

MENTAL HEALTH



CHALLENGE THE STIGMA

Being Frank: Boxing legend, Frank Bruno talks candidly about being diagnosed as bipolar.

A brighter future
What you can do to
change the way we
think



TYLER OLSON

Dementia and me
The reality of caring
for a loved one with
a mental illness



PRIVATE

PHOTO: TIME TO CHANGE

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CHALLENGES

Mental health affects all of us and making things better for everyone begins with breaking down the stigma that surrounds it - which is the aim of a powerful new campaign that's already showing results.

Time to change

Despite that fact that one in four of us will experience a mental health problem at some point (and if it isn't you it will be one of your friends, colleagues or family members) we still find it hard to tell others about this experiences.

We fear getting a negative reaction to this very personal disclosure. This is not an unjust fear when almost nine out of ten people with mental health problems have been affected by stigma and discrimination. It is a sad fact that as a society we don't know how to respond to someone with mental health problems which often results in unsupportive behaviour and discrimination.

Beating the taboo

1 Discrimination is consistently identified by people with mental health problems as the single most important issue they face - often more of a barrier to living a full life than the illness itself. Stigma and

discrimination can often mean that people are denied relationships, work, education, treatment and hope.

A brighter future

2 But things are beginning to change. The Time to Change campaign was launched by Mind and Rethink in January 2009 to fight the battle against mental health stigma and discrimination and build a new movement of people willing to speak out about their experiences in order to help improve understanding of mental health issues.

Time to Change is England's most ambitious programme to end the discrimination faced by people with mental health problems, and improve the nation's wellbeing. The leading mental health charities Mind and Rethink are running the programme, funded with £16m from the Big Lottery Fund and £4m from Comic Relief, and evaluated by the Institute of Psychiatry at King's College, London.



Sue Baker
Director, Time to Change

MY BEST TIPS

Be there to talk and listen

1 It's often hard to tell someone about a mental health problem because of fear of people's reactions. So if someone talks to you, acknowledge their problem and let them know you're there. Make time to stay in touch - carry on with whatever you normally do.

Ask how you can help

2 Think about the words you use. Words like nutter, crazy and psycho can hurt. Pledge to help end mental health prejudice at www.time-to-change.org.uk.

An inclusive subject

3 The campaign has helped get mental health out into the open and create a new public space for debate. This year's campaign was fronted by Frank Bruno and Trisha Goddard and included the cinema release of 'Schizo: the Movie', a spoof movie trailer, which breaks down some of the common myths and stereotypes about people with a diagnosis of schizophrenia.

Times are changing

4 Recent findings show that we are beginning to make some progress towards improving people's attitudes and understanding of mental health with a 2.2 per cent improvement in public attitudes between from 2008 to 2010 and a 4 per cent reduction in discrimination last year.

We are starting to see the beginnings of social change in relation to mental health but we need to build on this early progress if we are to overturn generations of prejudice.



WE RECOMMEND



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Know what I mean?

Tough guy Frank Bruno breaks down the misconceptions of being bipolar.

"If you're ill, be strong, be kind to yourself, get the help."

Dealing with dementia p. 6

1. Kate Harwood shares her experiences of caring for her husband.

MEDIA PLANET

We make our readers succeed!

MENTAL HEALTH, 3RD EDITION,
JULY 2010

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July 2010

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fulfilling lives

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At Care UK, our objective is to help each client value herself in a way that insight becomes possible, providing readiness to establish meaningful and sustained change.

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Our clients are typically funded by local authorities or the NHS, or they may be self-funded.

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WPF Therapy is one of the largest charitable providers of psychotherapy in England. Since 1969 we have put the wellbeing of our clients first, keeping the cost of services low and affordable. From our London Bridge centre we provide a wide range of psychodynamic therapies with highly trained, approachable staff. And we have a further 28 WPF Therapy Network Centres nationwide.

We are committed to **Time to Change**, the national anti stigma campaign for mental health. Over 500 people use our services every week, referred by PCTs, GPs, employers, or self referrers. We work with the private and public sectors, local authorities, health trusts and the voluntary sector.

As a leading provider of psychological therapies, WPF Therapy has been at the forefront of the profession for over 40 years. We have developed our services to keep pace with emerging evidence about what works. We offer cognitive behaviour therapy (CBT) and are one of the first providers of accredited short term psychodynamic psychotherapy. We also provide longer term therapy and group therapy.

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NEWS

FIGHT FIT FOR BODY AND MIND

Question: What does a boxing legend have to say about his biggest challenge yet?
Answer: In his long and starry career, Frank Bruno won an astonishing 40 fights. But it's his battle with mental illness that has been his toughest adversary.

In 2003, Frank Bruno was diagnosed with bipolar disorder. He believes a series of events in his personal life might have contributed to his breakdown. "Build-ups of pressure are the triggers; your marriage breaking up, someone you love dying - it feels like having three radios on at the same time," he explains.

Frank's loved ones, especially his children, rallied round - but not everyone did: "When people found out about my mental health problem I was gutted. Some people don't talk to you anymore, they delete you, rub you out. They cross the road to avoid you; they don't want to know you," he says.

