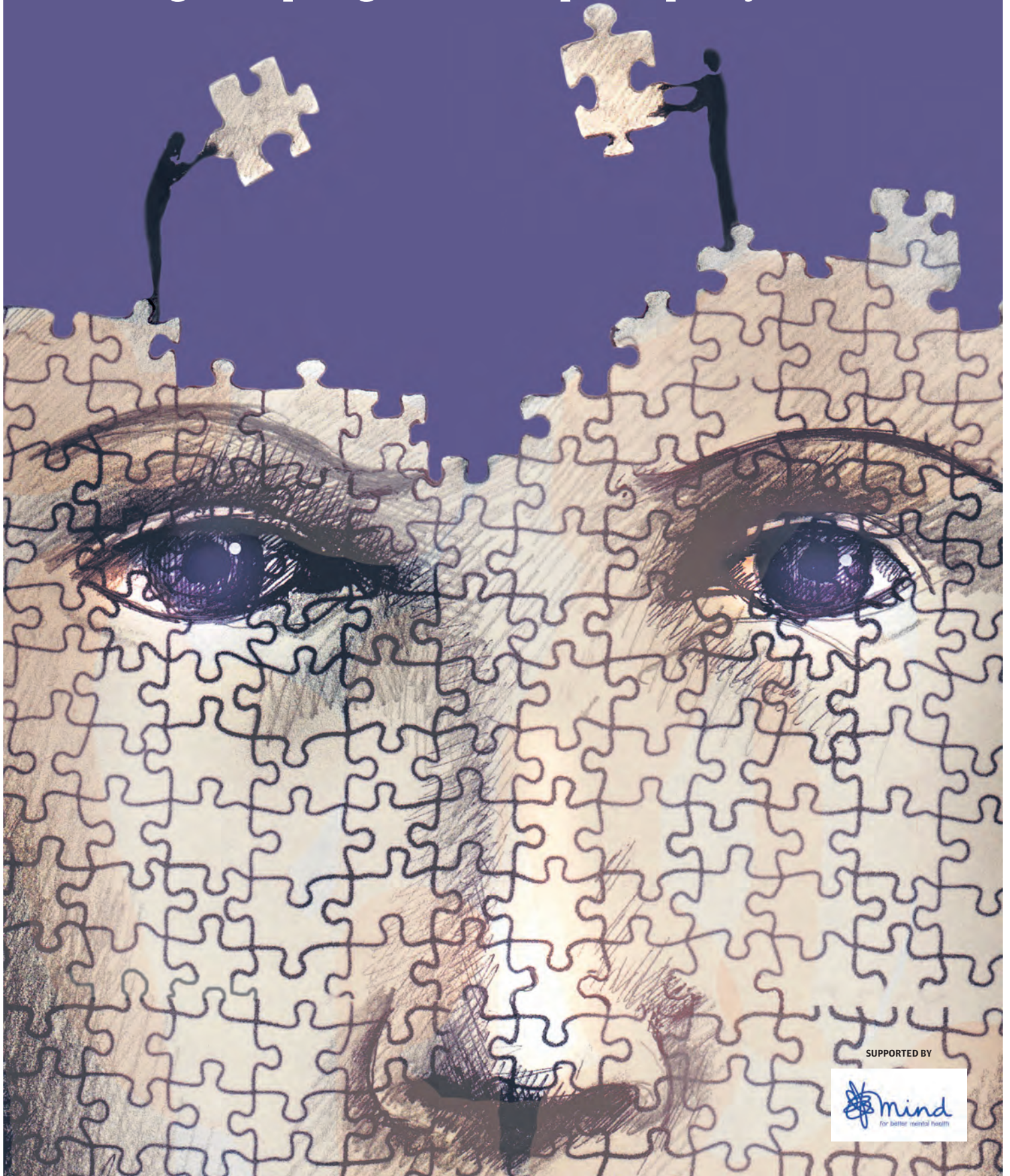


# Mental health

Challenges, inspiring stories and public policy



SUPPORTED BY



## Mental healthcare

### Inside

#### 05 Only the lonely

Combating chronic loneliness

#### 06-07 The problem with men

Male suicide, and tackling demons

#### 09 'They're the experts'

A patient-designed mental health centre

#### 12-13 Not so smart?

Social media, bullying and depression

#### 14-15 Out of the woods

How working outside cleans minds

#### 16-17 Lessons in gender diversity

Changing attitudes in the classroom

#### 19 A different view

Aimee Challenor on trans issues

#### 20-21 Policy

Crisis in community mental healthcare

#### 23 Early release

Mental healthcare in prisons

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## Mental health Solutions to problems that affect us all



**Debbie Andalo**

**M**ental health found its way on to the front pages again last week with the news that England international footballer Aaron Lennon has been detained under the mental health act. The story illustrates once more that mental ill health can affect any of us at any time.

What this supplement shows time and again, is that innovation and commitment from those working in mental health services is improving the quality of life of all those they care for.

There is optimism that regional devolution may offer a more joined-up way of improving mental health and boost the economy at the same time. And as the

population gets increasingly older, we reveal the simple solutions that are helping ward off depression and loneliness.

The UK's first inpatient mental health centre designed by service users or "guests" opened last month in Pontardawe, south Wales. Is this a model for the future? And we talk to a former England rugby union international about the difficulty that alfa males like him have in confronting their demons.

