

NEWSLETTER

June 2010

IN THIS ISSUE

With four pages of articles, this is a bit of a bumper issue. All informative, useful stuff and it's good to have a range of pieces both by health professionals and our own members.

Our April talk was given by Cath Perkins, CPFT's Lead Vocational Specialist. Most people with mental health problems want to find work but are unaware of the help that is available. Cath has given me a comprehensive summary of the background, the available help and the relationship with benefits. In fact it was so comprehensive that I've had a lot of fun editing an article to fit in here!

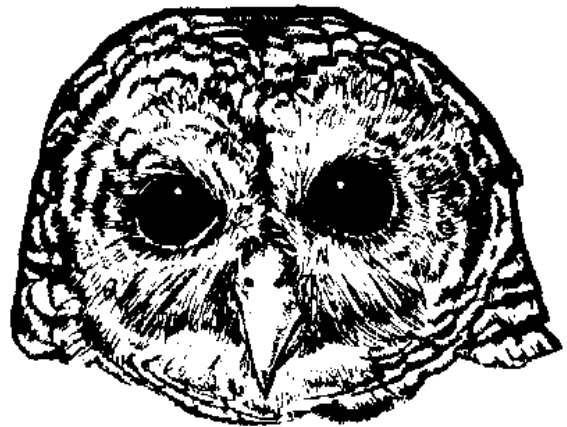
Last month's Ask The Doctor column discussed the age at which bipolar disorder starts. This piece encouraged Jackie to ask Group members about their own experiences. She has done a little survey via our Yahoo discussion group.

This month, Ask The Doctor is on a subject that may touch a raw nerve with many of us. Alcohol and illicit drugs are widely used in our society to affect mood and thinking. Usage is greater among bipolar sufferers: the very people who need to take the greatest care of their moods.

Manuel has provided us with an informative account of his experience of "Arts On Prescription", an initiative run by the Arts and Minds charity. Creative projects certainly vary, but this one sounds good.

SUMMER DRINKS AT CAMBRIDGE BLUE

We won't be having a Hilltop meeting in August as we will be having our summer social at the Cambridge Blue pub on Gwydir Street. Date and time is Monday 9th August from 7pm. The pub serves fairly upmarket food and real ales. As usual we will discreetly locate ourselves for newcomers by having a small sheep on the table.



Oliver wished his psychiatrist would stop criticizing the daytime sleeping

JULY TALK AT ST MATTHEW'S

The MDF is an organization set up by those with bipolar disorder to help others with similar problems. This idea is the basis of a new and exciting initiative by the Cambridgeshire and Peterborough Foundation Trust.

A paid role has been identified called a Peer Support Worker and, to apply, you must have lived experience of mental distress. To prepare applicants for the post, and ensure they have the skills to succeed in the job, the trust is running a one-month course. Initially, four cohorts each with twenty places are being run with a plan to identify sufficient posts across the trust for the students to apply for. The final two courses of this round will take place in July and August in Peterborough and Cambridge respectively.

Sharon Gilfoyle, the Project Manager for this initiative, is coming to talk to the group on Monday 12th July at St Matthews to let us know a little more both about the role and how we might see our services change. Usual arrangements as per back page; 7.30 for 8.00pm start.

VOCATIONAL SUPPORT IN CAMBRIDGE

Vocational support is currently very big on the agenda within mental health services. The government has recognized that it has been a much neglected area of people's treatment and that the support given was not the most effective at helping people back into education or work. Our groups's April talk was given by Cath Perkins, Lead Vocational Specialist with the Cambridge and Peterborough Foundation Trust.

THE BACKGROUND

The south west London trust have done a lot of research into this and have found some quite shocking statistics.

People with mental health problems are less likely to be employed than any other group of disabled people. Average employment rates are as follows:

- 47% for all disabled groups
- 21% for people with long-term mental illness
- 4-8% for people with severe mental illness

However 70-90% of people asked wanted to return to work.

Despite what has previously been thought, the single most important factor in the success of someone returning to work is their motivation to do so. The success of vocational rehabilitation has little or no connection with symptoms, diagnosis, severity of impairment or social skills.

Individual Placement and Support model (IPS)

This is currently proven to be the most effective model of rehabilitation. IPS is an over-riding philosophy that anyone is capable of working competitively in the community if the right kind of job and work environment can be found and the right kind of support provided.

The primary goal is not to change the individual, but to find a natural match between the individual's strengths and experiences and a job in the community.

This model also talks about supporting someone to find a job as soon as possible and not to engage in too much pre-work preparation but offer the right support in the work environment.

Mindful Employer

This initiative is a useful one to be aware of. It is a charter to which organizations can sign up, to say that they are positive about employing people with mental health problems and about supporting employees who become mentally unwell. This should mean that the organisation

has the right occupational health and HR resources in place to support people. The Mindful Employer website, www.mindfulemployer.net lists the organisations that have signed up. This can be a very useful starting point for someone who wants to target understanding employers.