Positive action gets results

New research released earlier this month shows the power of increasing awareness of mental health - it's

been revealed that Time to Change, which has been campaigning for 18 months to tackle the stigma existing towards mental health, is already having a positive effect on reducing discrimination.

The overall level of discrimination reported by people who experience a mental health problem has dropped by four per cent in the last 12 months, according to new evaluation findings from the Institute of Psychiatry at King's College London. The findings support recent research from the Department of Health, Attitudes to Mental Illness 2010, which indicates that general attitudes towards people with a mental health problem are slowly beginning to improve in England.



Diagnosed as bipolar, Frank Bruno has turned his talents to fighting for better mental health awareness.

More common than we think
 "One in four people will have some kind of mental health problem," points out Frank. "It can happen to anyone: milkmen, lawyers - even boxers. I've made a full recovery but I keep on it."

"Some people won't overcome their prejudice unless someone in their family has a mental health problem, then they'll understand it. My aunt had mental problems so I already had an understanding of it and treated it with respect - if this happens to someone's father, brother or sister, I reckon it would make them act differently."

"Some friends took the mickey out of my mental health problem which hurt. It's not funny. You have to have respect of the illness and understand its seriousness. I was lucky, because my kids were a great support."

"If you're ill, be strong, be kind to yourself, get the help. Lots of people don't have the balls to get help but there's no shame in it. I work out seven days a week in the gym, I keep training, eat well and look after myself, know what I mean?"

EMILY DAVIES

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FIGHTING FIT
 Seeing mental illness first hand can change your opinions dramatically, says boxing star Frank Bruno.
 PHOTO: TIME TO CHANGE

Know your enemy

From depression to stress in the workplace, mental distress is common. One in six people in the UK suffer from a mental disorder, according to the Office of National Statistics. Crucially, it's not always easy to recognise.

EXAMPLE

For Cary Cooper, Professor of Organisational Psychology and Health at Lancaster University and an expert in stress management, the problem with stress is not the stress itself but how we deal with it.

"There's a big difference between pressure and stress," says Prof Cooper. Pressure, he points out, is healthy and exists in everyone's lives to varying degrees. But stress occurs when the degree of pressure present exceeds the individual's ability to cope.

It's in understanding this difference that the key to understanding how to cope with stress lies, ac-

ording to Prof Cooper: "A tough day at work is not going to cause long-term ill health and actually, it's usually positively stimulating and motivating. But if you're worried about something such as a boss who's treating you badly or redundancies, it can really damage your health. The answer is to find the problem, and address it".

Prof Cooper distinguishes between acute, temporary, stress, such as an exam, and a deeper-rooted, more chronic stress, such as an ongoing problem at work. It's the latter, he says, that is most damaging and can lead to "very strong ill health" ranging from immune system suppression resulting in colds and flu to heart disease. "You know you are at the dividing line between stress and pressure when your behaviour changes," says Prof Cooper. "You might find yourself becoming more aggressive, finding it difficult to make decisions, becoming more withdrawn or losing your sense of humour. Everyone has their own coping strategies - mentally, psychologically and physically. How much they help you will dictate how much pressure you are able to take before it translates into stress."



Cary Cooper
 Professor of Organisational Psychology and Health at Lancaster University



SPEAK OUT

Shine bright

"Almost 25 years ago I pledged I'd do the utmost to get rid of the shame surrounding my sister's mental illness. Then 16 years ago I pledged to refuse to be ashamed about my own mental health problems. I continue to pledge to shine bright light into dark corners of ignorance."

Ruby Wax, Television Personality



Talk openly

"I'm pledging to talk openly about my mental health issues and to help get people talking about the 'M' word: mental health problems are so common, it could be anyone. The trouble is no one wants to talk about it."

Trisha Goddard, Television Presenter

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ADVERTORIAL

Where do you turn for help if one of your employees is at breaking point?

NHS Plus 'Health for Work Adviceline'

The free NHS Plus 'Health for Work Adviceline' (Tel: 0800 0 77 88 44) gives small business employers and managers direct access to occupational health professionals for immediate advice on any individual employee physical or mental health problem.

Work-related mental health conditions such as stress, depression and anxiety, can have a significant impact on small businesses which often have neither the resources nor the experience to deal with these complex and sensitive issues.

It is well known that work improves mental health and wellbeing and most people with a mental health condition would like to keep working. This free

NHS Plus service allows employers to step in early, helping staff who are suffering from ill health to either stay in their jobs or return to work more quickly after a period of absence.

As well as providing immediate advice, the Adviceline also helps with occupational health monitoring, screening and surveillance, as well as lifestyle and wellbeing issues, absence management and rehabilitation advice. Employers will also be referred to further support if appropriate.

It is estimated that around 13.7 million working days are lost each year due to mental ill health, costing the UK economy nearly £30 billion. For people with a mental ill health condition, reduced productivity accounts for 1.5 times the working time

lost as sickness absence. The effects of 'presenteeism', where workers feel obliged to come into work although they may be unproductive, are also costly and damaging to both business performance and staff morale.