A primary head teacher admits that his pupils worry about Brexit and Trump and tells us what help is available. While the assistant head of another tells how it helps pupils, confused about their sexuality, to talk about it.

We look at how a walk in the woods is improving the mental health of people in Scotland and how one Welsh prison is tackling mental ill health. We consider the impact of the UK shortage of mental health nurses and, finally, how to protect our mental health while living in the digital world.

We're Mind, the mental health charity.

We won't give up until everyone experiencing a mental health problem gets support and respect.



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This is a unique opportunity to make a significant difference to the mental health of children and young people. We are looking for looking a Senior Programme Officer to join our new Children & Young People Programmes team to support the development of our children and young people offer.

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You can have a look at the different ways of getting involved with Mind's work at: [mind.org.uk](http://mind.org.uk) > Get Involved > Volunteering

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#### Corporate Partnerships Manager -

#### Time to Change

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To find out more about us and to apply for any of these roles, please go to: [mind.org.uk](http://mind.org.uk) > About us > Working with Us.

## Local government

# Getting it all together

The devolution of powers to the regions has seen an unexpected rise in the profile of mental health provision. As **Mary O'Hara** reports, it's the economic benefits that are focusing minds

**A** few months ago if asked what do Prince Harry, the former England football captain Rio Ferdinand and Lady Gaga have in common, most people would have answered their celebrity status. But today mental health is the burning issue that links these three high-profile individuals. All have spoken out about their battles with their own personal demons.

While their insights have been heralded as a watershed in changing public attitudes towards mental health, others working to shape the future of frontline services have also been breaking new ground.

Theresa May's government's commitment to taking power and money away from Whitehall and giving it to new regional organisations in England opened up new, unexpected, possibilities for mental health services. "We felt we had an opportunity to do something different," says former health minister Norman Lamb, a key player behind the changes.

Originally it was envisaged that the new organisations - regional councils made up of at least two local authorities - would focus on jobs and economic growth. However, those leading this devolution revolution in the West Midlands, Greater Manchester and London recognised the economic importance of mental health, pushing the issue to the top of their agenda.

Sarah Norman, chief executive officer for wellbeing at the West Midlands Combined Authority (WMCA), says research and consultation across the NHS, and criminal justice and employment sectors produced evidence that a mentally healthy population was not just a "moral issue" but one that would have "clear economic benefits". Individuals with better mental health outcomes are more likely to find employment which in turn boosts local productivity, Norman says.

Improving mental health services, she says, was a "good example" of bringing multiple benefits at a time when the region had to tackle the "big challenges" of devolution - increasing productivity, and filling the financial gap between the money it received through taxation and what it actually needed to spend on services.

That view is shared by the Mental Health Network of the NHS



**Heads up: Prince Harry revealed that he sought counselling nearly 20 years after the death of his mother, Princess Diana**  
Getty Images

Confederation, which has applauded the work being done in the West Midlands. Its chief executive Sean Duggan says: "The best available evidence supports the idea that changes in housing, schooling and other areas can radically benefit mental health, especially if they are well integrated with other services."

Integration has been key for WMCA since it launched last June. Today it involves 18 local authorities and four local enterprise partnerships representing business. The authority looked to the US and around the UK to see how it could involve key players, not just in health and social care, but also in the criminal justice systems, the voluntary sector and local businesses.

It decided to set up a mental health commission, chaired by Lamb, composed of national and local leaders from areas such as health, housing and the police, and, crucially, people with experience of the services. Lamb says that the commission was determined not to produce a well-meaning report with a list of recommendations "gathering dust" on a shelf, but rather a specific action plan.

The plan: Thrive West Midlands, was published in January. Duggan calls it an "unprecedented example of a region unifying very different services to improve mental health".

Superintendent Sean Russell, mental

health lead for West Midlands police, has been seconded to Thrive West Midlands for two years. He says the plan's implementation will depend on a holistic approach with a focus on prevention. The intention, says Russell, is to try and introduce "scalable" models that will make a difference locally and nationally.

One of its five key planks is to work with employers "to help them see that investing in wellbeing is a win-win". But there is also a focus on other areas, such as creating sustainable housing, reducing the number of people with mental health problems in the criminal justice system and tackling the stigma associated with mental ill health.

But do these nascent regional approaches have the potential to bring about a real change in mental health? Andy Bell, the Centre for Mental Health's deputy chief executive, says that the challenges are complex, but regions are learning from one another: "It's an opportunity to focus on [ways] to do things differently."

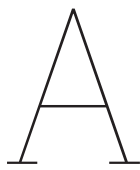
That is a view shared by Duggan, who says that all eyes are on what is happening in the West Midlands: "It will be an essential test case for how other regions might innovate and join up services.

"We are looking forward to ... sharing its learnings with mental health services across the country."

“Changes in housing, schooling and other areas can benefit mental health”

# Loneliness: a new epidemic

With millions of older people living in isolation, **Saba Salman** asks what is being done to help?



weekly phone call or visit from a volunteer are among the solutions to help ease the loneliness epidemic affecting 1.2 million older people in England, according to campaigners.