SUPPORT AVAILABLE IN CAMBRIDGE

Cath then outlined the main services available for someone to get help in finding a job or receiving support to stay in work.

Vocational Services

This is accessed through secondary mental health services staff or by self-referrals from people receiving support from secondary mental health services.

Staff can look at vocation in the broadest sense of the word – education, training, voluntary or paid work. They can offer just advice, signposting or active support. If you would like to know more about this service the contact details are:

Union House, 37 Union Lane, Cambridge, CB4 1PR.
01223 533300 or email catherine.perkins@cpft.nhs.uk

Employment Specialist Pilot

This is for one year initially and will then be evaluated. It is currently only a service for people in the North sector of Cambridge who are engaged with the secondary mental health services.

The employment specialist is employed by Remploy not the trust and comes from an employment not health based background.

Richmond Fellowship (RF)

The Richmond Fellowship provides the retain/regain and core services. Both the services on offer are accessed by contacting RF directly.

The fellowship offers a service for people who are in work but may be having some difficulties sustaining the work role due to their mental health. This is largely for people who are just supported by their GP and not secondary mental health services.

It also offer a service for people to get support to gain work or education. This is accessible for anyone on benefits. For more information contact the Richmond Fellowship at

23 Signet Court, Swann Road, Cambridge, CB5 8LA
Tel: 01223 301 032
Fax: 01223 314 215

BENEFITS AND WORK

Permitted Work

This is a way for people to do some work and still be entitled to benefits. It allows people to work for up to 16 hours a week and earn between £20 and £93 a week depending on what benefit they are claiming. Contact the DWP on 0845 6608 8603 for more information.

104 Week Linking

This is a system where the DWP will freeze benefit payments for 2 years. It means that if someone wants to start work and has to stop a benefit (excluding DLA which is not affected by earnings) claim they can protect their benefits. If at any time, for any reason, the person needs to claim benefits again they can be restarted at the same rate as they stopped at and with less hassle. Contact the DWP on 0845 6608 8603 for more information.

Better Off Calculation

This is a computer programme that allows a person to find out if they will be better off financially by working. The organisation helping to do the calculation will put all the details of what money you currently get and what hours you may be working and the amount you may earn and will then calculate if you will still get any benefits or be entitled to working tax credit etc. If you are on ESA, income support or incapacity benefit this can be accessed through the Papworth Trust on 0808 1756 688. If you are jobseeker it is accessed through Clive Diver at Jobcentre Plus on 01223 545090.

Access To Work

This is a fund of money that helps to pay for any adaptations that someone may need for the workplace to allow them to be employed or stay employed. It can be used very creatively for example for mentors at work, to allow someone to get taxis if they are not allowed to drive and can't use public transport. It is accessed and provided through Jobcentre Plus.

More information about most of the benefit advice can be found on the website:

www.direct.gov.uk

Cath Perkins and Jon Warden

MY ART 'PRESCRIPTION'

It was an offer I could not refuse. I've always liked art and here was an opportunity which, for someone with a family, offered a weekly slot of time and a place in which one could engage in an art form of one's choice. In a nutshell, "Arts on Prescription" is an initiative by the Arts & Minds charity that is aimed at those with a mild form of mental illness, "prescribing" something which by its very nature is neither prescribed nor prescriptive.

Let me describe the format of the art sessions. Our group met on Fridays at a large rural village hall (Fulbourn's) at 1pm, and although one usually did not know other participants beforehand, the atmosphere was friendly from the very beginning. We sat at a large table, had tea, coffee and biscuits available, and, as if this was not enough, all art materials were provided free of charge.

Most of us chose painting, although several in our group did crafts such as collages with textiles and card materials. I cannot honestly say that my interaction with others would be described as chatty but at times I was able to put a spanner in the works and challenge some of the received wisdom of my co-participants, all female except me. For some, it certainly proved to be a very good outlet for their creative skills, inherently there and often unrecognised by most (if not all, and that included their owners).

In my opinion, a beautiful sense of stewardship of one's gift was given a chance and we took it. Stewardship is perhaps a good concept worth considering for all those who participated and for those who may either participate in the future or know someone who might well benefit.

When we are stewards, we realise our skills and talents have been given to us, and we are responsible to develop them and bring them, in thankfulness, to Him who gave them. We are given the privilege to see the fruit of our labours, to share them with others, just as He has shared the beauty of this world which He has made, and which all the ugliness of this broken and imperfect world cannot take away.

