mental illness will soon receive greater public attention.

PHOTOGRAPH: ELENA HEATHERWICK



## Experience

### ‘What would really make a difference is for people to have a better understanding of this illness’

Rebecca Dignum reveals what it is like to live with a serious mental illness

Debbie Andalo

Rebecca Dignum is a qualified teacher assistant, volunteers in a charity shop, plays viola in her local orchestra and is a member of a community choir. She leads a busy life, not unlike most other 27-year-olds.

What sets Dignum apart from her peers is that she is living with a serious mental illness. She is testament, though, to what can be

achieved if given the right support at the right time.

Six years ago, after she experienced auditory hallucinations and thought she was the “god of the universe” who could do “good things to good people”, Dignum was diagnosed with schizophrenia.

Two years later, following another psychotic episode, the diagnosis was changed to schizoaffective disorder – she experiences hallucinations and delusions typical of schizophrenia but also the manic mood swings of bipolar disorder. Since 2013, she has spent two periods in an acute psychiatric ward.

“The stereotypical image of schizophrenia is of the mad axeman,” says Dignum. “It scares you that you could be that mad, but that is your only experience of what it could

mean to have that diagnosis,” she says. The reality for Dignum, though, is very different.

“I have ups and lows every week. When I am ill they increase to every day, to every hour, to every minute. I know what my triggers are, which is quite rare for most people with my condition – who might not recognise that – but it means that I can get help from my community mental health team before getting into crisis.”

She would, however, welcome additional support from occupational therapists (OTs): “I don’t get OT support because [they say I am not eligible as] I am living with my mum, but my mum isn’t my carer. An OT would help because I struggle with cooking and they could also help me look after myself physically as well as mentally.”

A therapist would work on building up her confidence when she is outside her home. “I sometimes struggle,” she says. “People sometimes give me funny looks when I’m trying to sort out money; my medication slows down my processes but people tut and think I look OK so why am I having difficulty?”

“What would really make a real difference to me is for other people to have a better understanding of what it means to have this illness.”



## Experience ‘The person on the other end of the phone listened with compassion and empathy’

On the day that Jonathan Stanger nearly killed himself, he made a phone call that would change his life

Interview by Linda Jackson

Jonathan Stanger had always had success at his fingertips, so he was shocked one day to find himself crying for no reason, unable to get out of bed and walk 20 metres across the garden to his office. A former professional footballer, he became a sports agent after his playing career ended, before a passion for personal development led him to co-found a motivational training and development company. But despite a new relationship and the rapid growth of his business, he was sucked into such a deep depression that he believed the only way out was suicide.

On the brink, he was saved from taking his own life by volunteers at the end of a telephone helpline. It was a huge shock to Stanger who, as a teenager was one of England’s brightest young talents, signed by Sir Alex Ferguson to play for Manchester United. After four years at the club and a stint for England’s youth team, an injury curtailed his career. For the past 10 years or so, Stanger, now 46, has focused on building up his company, Raise the Bar, which has 700 speakers. “Everything should have been fine,” he recalls. “I had been depressed in 2012 after a divorce and moving out of the family home and I had help then from Professor Steve Peters, a psychiatrist and motivational speaker on the books of my company,” he recalls. “Then, 18 months ago I realised I was at the same point again, except this time there was no reason for it. I had a new partner, yet I could not stop having negative thoughts and I kept thinking about different ways of killing myself.

Jonathan Stanger ran the London Marathon to raise money for Calm



“But then something stopped me. I had read something that Professor Green [the British rapper, singer and songwriter] had written about the impact of his father’s suicide. I retrieved the letter and phoned the helpline at the Campaign Against Living Miserably (Calm). It was the best thing I ever did.” He says the call to Calm helped him regain perspective and seek out the right medical advice. “The person on the other end of the phone listened with compassion and empathy and didn’t have any preconceived ideas of my predicament and I found this really helped.” Seeking help, he was prescribed anti-depressants and has also had therapy. He has since run the London Marathon, raising awareness and money for Calm, and is now training for a mini-triathlon. “Looking back, I wasn’t happy even playing football and I had panic attacks as a sports agent. It was a very macho, male-orientated environment. In hindsight, I should have gone on medication sooner.” “My partner has also been a massive support. Talking is really important. Once you open up you realise there are lots of people who have felt down or have maybe been on medication. I would say to anyone going through the same thing - just speak to someone.”