Age UK, says that 1.2 million older people are chronically lonely and that this has an adverse impact on mental health, and the challenge will increase as our population ages. In the next 20 years, England's over-85 population is set to rise from nearly 1.3 million people to just under 2.8 million.

Caroline Abrahams, Age UK charity director says: "Loneliness can have an impact on older people's health and wellbeing. And this is particularly true when it comes to mental health, with older people's depression often brought on by, or exacerbated by loneliness."

NHS figures reveal that depression affects around 22% of men and 28% of women aged over 65 in England,

but, according to the Royal College of Psychiatrists, 85% of older people with depression receive no NHS help at all. The spotlight on older people initiative - a group of nine older people's organisations led by the Jo Cox Commission on Loneliness - says that more than half the users of over-50s social networking site Gransnet who say they are lonely have never discussed loneliness with anyone.

But solutions do exist, says Abrahams: "There is no quick fix or single policy solution to eradicate loneliness but there are reasons to hope that we can change things for the better." An Age UK and Campaign to End Loneliness 2015 report, Promising Approaches to Reducing Loneliness and Isolation in Later Life, reveals good practice. For example, it says interventions involving help with transport or technology "can be the glue that keeps people active and engaged".

The report highlights successes such as face-to-face or telephone befriending projects, including the Royal Voluntary Service's Dorset Befriending Service, offering home visits to older people. The project began after a local GP's concerns that older patients would visit the doctor primarily because they were isolated. Another initiative, The Silver Line, is a

“ Authorities need to develop clear plans to reduce loneliness in their local areas ”

24-hour, free helpline for information and companionship. In addition, British Red Cross community connectors are volunteers who identify and attend local activities with lonely older people.

The Campaign to End Loneliness is developing a national initiative to tackle loneliness through community collaboration. Laura Alcock-Ferguson, the campaign's director, adds: "At a local level across the UK, health authorities should be developing clear plans to reduce loneliness and social isolation in their local areas."

Dr Amanda Thompsell, chair of the old age psychiatry faculty at the Royal College of Psychiatrists, says organisations developing support projects must also include older people and carers as well as psychiatrists, GPs, and the social care sector. Thompsell suggests awareness of loneliness could also be incorporated into the school curriculum: "Inter-generational contact has been shown to be particularly effective in combating loneliness and we often forget how much children can learn from older people."

Ignoring the challenge is not an option, as Thompsell says: "Failure to tackle loneliness will lead to more pressure on services which are already overwhelmed."

**Roy Warman**  
‘I met the daughter I never had through a telephone befriending service. It changed my life’

Roy Warman's wife, Phyllis, died in January 2015. Buoyed by well-wishers in the first few weeks of bereavement, the visits and telephone calls gradually dwindled, and he felt increasingly alone. Many of his friends have passed away, he does not have any family nearby and the couple never had children. He explains: "The longer it goes without speaking to someone, the harder it gets." He describes loneliness as "one of the hardest things that you will encounter in life", likening feeling low to "living in a void".

The 84-year-old from Wiltshire spotted information about Age UK in a local magazine a few months after Phyllis's death. He got in touch and was referred to an Age UK telephone befriending service



Warman credits Age UK with helping to turn his life around

that matches older people with like-minded volunteers for friendship or phone calls.

He recalls the first time he spoke to a companion on the phone: "It opened a new door. It was so nice to think that

someone might listen ... a voice at the other end who could sympathise." Today he has weekly phone calls with a volunteer he describes as "like the daughter I never had" and he also has regular visits from another volunteer as part of Age UK's face-to-face befriending scheme.

The impact has been extraordinary, says Warman, describing the experience of support as "like being in a desert

“ It was so nice to think that someone might listen ... a voice who could sympathise ”

and coming across an oasis". He has joined a singing group and developed his IT skills: "I think it partly affected my decision to join a local choir. And Age UK introduced me to the tablet, it's like a giant library." Crucially, he senses his self-confidence has returned: "I feel good about myself and feel able to cope now." **SS**

## Male suicide

### Simon Gunning 'Gender should not be a death sentence'



The Campaign Against Living Miserably (Calm) is the leading UK charity dedicated to preventing male suicide. Here, its chief executive officer, Simon Gunning reveals what is being done to encourage men to open up about their emotions.

We take a two-fold approach to changing and saving lives: firstly providing support for men who are down or in crisis, and secondly campaigning for culture change to tackle outdated stereotypes of masculinity that prevent men seeking help.

We do this in the face of a problem that is deeply entrenched. Many men feel forced to stoically "man up" (whatever that means) and grind

“Historically, the alpha-male archetype has had no time for discussing emotions”

through bad times without societal permission to open up or seek help. Calm's research shows that while 67% of women tell someone about going through depression, only 55% of men do the same.

The result? Men are three times more likely than women to take their own lives and suicide is the single biggest killer of men aged between 20 and 49 - something the Duke of Cambridge describes as "an appalling stain on our society".

But the tide is turning. Since Calm was founded 10 years ago, awareness of male suicide has trebled. Definitively, men are talking more. Calm alone has taken 200,000 helpline calls to date, and prevented more than 1,000 suicides.