All in all, an initiative with an intriguing name which did not disappoint. Far from it. I, for one, cannot wait until the next instalment of Arts on Prescription. I am sure others are and will be in the same boat. You, perhaps? For further information, visit the Arts And Minds website at:

www.artsandminds.org.uk

Manuel

ASK THE DOCTOR: What is the effect of drugs on bipolar disorder?

The majority of people use substances that affect them mentally. In fact it is rare in the UK to go to any major celebration where alcohol is not supplied. Illicit drugs are also widely used to change your mood or thinking. It is therefore no surprise that those with bipolar disorder also do the same. In fact it is not surprising that it is more common for people with bipolar to be 'self medicating' as they more often experience problems with their mood and thinking.

Alcohol problems are common in our society – with the dangers of intoxication and of addiction well known. The particular problem with alcohol for those with bipolar disorder can be how alcohol can exaggerate mood states and increase impulsiveness. Many people with bipolar are also experiencing anxiety. Alcohol does diminish anxiety but can mean that people rely on alcohol to do this and so do not learn other ways to manage their anxiety. This can also be a route to alcohol addiction.

Amphetamines, cocaine and other stimulants like ecstasy can lead to mental changes similar to mania. Someone who has taken a substantial amount of any of these will be elated, distractable, overactive and overtalkative. Sometimes paranoia can become prominent as well. If you are bipolar you may be more likely than others to get an extreme and more persistent effect from stimulants and it may trigger a manic episode. There is also a comedown with depression that usually follows the initial intoxication. Using these drugs to try to manage your moods is a very risky path to follow as your mood can become very unstable, let alone the usual risks.

Heroin is a less common addiction for those with bipolar disorder. This has major problems with physical addiction but is actually less likely to have a major direct effect on mood problems.

Cannabis is the drug we are least certain of in bipolar disorder even though it is very commonly used. It does appear that cannabis is linked to becoming psychotic (experiencing delusions and hallucinations) but this only affects a small number of people. However for the people it does affect it can have a serious and long term effect. We know that those with bipolar disorder are more vulnerable to psychosis and so are more likely to suffer in this way if they use cannabis. There have been studies that have looked at those with bipolar disorder who smoke cannabis compared to those who do not. They show that the bipolar illness of the cannabis users tends to be worse as is their satisfaction with life. As with alcohol the drug that may make you feel better in the short term can have the opposite effect in the long term.

Dr Neil Hunt

AGE OF ONSET – a little survey of our own

I did a small and very unscientific survey as a follow-up to Dr Hunt's last Ask The Doctor column. I posted a message on our Yahoo group and had 7 replies.

Age of first symptoms - average 16 (range 8-21)

Age of first diagnosis (usually depression)
- average 21 (range 18-24)

Age of bipolar diagnosis - average 36 (range 25-43)

Years between first diagnosis and bipolar diagnosis
- average 14 (range 7-18)

I think these results are fascinating. The first figure is useful to those of us who are parents, but the shocking figure is the last one. How many of us could have been diagnosed earlier. Were the wrong questions asked? Were symptoms missed? Was it that the course of our condition changed over those 14 years in a way that made a late diagnosis inevitable? Or even a change in the way that bipolar disorder is diagnosed?

In my own case, I mostly suffer from depression which I concede made diagnosis harder, but a locum GP first suggested I might be bipolar when I was 18. However I was treated by psychiatrists who thought it was unipolar depression, despite clues in my family history. When I was a student I deliberately concealed manic and delusional behaviour from my shrink – but being asked the right questions would have caught me out. During the 17 years, I had serious episodes of depression that I did not report to the doctor. After the birth of my second baby I told a GP I was depressed, but 'up and down': her response was "you're not depressed then". It wasn't until I became delusional again that I diagnosed myself and 'fessed up' to my GP!

If I had been diagnosed earlier I would have received more appropriate medication that might have reduced some of the episodes of depression and probably eliminated the mania I had in 1997. On the other hand I would probably have been taking medication during long periods when in the 'real' world I was perfectly well. I would also have had complicated issues around having children.

It's impossible to know for sure how it would have affected me personally, but in general I do believe that the average person would benefit from an earlier diagnosis and so a more appropriate treatment. Perhaps we should throw the ball back to Dr Hunt on how that might be achieved!

Jackie

USEFUL SOURCES OF SUPPORT

Lifecraft

Based at The Bath House on Gwydir Street. Self-help organization led by those who have experienced mental illness. Membership is open to all who have had, or still have mental health difficulties. Provides wide range of group activities, support, counselling and more at The Bath House.

Comprehensive website at: www.lifecraft.org.uk

For mental health info/advice, plus Lifecraft details call 01223 566957. Monday to Friday, 1-4pm

Lifeline

Freephone 0808 808 2121. 7-11pm, 365 days a year.

Lifecraft's mental health support line. Confidential and manned by experienced volunteers.