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## Support for those left behind

A recently launched service in Cambridgeshire is being hailed as a model for suicide bereavement support

Linda Jackson

It is 9.30am and on her narrowboat in Bedford, Fiona Breaker-Rolfe takes a sip of morning coffee before opening her laptop and checking her emails. Overnight a report has come in from the police of a suspected suicide 80 miles away. The family are devastated and bewildered but have given permission to be contacted. Picking up her mobile phone, Breaker-Rolfe, a liaison worker for a pioneering suicide bereavement charity, introduces herself and offers information and help through the trauma. This may be details about inquest procedures, and signposting to agencies or counsellors who can offer specialist support, such as Cruse or Chums. Help in these early days is critical, she says, as it is the time when people bereaved by a suicide are most at risk themselves. While some people manage, others may be overwhelmed by feelings of despair and helplessness. “I constantly gauge where people are at. After a couple of weeks, I may check in with the family again. This may be particularly helpful to those who have no other family. We may meet for coffee - this could be in a cafe, as the suicide might have happened in the house.”

The service, hosted by the Lifecraft charity in Cambridge and jointly funded by Cambridgeshire county council and Cambridgeshire and Peterborough clinical commissioning group, was only launched 18 months ago. But already it is being hailed as a model for suicide bereavement support.

“I may support a family for a year and will look out for signs to see if they are in crisis,” says Breaker-Rolfe. “They can be quite numb in the early stages. If I meet someone and they are repeating the same thing over and over, and are rocking with a heightened sense of anxiety, I will get them to see their GP or a crisis team. There is also a first response team that can get out to a person very quickly and take them to a supportive area if they need it.”

Breaker-Rolfe, a former bereavement counsellor, works part-time 18 hours a week. However demand is such that there are now plans to expand the service through the appointment of a second liaison worker and introducing support for professionals touched by a suicide. One-off sessions have already been given to professionals affected by a suicide of a young person. For David Jones\*, whose daughter died by suicide a year ago, the support has been invaluable. “Things are still very hard, but I absolutely know that the sessions with Fiona have given me wonderful support, hope, insight, practical advice and strength to get through the days.”

\*name has been changed

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People bereaved by suicide can often be at risk themselves PHOTOGRAPH: STOCKS



It is estimated that just one death from suicide can affect up to 60 people PHOTOGRAPH: GETTY IMAGES

## Suicide prevention How helping the bereaved can avert further tragedy

New initiatives have begun to focus on support for those traumatised by suicide

Linda Jackson

Suicide is known as the silent killer - with 4,451 lives lost in England in 2017 and 5,921 in the UK. Latest figures from the Office for National Statistics show rates among men have fallen to a 30-year low, thanks in part to campaigns aimed at ending the stigma around suicide. Suicide prevention is also moving centre stage - in the last year half of all NHS mental health trusts have signed up to the Zero Suicide Alliance which aims to see suicide eradicated in the UK. Yet, every day, 12 people in England take their own life - a number that is widely seen as preventable. Few would argue that the cost to individuals, families and communities is huge.

Now, the government wants to roll out suicide bereavement support in England to every health and local authority Sustainability and Transformation Partnership (STP) amid evidence that families who have lost loved ones to suicide are themselves at risk of suicide and mental ill-health.

Bereft, many battle feelings of guilt, shame and responsibility

without anyone to turn to. Indeed, the charity Support After Suicide estimates just one death from suicide can affect up to 60 people - or 360,000 people a year. Furthermore, the charity says evidence shows people bereaved are 65% more likely to attempt suicide.