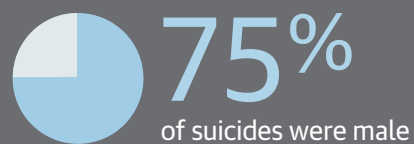
The work of organisations and campaigns such as Lift The Weight and

the royals' mental health campaign Heads Together (Calm is a partner charity of the latter) - is a massive step forward. Historically, the alpha-male archetype has had no time for conversations about emotions but, in recent weeks, this has been dismissed by men such as Stormzy, Rio Ferdinand, and Calm's patron Professor Green - strong, famous, tough men explaining how communication has, in some way, saved their lives.

There is still much work to be done. The emphasis now is to move beyond the rallying cry to open up. We must better equip ourselves, our mates, our workplaces, schools and health services to support those who need it. And we start by building a generation who believe that society's ideas of your gender should not be a death sentence.

**Male suicide** The biggest killer of men aged between 20 and 49

6,188 suicides in the UK in 2015



Suicide rates for men in Northern Ireland were up to twice as high as other UK countries in 2015

**Single biggest killer** of men in the UK between the age of 20 and 49



22.3 deaths per 100,000 population of UK men aged 45 to 59

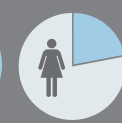
21 deaths per 100,000 population of men aged 30 to 44

42% of men in the UK aged between 18 and 45 have contemplated taking their own life

55% of men who felt very depressed talked to somebody about their feelings compared with 67% of women

30% of men compared with 21% of women say they are too embarrassed to discuss their depression with others

31% of men who felt suicidal said they didn't discuss how they were feeling because they didn't know how to talk about it



The most common reasons men feel low are:  
**Failing at work or school** / **Money problems**  
**Death of someone close** / **Personal appearance**

17.9 suicides per 100,000 population in Yorkshire and the Humber

14.5 suicides per 100,000 population in the east of England

Sources: ONS; Calm In the UK. Find support: the Samaritans can be contacted on 116 123

## Dealing with depression

### 'I didn't belong any more'

After his playing career ended, **Damian Hopley** became depressed. Now, he helps other men discuss the issue

Damian Hopley knows from bitter experience that being a professional athlete can exact a heavy price on the mind as well as the body. Rugby players have always been in harm's way and Hopley discovered this as a young man 20 years ago. Playing at centre for English Premiership rugby team Wasps, he won what looked like the first three of many England caps in 1995. Rugby union had just stopped being an amateur sport and the Cambridge graduate had given up his job in the City to ride this first wave of professionalism, but Hopley found himself in troubled waters.

In 1996, playing for England at the Hong Kong Sevens, Hopley injured his knee. He saw a surgeon but he injured the knee again and nine operations and two reconstructions later his professional career was over before it had really begun. "The hardest thing is the huge dent in your self-esteem and purpose and realising that you are not a rugby player. It was like

a bereavement. Your sense of worth goes out of the window. I didn't belong any more. Your personal life then goes into freefall because you become so self-obsessed. I had a girlfriend at the time and she walked out on me. Quite rightly, because I would have been a nightmare to live with."

At 27, Hopley began working in the media and tried to get his life back on track. He met other sportsmen including the former Coventry City footballer David Busst and the former Gloucestershire and England cricketer David "Syd" Lawrence, whose careers had also been cut short by gruesome injuries. Meeting them, Hopley says, helped give him a fresh sense of perspective.

In the summer of 1998 Hopley set up the Rugby Players' Association (RPA). "I was pissed off with the way I had been treated and that was the catalyst," he says. There was initial opposition from the

**Damian Hopley won three caps playing for England before injury cut short his career**

RFU and some club owners so Hopley began his project without being paid. But today, he runs an organisation that has about 700 current professional players, both men and women, and about 400 former players on its books. Outside the sport, the perception of elite rugby players is one of steely alpha males, but the reality is often different. Several players have talked about their battles with depression, linked to the end of a career in the sport. The RPA has a new campaign, Lift the Weight, which includes a 24-hour counselling service. With chilling timing the initiative was launched in the week that Dan Vickerman, a recently retired Australia lock, was found dead at his home in Sydney. The 37-year-old had taken his own life.

Lift the Weight aims to encourage men - and not just elite rugby players - to talk about the issues. "Once people get to share the stories of their frailties it makes all the difference," says Hopley. "Jonny Wilkinson, for instance, has been very frank about his demons."

By Ian Malin



“The hardest thing is the huge dent in your self-esteem. Realising I was not a rugby player was like a bereavement”

# Power to the people

The patients who use the Gellinudd Recovery Centre have a say in everything from policy to the decor. Could co-produced innovations be the future for mental health care? By **Rachel Williams**

Soft, neatly folded blankets hang invitingly over the backs of the modern but comfy armchairs in the Gellinudd Recovery Centre's communal living room. In the en suite bedrooms, there are white waffle slippers and dressing gowns embroidered with the centre's tree symbol.

Staff and guests - those who stay are not termed patients - join forces to cook, clean and tend the fruit and veg they then sit down to eat together at Gellinudd, which is the UK's first inpatient mental health centre to be designed by service users and their carers. "If you're a psychiatrist you'll still be expected to be in the kitchen chopping vegetables alongside everyone else," says the centre's director, Alison Guyatt.

Over three years, via consultation meetings attended by up to 50 people and annual general meetings attracting as many as 300, service users and carers who are also members of the Welsh charity Hafal, which runs the centre, have influenced everything from the policies and procedures to the decor, facilities and recovery-focused activities on offer.