Making Space

Support, information and advice to the carers and families of people with mental health issues.

At a national scale, Making Space provides a wide range of support but in Cambridgeshire it concentrates solely on serving the needs of carers. Carer Support Workers help both carer and sufferer to access the services they may need. They can also give emotional support to a carer, or simply be there to talk with.

Tel: 01480 432504

Email:
cambridgeshirecarersupport.service@makingspace.co.uk

Cam-mind

Cambridge's oldest mental health charity. Affiliated to national Mind. Helps mental health service users along the road to recovery. Range of community groups and social activities. One-on-one befriending. Supported housing. County-wide floating support.

Barrere House, 100 Chesterton Road, Cambridge
Telephone: 01223 311320
Email: admin@cam-mind.org.uk

Very helpful website at: www.cam-mind.org.uk

MDF CAMBRIDGE GROUP - Accounts for the year 2009-2010

Opening Balance

Bank	1,628.03
Cash	20.42
TOTAL	1,648.45

Income

Donations	253.00
Tea collection	34.10
TOTAL	287.10

Outgoings

Room Hire	67.50
Newsletters	84.40
Equipment	25.97
Refreshments	25.96
TOTAL	203.83

Closing Balance

Bank	1,727.16
Cash	4.56
TOTAL	£1,731.72

Notes:

Both our income and outgoings are considerably down this year - about 50% of last year's figures. The website is paid for biannually and was not due this year, and as I was late paying our rent the room hire figure is lower than it might be.

Newsletters are now much cheaper to produce as so many go out by email. Members seem less willing to donate when they receive everything electronically! For the moment this is not an issue but we will need to keep an eye on our financial situation.

Jackie

CORRECTION TO BACK PAGE

For some time now, we have been giving an incorrect telephone number for the MDF national office.

0207 798 2600 has now been corrected to:

0207 793 2600

We apologise for inconvenience that may have resulted.



CAMBRIDGE

MDF BIPOLAR

SELF HELP GROUP

MEETINGS

Remember that not all meetings now are exactly on second or fourth Mondays so check dates carefully. Up to date info is always on the website and we can e-mail reminders to those of you who so choose. There are also links to maps on our website or just ask and we can send one.

LIFTS – Lifts may be available if you're stuck for getting to a meeting. Let us know if you're in need.

Meetings at Hilltop, Primrose Street, Cambridge

We have small groups. Hilltop car park is very near the end of Greens Road, down a little slope. Come for refreshments at 7.30pm for a 7.45pm start.

The next four meetings will be on June 28th, July 26th, September 27th, October 25th
(The August 9th meeting will be for our summer drinks at the Cambridge Blue pub, Gwydir Street)

Meetings at St Matthew's Parish Hall, St Matthew's Road, Cambridge

There is usually a guest speaker or group discussion on a relevant topic. There is street parking around the area but watch out for double yellow lines and residents' bays in some places. Come for refreshments and informal chat at 7.30pm for an 8pm start.

Monday July 12th 2010 – Sharon Gilfoyle, Project Manager of Cambridge and Peterborough Foundation Trust's Peer Support Worker initiative. A new project to appoint mental health sufferers to give support to their peers.

CAMBRIDGE MDF BIPOLAR SELF-HELP GROUP ~ CONTACT DETAILS

You can telephone: **08456 340 540** or **0207 793 2600**. These numbers go to the national MDF The BiPolar Organisation offices in London. They will tell callers about our group and pass messages on to us if necessary.

Please send any correspondence to us:

c/o Threeways, 14 Home End, Fulbourn, Cambridge CB21 5BS

Website: www.mdfcambridge.org.uk Group Email: [mdf\(AT\)mdfcambridge.org.uk](mailto:mdf(AT)mdfcambridge.org.uk)

Emails can also be forwarded to the following. Replace '(AT)' in the addresses with '@' (It's to reduce spam):

Jackie: [jackie\(AT\)mdfcambridge.org.uk](mailto:jackie(AT)mdfcambridge.org.uk) - especially about meetings and activities

Edward: [edward\(AT\)mdfcambridge.org.uk](mailto:edward(AT)mdfcambridge.org.uk) – especially about mailing lists, website and lifts.

Jon: [jon\(AT\)mdfcambridge.org.uk](mailto:jon(AT)mdfcambridge.org.uk) - especially about the newsletter.

Phil: [phil\(AT\)mdfcambridge.org.uk](mailto:phil(AT)mdfcambridge.org.uk)

We are a local group of **MDF The Bipolar Organisation**, Castle Works, 21 St George's Road, London SE1 6ES
Tel: 08456 340 540. Fax 020 7793 2639. E-mail: [mdf\(AT\)mdf.org.uk](mailto:mdf(AT)mdf.org.uk) Registered Charity Number 293340