“Having bereavement services in every area will help thousands of people,” says Sarah Bates, executive lead at Support After Suicide. A handful of STPs already offer family bereavement support as part of their multi-agency suicide prevention plans. Now, Bates is working to create a central hub of good practice and resources to help others develop and deliver services.

Currently, anyone bereaved may be directed to the national Help is at Hand booklet. A bereavement support service, though, goes much further. A trained coordinator will contact a family with their permission within 48 hours of a death, arrange a face-to-face meeting within 10 days, and guide families through the grieving

**‘Having suicide bereavement services in every area will help thousands of people’**

Sarah Bates Support after Suicide

process, reducing isolation. This may involve referring them to their GP, where there are safeguarding concerns, or referring them to counselling support if necessary, and accompanying them to any inquest. Practical support may be offered in terms of housing or finance.

For people like Hamish Elvidge, whose 23-year-old son Matthew took his own life after a short period of depression nine years ago, a bereavement service would have helped the isolation felt by the family. Elvidge set up the Matthew Elvidge Trust in 2010 to increase awareness and understanding of the importance of emotional wellbeing.

“It is nine-and-a-half years since we lost Matthew and we didn’t get any support. So many people go through trauma on their own,” he says. A founder of the Support after Suicide Partnership, Elvidge is also a member of the National Suicide Prevention Strategy Advisory Group.

“We need to build up young people’s coping strategies. The government has said it wants help closer to schools and there is a recognition that GPs need more understanding of mental health issues. Now we want to see more information sharing to third parties when people present with anxiety or depression. The situation is much better than five years ago, but there is still a long way to go.”

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“I didn’t expect to enjoy working and studying within an NHS setting so much.”

Tara Blake-Harbord, student



## Schools of life

### A new model for mental health rehabilitation

Recovery colleges offer a guiding hand to those in need - from people with first-hand experience

Mary O'Hara

When the concept of recovery colleges first emerged in the UK a decade ago it is unlikely anyone anticipated how quickly they would be embraced within mental health services, or how rapidly they would grow. From the first pilot in two London boroughs in 2009, which soon spread to colleges serving five by 2010, there are now dozens across the UK and Ireland. The colleges, which tend to be based at hospitals or community locations, offer educational courses and workshops focused on

mental health and recovery that are co-designed and delivered by people with lived experience - peer support workers - alongside mental health professionals. Overcoming the stigma and discrimination associated with mental health difficulties is central to their programmes.

People with experience of mental health difficulties, their families, clinical staff and even sometimes the wider community, can sign up to a diverse range of courses. These might include offerings as varied as dealing with difficult emotions, mindfulness, setting goals, interview skills and healthy living.

David Wilmott is director of nursing at Cygnet Healthcare, which has been delivering recovery college courses in its hospitals for the past three years and has 13 colleges currently in operation, with more planned. He says the fact that courses are designed and delivered based on the "wishes and needs" of people with lived experience of mental



Recovery colleges run workshops in maintaining good mental health  
PHOTOGRAPH: GETTY

health problems is central to their success. An "inclusive" learning environment means peer support workers and students alike gain confidence and "become experts in their own recovery," he says. While there are no central statistics for the number of people who have been on courses or taught at the colleges, there is evidence of their popularity. "Since we opened

our doors in January 2012 we have had over 5,500 individual students enrolled, totalling over 13,000 attendances on workshops and/or courses," says Syena Skinner, manager of the Central and North West London NHS foundation trust Recovery and Wellbeing College. More than 1,200 workshops or courses have been delivered to date.

Bernadette Donaghey has been a peer trainer at the Western Health and Social Care Trust Recovery College in Northern Ireland for four years. The trust, which launched its first pilot in Omagh in 2014, now offers 26 courses and workshops at community-based locations across five towns.

Donaghey says that being involved in co-production "at every level" from design to implementation sets recovery colleges apart. They are not a substitute for therapy and other interventions, she says, but in her experience the inclusive, co-production model "is therapeutic".