"They're the experts," says Guyatt. "They can say how it feels to be on the receiving end of care, how anxious you would be, what your concerns would be. They have such powerful stories to tell." The lack of privacy and dignity in hospital settings, together with old and decrepit buildings that provide little access to fresh air, were common themes among those who gave input. "A lot of them feel very clinical, rather than homely and welcoming," Guyatt says.

Ensuring a different atmosphere at Gellinudd, which opened in April 2017,



**Staff at the Gellinudd Recovery Centre in Wales**

was therefore critical. Members met the architects in the earliest stages, and Guyatt arranged for furniture makers to bring chairs, tables and beds to consultation events to be tested.

Hafal believes co-produced, recovery-focused services improve outcomes for patients and reduce costs. It has estimated that Gellinudd, which was developed with Big Lottery funding of £1m and £500,000 from the Welsh government's Invest to Save scheme,

“Service users are the experts ... They can say how it feels to be on the receiving end of care



will generate year-on-year NHS savings of £300,000 in Wales.

Could the model be copied elsewhere in the UK? Commissioners are increasingly interested in co-production, according to Grazina Berry, director of performance, quality and innovation at the Richmond Fellowship, a voluntary sector mental health support provider that involves its users in shaping services. But the resources to make it happen are not necessarily available.

"We're seeing many more opportunities coming up which directly

ask for co-produced innovations," Berry says. "But the money to match that isn't always there because funding is reducing. We as a provider can say we'll implement a whole range of innovative services. But to prove they work we want to evaluate them, and evaluation costs money." Berry has no doubt that services designed with users bring better outcomes: "They give power to the people who understand recovery the most."

At the National Survivor User Network (NSUN), a charity which helps mental health service users shape policy and services, managing director Sarah Yiannoullou believes the extent to which service users are listened to remains patchy. "There are some really good examples where the rhetoric is starting to become the reality, but it's not consistent," she says.

"I think we're still in a system where the medical model is dominant and there's this culture that the professional still knows best. The problem for the voluntary sector is that quite often what you say works and helps is regarded as anecdotal or dismissed as not credible."

But it is crucial service users are listened to: "Meaningful, effective involvement can transform people's lives, improve the quality and efficiency of services and develop the resilience of communities," says Yiannoullou. "If commissioners and clinicians really listen to us, respect us and treat us as equals then our experience of services will improve."



**Gellinudd service users or 'guests' chose the centre's chairs**

# Anxious about social media?

Disagreement continues over the effects of social media on mental health. **Sarah Johnson** reports

For all the benefits to mental health a digital world can bring, such as a sense of belonging and information and support for those with problems, there are also myriad dangers associated with online activity. In the very worst cases, people have live-streamed their suicide and had people cheer them on in the comments section.

Meanwhile, cyberbullying and trolling, along with communities and groups on social media that foster, glamorise or even encourage self-harm

are pervasive. Stephen Buckley, head of information at the charity Mind, acknowledges these risks: "It is vital to recognise the huge danger created by any site or social media trend that promotes self-harm, suicide or eating disorders. They can be hugely damaging and possibly dangerous to someone in a crisis."

This has come to the forefront over the past decade as more and more children use smartphones and tablets. A Young Minds report, Resilience For the Digital World, says half of Europe's nine- to 16-year-olds now own a smartphone; the vast majority go online at least once a week, and most daily.

Buckley says that people are now used to following their friends on social media and sharing news of a new job, relationship, or a holiday presented in the best possible light. But this can have



being bullied in daily life that then cross over into their digital lives, says Marc Bush, chief policy adviser at Young Minds. "For instance, victimisation in the school playground is replicated on their Facebook pages or their WhatsApp or Snapchat groups, so they relive the distress they're experiencing in real life on the digital platform."

So, what's to be done? Bush says industry has an important role to play. Today, if you search certain hashtags on Instagram, for example, a helpline pops up. He also cites the report from

“Victimisation in the school playground can be replicated on Facebook or Snapchat”

the House of Lords communication committee, Growing Up With the Internet, which calls for a national digital champion who can look at the rights of young people online, educate parents and teachers on how to look out for warning signs, and support young people to understand the consequences of bullying someone online.

The greater part of the solution, though, lies with young people themselves. "Ultimately," says Bush, "young people are active in the creation, consumption and distribution of these images or forms of behaviour, so they have to be part of the solution."

## Switch off, stay cool

### Top tips for staying digitally healthy:

- Limit your time online. Remember there's a real world you're living in. Social media has its place, but should not become a substitute for face-to-face contact with friends and family members.
- Turn your phone off for half an hour or more before you go to sleep to create mental distance from the pings of status updates, text messages and alerts.
- Avoid sites you know prompt negative feelings and if you see something that upsets you, close it immediately.
- Try not to read too much into things. Misunderstandings can happen easily online because the signs we use during face-to-face conversation, including tone of voice or body language, are not available on-screen.
- Look out for other people's safety – people talking about being depressed, saying they're feeling suicidal. Know where or who to refer them to because that is really important in intervening and making sure nothing escalates.
- Take responsibility for your actions online and try and think about how your words could affect other people. Think about whether you would be willing to say it directly to the person and if it is a fair, compassionate thing to tell them. **SJ**

an impact on individual self-esteem. "While low self-esteem is not a mental health problem in itself, the two are closely linked. If lots of things are affecting your self-esteem for a long time, this may lead to depression or anxiety," says Buckley.