"A healthy workplace makes sound commercial sense in terms of business performance, productivity and keeping staff motivated. This free service recognises that small businesses need help in tackling health issues," says Sue Carty, General Manager, Imperial Health at Work.

Employers can call the Adviceline on 0800 0 77 88 44 or find out more at www.health4work.nhs.uk

PERSONAL INSIGHT

Kate Harwood, 67, from Camden, north London, cares for her husband Marco, 69, who was diagnosed with Pick's Disease, a form of dementia, in 2006. Here, she explains how she copes - and what she thinks could be done to improve the lives of people with dementia, and their families.

STEP

2

BE REALISTIC

8

TOP TIPS

- 1 Accept help. It's easy to collapse through emotional and physical overload.
- 2 Finish the day with a cuddle and a smile and you might sleep better.
- 3 Pre-diagnosis, trust your instincts and if the test results are inconclusive, persist.
- 4 At diagnosis take a deep breath, then find out as much as you can. Consider links with other carers through your local Carers' Centre or Dementia UK's national network Uniting Carers.
- 5 Power of attorney: apply earlier rather than later. Age UK can help.
- 6 Find appropriate care; this is not always possible but do the best you can.
- 7 Encourage others to be inclusive. Friends who struggle may be able to interact through social activities, such as sport, chess, music.
- 8 Offer explanations where necessary. On buses, in restaurants, in the street, it helps to explain that the person you are caring for has dementia and is unable to use much self control.

How to keep going

We started to become aware of Marco's memory loss just after his 60th birthday, and of changes in his behaviour; for instance, he started asking me what we were doing that day.

When he got through all the cognitive and hearing tests at a memory-loss clinic at Middlesex Hospital, we wondered if it could be depression - there had been a series of recent family deaths - and Marco was put onto anti-depressants, which did nothing.

Eventually, while Marco was on a waiting list for an MRI brain scan, Middlesex suggested we went to the National Hospital for Neurology for it instead. They found Pick's Disease, a fronto-temporal form of dementia.

I felt initial relief at having a "label", but since the diagnosis I've often felt taken by dementia myself, so immersing is the experience of caring for a loved one with dementia.

Before the diagnosis, we had a life of travel and freedom. We'd recently been to Cuba and Australia and we were looking forward to more of that.

With both of us having taken early retirement the plan was to spend six months at our house in France and six in London.

Suddenly everything we'd planned became difficult. Marco has little awareness of social context and few inhibitions: he talks or sings repetitive, sometimes rude, songs and consequently we have two neighbours who no longer speak to us and English neighbours in France who have threatened to call the police if he goes onto their land.

This came too early for us - it was not what we expected.

By 2008 I realised I needed help - I was getting angry with Marco which made me feel guilty. In many ways dementia is like a bereavement for the partner. I felt overloaded physically and emotionally.

I went on a dementia course with a local carers' centre and spoke to social services who came and assessed Marco. He was allocated some weekly time with Crossroads Care, the charity that provides short-term respite for carers, and with our local dementia daycentre.

As a carer it's vital to keep a part

TOGETHERNESS

"As a carer it's vital to keep a part of 'me'... moments of connection are rare but are very important and I have to focus on them."



Kate Harwood's husband, Marco was diagnosed with Pick's Disease, a form of dementia, just after his 60th birthday

of 'me' - for me, that means doing tai chi once a week. My sons and their families are a great help. Moments of connection with Marco are rare but are very important and I have to focus on them.

Caring is lonely; I feel on the edge of things now. Our circle of friends and activities has shrunk, although some have been amazingly supportive and I couldn't manage without them. I also email other carers, which helps - exchanging information or just letting off steam.

Changing people's attitudes would help greatly; I wonder whether something could be done with schools.

One of the most difficult things is trying to find a way through the different services - there is little communication - but being involved in training sessions for newly appointed Admiral Nurses, supported by the charity Dementia UK through being a member of Uniting Carers has given me more confidence in my role as carer.

Admiral Nursing DIRECT is on 0845 257 9406, or email direct@dementiauk.org.

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Some dates are forever seared into your memory

“This was the day I learned that my wife, Jan, had dementia. She was 58 years old. Luckily I was introduced to Dementia UK and my local Admiral Nurse service. I have to say now that I would not have been able to cope with Jan’s illness without the help, advice and support of my Admiral Nurse, Paula.”

By 2025 over a million people in the UK will have some form of dementia.

Admiral Nurses are specialist dementia nurses supported by the charity Dementia UK and working within communities across England. There are currently only 80 Admiral Nurses.

Admiral Nursing DIRECT
T 0845 257 9406 direct@dementiauk.org
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Neil's treatment pathway

With a learning disability and autism, Neil has little speech and communicates through Makaton, a multi-model language programme. Previous placements broke down due to his aggression and Neil came to PiC Oaktree Manor after assaulting his carers.

Initially he caused a lot of damage but over time learned to understand social boundaries and express himself without aggression.

His medication was reduced, his vocabulary improved and Neil is now able to enjoy group activities.

We subsequently identified a care pathway to enable Neil to live closer to his parents.

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