Research suggests the recovery college model is effective; students surveyed report high levels of satisfaction and improved skills and knowledge. There is also evidence that people attending feel less stigma and greater wellbeing.

As a peer trainer Donaghey's reflections on the programme and its role in recovery remain positive: "[It's] given me hope that I could move on," she says.

**'An inclusive environment helps people become experts in their own recovery'**

David Wilmott  
Cygnet Healthcare

## Living proof

### The role of former patients in recovery

Peer support workers bring crucial lived experience for those new to the system

Mary O'Hara

Mel Ball spent time in a long-term residential unit receiving treatment for experience of complicated trauma before she went on to apply to work as a paid peer support worker (PSW) on a mental health acute ward. "I felt it necessary for me to be part of change," she says of her decision to go for the job.

Ball is now peer support lead at the Central and North West London NHS foundation trust (CNWL), with responsibility for overseeing its peer support programme.

She works alongside clinical staff in fully integrated teams, including on

acute wards and in the community; peer support work has come a long way since the trust first dipped its toes in the water a decade ago, with only four part-time PSW's, says Syena Skinner, manager of CNWL's Recovery and Wellbeing College.

Skinner explains that the current peer support programme was triggered by the then Department of Health's Implementing Recovery through Organisational Change (ImROC) initiative in 2009.

PSWs at the trust are an integral part of the teams, according to Skinner. They work with clinical staff and often carry out roles beyond peer support, including as healthcare assistants. In acute settings, PSWs are either based on wards with clinical teams or with inpatient occupational therapy services.

After being recruited, all trust PSWs complete a 10-day peer worker accredited training course. The course focuses on connecting theory with practice, while also developing skills in areas spanning

ethics, active listening, and dealing with challenges in the role.

Because of their direct experience of mental health problems and services, PSWs bring added value in a multitude of ways, according to Skinner and Ball. A peer support worker might, for example, spend time with a newly admitted person or first-time in-patient and drawing on their own experience - sometimes of the same ward - help outline how the system works, thereby easing the transition.

For many people, navigating mental health services can be daunting, but PSWs can provide crucial first-person insights on how to better understand and engage with the system, including as in-patients, says Ball.

In the area of control and restraint, which can be among the most challenging aspects of in-patient care on acute wards, PSWs have provided valuable input, including redesigning physical intervention training, according to the trust.

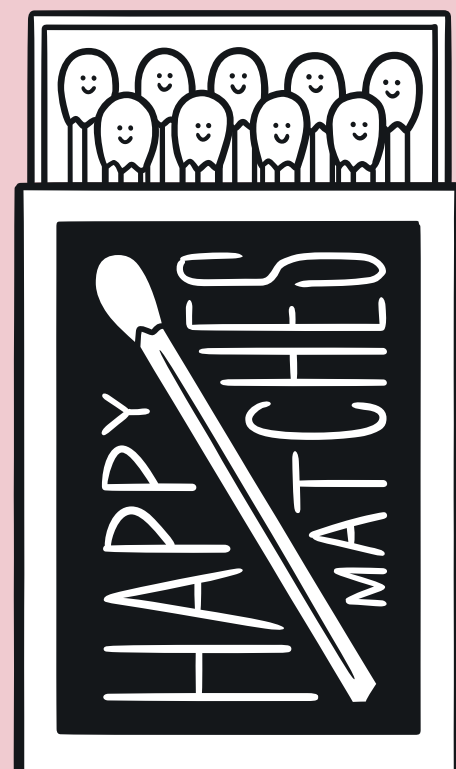
Ball says her own experience of being a peer worker has been "life-affirming" and that the presence of PSWs can break down barriers between clinical staff and service users.

That peer support working "can help reduce stigma" is encouraging, and the emphasis on recovery within services, as the foundation of peer support work, is central, she says.

Peer support worker Mel Ball describes her experience as 'life changing'



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