Pressure on young people may also come from situations where they are

**Half of Europe's nine- to 16-year-olds now own a smartphone**  
Alamy



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## Tamanna Miah I developed severe anxiety after being bullied online and off. Now I speak up for those who can't

**Tamanna Miah, 23, is a campaigner and public speaker from Kent. She describes how she coped with being bullied on social media and what it has been like to grow up in a digital world.**

"I grew up in Sevenoaks, Kent, which is a very conservative, middle-class area. I suffered from severe bullying and racism from primary school to my all-girls secondary school until university. When I went home, the abuse continued online. It happened on my social media networks - Facebook, Bebo and MSN. People would comment on photos, status updates, anything that I was doing. Sometimes it was

racist or Islamophobic, or attacking my appearance or the way I acted - anything. People would find a fault and take advantage of the situation.

I was a very shy, quiet child, I couldn't stand up for myself, or look people in the eye. I would be bullied at school, come home and log on to the laptop and it would continue.

You wake up in the morning to check again and it's never-ending torment and hate. I couldn't escape. I hated school and my time in education. I was never happy.

I developed severe anxiety and depression as a result. I tried to get support from my school and was unsuccessful. I visited my GP and they dismissed me and didn't take me seriously. They said nothing

**Tamanna Miah is now a prominent anti-bullying activist**



was wrong and told me to do some exercise. It wasn't until university that I was diagnosed.

Now I try and be careful when using social media, but I also use it for networking and meeting people. I've been through bullying online and offline, but I've also had a wealth of opportunities through social media.

I make sure that my personal activity, photos and comments are restricted, to avoid anyone attacking me publicly or harassing me. I don't want to experience more abuse so I'd rather keep personal things private. I'd say to others in similar situations to always be careful about what you post and where.

Your online life is always going to be present. Google yourself to see what's out there so you can check your settings and change them if needed. If someone is bullying you, always tell a responsible person as soon as possible. Make sure you have evidence of everything. Take screenshots or make audio recordings.

Whatever happens, don't give up - just keep going. We absolutely need to speak about these issues, because if we don't, who will?" **SJ**

## Mental health in the workplace

Sue Baker

'We need to open up in the workplace'



Sue Baker is director of Time to Change, the anti-stigma movement run by Mind and Rethink Mental Illness charities

Looking after the wellbeing of employees benefits everyone - no matter your role, seniority, and whether you have a mental health problem, or not.

Working with employers over the past six years means we have a good indication of what works to ensure a mentally healthy workplace. Those elements are incorporated into the Time to Change employer pledge, which gives organisations the opportunity to demonstrate their commitment to opening up the conversation about mental health. More than 500 organisations have made that commitment.

There are multiple things employers

“Employees at all levels need to talk honestly about mental health”

can do to create a more open working environment. Senior leaders have a pivotal role to play in leading by example - being open about their own mental health experiences sends the strong message that this isn't a sign of weakness and doesn't limit your ambition or aspiration. Employees at all levels talking honestly and openly about their experiences has contributed hugely to a cultural shift in how we think about the topic.

When employees feel their work is meaningful and they are valued and supported, they tend to have higher wellbeing levels. We often talk about a three-pronged approach that employers can adopt: promoting wellbeing for all staff; tackling the causes of work-related mental health problems; and supporting staff who are experiencing mental health problems.

We've made a conscious effort

in recent years to target male-dominated workplaces, such as construction. Our research shows that men still don't consider mental health relevant to them. Men try to be self-sufficient, keeping problems to themselves. But mental health problems don't discriminate - they can affect anyone.

Many of the biggest UK construction firms have signed our pledge, and they tell us that for them it has been crucial to have people "on the ground" in the form of employee champions who challenge workplace stigma, normalise conversations about mental health and encourage those who need help to feel comfortable asking for it.

With the right support from those around them, people with mental health problems can recover and have equal opportunities in all areas of life - including work.



Are you, or is someone you know, contemplating suicide?

Maytree is a National Charity. We provide a unique residential service for people in suicidal crisis so they can talk about their suicidal thoughts and behaviour.

We offer a free 4-night/5-day one-off stay to adults over the age of 18 from across the UK. Our aim is to provide a safe, confidential, non-medical environment for our guests. Somewhere our guests can explore their thoughts and feelings, and feel heard with compassion and without judgement.

Please visit our website for more information about our charity [www.maytree.org.uk](http://www.maytree.org.uk)

Maytree is committed to supporting people that are feeling and contemplating suicide, and we aim to offer as many people who feel they would benefit from a stay the opportunity to do so. However, due to a person's medical needs or specific life circumstances it is not always possible to do so. Please read our "Guidance notes on a stay", which is on our website under the home tab.

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Our teams are at the forefront of innovation to improve the health and well-being of the people we support, including our award-winning ECT app, our acclaimed mental health triage service, our internationally renowned specialist Huntington's Disease service. Also, we are pioneering ways of prioritising the physical health care of mental health patients, and researching ways to cut falls and aggression among patients with dementia.

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## A new prescription, a new life

Social prescribing, where patients are referred to non-clinical activities, is producing positive outcomes. But, asks **Rachel Williams**, can the voluntary sector keep up with demand?



The Branching Out programme in Scotland uses the outdoors to help people build confidence Jane Barlow

Group therapeutic work had never appealed to Kerina, who was diagnosed with borderline personality disorder and obsessive compulsive disorder in her 30s after suffering from mental health issues all her life. "You sit there reading paperwork and it feels like you're in a classroom," she says.

Then two years ago the community mental health team in Mid Ross in the Scottish Highlands gave her a "social prescription" - referring her to Branching Out, a Forestry Commission Scotland programme designed to help people recover from long-term mental health problems. For 12 weeks she spent five hours a week in the woods doing conservation work, bushcraft and environmental art.

"I enjoyed it straightaway," says Kerina, who now volunteers as a mentor with the Abriachan Forest Trust, where she completed the course. "It's so different from your normal life. You go out there and all your worries leave you. We built shelters, tables, workbenches, a kitchen. We chopped wood, we cooked, we sat around the campfire.

"It just seemed to really work for me. I remember saying: 'I feel like I've been here for ages.' I'd only been there a day." Though she still has good and bad days, she says she now finds her problems easier to deal with, and is working towards a formal award in volunteering.

The use of social prescribing - where GPs and other primary care professionals refer patients to non-medical activities, such as,

gardening, arts and sports, normally delivered by the voluntary sector - is growing, with many schemes tackling mild to moderate mental health problems. Studies have suggested a range of positive mental health and wellbeing outcomes.

But in January a report commissioned by Natural England warned that the lack of a standardised referral mechanism, or funding for the activities offered in the majority of services, posed "fundamental barriers" to the NHS's ambition to increase the scale of social prescribing.

It identified Rotherham's service for people with long-term health conditions, which started in 2012, as

“It's so different from your normal life. You go out there and all your worries leave you”

having many of the ingredients for good practice - including a simple and effective referral system, well-informed link workers to help patients choose an intervention, and, crucially, funding for those interventions.

The report also highlighted the service Rotherham has since started for people with mental health issues, which began as a one-year pilot in 2015 and has just been extended for a third year. In an evaluation of its first year, 93% of service users reported progress against at least one of eight wellbeing outcome measures, and 64% reported progress on four or more.

While the service initially focused on those who had been using services for five to 20 years and needed a support network and meaningful activities to help with a successful discharge, it is now expanding to work with people earlier on.

But Janet Wheatley, chief executive of Voluntary Action Rotherham, which coordinates the programme, backs up the warning in the Natural England report: "You can't direct more and more people to use resources in the community without providing funding to support that."

## Diversity and inclusion in school

# Learning to respect difference

Schools today are much more receptive to students' gender and sexual orientation, and are places where diversity is celebrated rather than scorned, as **Linda Jackson** discovers

It was not long ago that LGBT pupils at the Priory School in Hitchin, Hertfordshire, hid behind a mask of silence. Fellow students used the word "gay" to describe something that was rubbish. Faced with homophobic language, they felt unable to come out in the classroom and kept their true identities secret.

Three years later, dozens of students have come out thanks to a "massive culture shift" in school. Today, diversity and inclusion are celebrated across all aspects of school life: from the setting up of an LGBT drop-in group and appointment of an LGBT student champion, to changes in the curriculum and the building of gender-neutral toilets and changing rooms. Indeed, the school has established such a reputation for equality it is attracting transgender pupils from neighbouring areas.

Priory now has a resident counsellor and has forged close links with local child and adolescent mental health services. Sixteen staff have also been trained in mental health first aid.

Assistant head Katie Southall has led the transformation. Responsible for student wellbeing, Southall realised

that more needed to be done to promote equality and diversity. Surveys of young people who identify as LGBT revealed that many are at high risk of mental health problems.

The 2016 Youth Chances survey, conducted by the charity Metro in collaboration with the University of Greenwich, found that out of the 6,414

“For children at primary level, the more we can do to non-stereotype them the better”



respondents aged 16-25 who took part in the survey and identified themselves as LGBT, some 44% said they had considered suicide.

Southall says: "We realised from an annual survey on student wellbeing that lots of students identified as gay or LGBT, but didn't want to be open about it. We are now in a position where pupils

are openly transgender, gay, bi, lesbian or gender questioning. For those who are transgender we have procedures in place for name changes and work together with the young person. That can mean getting people who have transitioned to come in and talk to young people."

LGBT role models have also visited the school, including actor Sir Ian McKellen, co-founder of LGBT charity Stonewall, who spoke to 35 student members of the weekly LGBT drop-in group. "One sixth-former who is openly gay said he wished the school had been as open when he was in key stage 3," Southall says.

Meanwhile Arbury primary school in Cambridge is working hard to promote diversity and has become a beacon of good practice. It has adopted a range of initiatives to stamp out gender stereotypes across the school, from abolishing pink- and blue-coloured name badges for reception children, to having a non-gendered school uniform.

Children are taught to respect difference from the start in reception: through picture books showing different types of families, and talks during



circle time highlighting the school's golden rules. Displays of materials from Stonewall with the slogan: "Different families, same love" are posted around the school, which also celebrates LGBT history month.

Staff are trained to understand how stereotyped views of how boys or girls should behave can prevent them from reaching their potential. Senior

**Actor Sir Ian McKellen speaking at the LGBT drop-in group, Priory School, Hitchin**

teacher Kathy Whiting says the school advises other schools on creating a trans-inclusive environment, including training on the use of inclusive language.

Headteacher Ben Tull says: "It is really important that a school is ready for anyone who walks in. For children at primary level, the more we can do to non-stereotype them the better. We steer away from the binary model."

**Celine Bickerdike**  
"Teachers had to believe you had a problem before you could access the school's services"

**Celine Bickerdike, 19, is an apprentice in Leeds and has secured a university place to study history. She has had anxiety and depression since aged 12. But it was five years before she sought professional help.**

"My first experience of being judged because of having a mental health problem was when some girls took my antidepressants from my bag and started reading out the side-effects in front of everyone. They humiliated me. How can people be so cruel?"

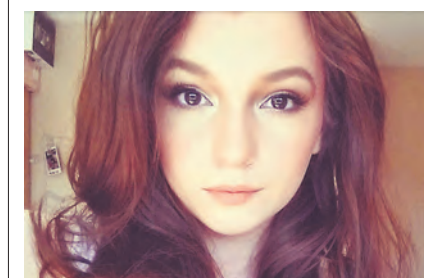
"There was some school mental health support, but teachers had to believe you had a problem before you could access it. Most of my teachers thought I was OK - one even said that I was stressed because I wasn't working hard enough. I broke down during my mocks, which was when my history teachers, who I was really close to, told me to go and see a doctor.

"I put an enormous amount of pressure on myself to get the grades I needed for university. I was anxious about the future - and failure.

"I didn't get into the university I wanted and this really took its toll. I felt completely lost. All my friends were at university. I had gone from having a promising future to being on job seeker's allowance.

"I think initially, my parents didn't take my mental health problems seriously; they thought it was just 'hormones'. I'd always been a bit of a worrier so they assumed that my problems were small because of that.

"Nowadays I find it easier to talk to people about my mental health because I'm more confident and don't doubt my condition as much. People's conditions should be believed as soon as they develop so that it's easier to prevent them worsening like mine did." **LJ**



**Celine is a young champion for the mental health charity Time to Change**

## Healing through the art of conversation

The spaces that help children talk through their anxieties provide an oasis in uncertain times

It could easily be a child's bedroom. In the centre is a large mat, while a selection of dolls and soft toys line the walls. It is hard to believe that this nurture point in Plaistow, east London, aimed at helping children deal with their emotional problems, was once a school staff room.

Youngsters aged five to 11 can drop in three days a week and speak to a trained counsellor from the charity

Place2Be. But as well as worries over friendships, bullying or problems at home, headteacher Paul Harris reveals that a growing number of children are suffering from anxiety as a result of Brexit and the election of Donald Trump.

Fortunately, pupils at Curwen primary and its sister school, Kensington primary in Manor Park, can speak to a counsellor before their problems become overwhelming.

The lunchtime drop-in - known as Place2Talk - is part of a package of support services offered by the charity, which includes one-to-one counselling and play therapy for children suffering from more serious mental health issues.



Working with 282 primaries and 50 secondaries, the charity provides early intervention support in schools to children who are troubled and unhappy.

The charity is not the only one working with schools. The Art Room charity supports five- to 16-year-olds who are experiencing emotional and behavioural difficulties.

There are eight Art Rooms in schools in Oxfordshire, London and Edinburgh, supporting 500 children a week by offering art as therapy to increase their self-esteem, self-confidence and independence.

It is this kind of partnership that Theresa May, the prime minister, said in January that she wanted to see more of. She said then that one of her priorities was children's mental health, which has long been recognised as in crisis.

Statistics show that one in 10 children - or an average three children in every classroom - has a diagnosable mental health problem, and that 75%

**Soft power: the charity Place2Be provides drop-in centres for children**

of mental illness in adults has its roots in childhood.

The prime minister said, before the election was announced, that she wanted every secondary school to be offered mental health first aid training, as well as new ways introduced to strengthen links between schools and NHS staff alongside more online support services for children and young people. May's recognition of the crisis in children and adolescent mental health has been welcomed. But headteachers say that cuts of £3bn to school budgets threaten existing in-school care and want mental health funding ringfenced.

Harris, who is also executive head of three other primaries in the London borough of Newham, says the proposed school funding cuts mean losing the service of 17 teaching staff: "I believe support needs to start young in primary schools to build resilience before children go on to secondary.

"Cash needs to be earmarked for this from health budgets, otherwise we will lose this vital service." **LJ**

“Children are suffering from anxiety caused by Brexit and the election of Trump”



# 'I wish I could have come out younger'

**Aimee Challenor** knew she was different aged 10, but it took years to come out as trans

Growing up is tough enough for any young person approaching puberty. But for Aimee Challenor the challenges she faced as a 10-year-old were much harder: "It struck me when I was about 10 or 11 that I was a girl. I couldn't put my finger on it but something wasn't right. I was in year 6 and I left my parents a letter on their bed before I went to school one morning. When we talked about it later they were very supportive, but no one knew what trans was. So I went back into the closet."

During the next six years Challenor, now 19, felt anxious, isolated, lonely and depressed. "I spent my time at secondary school feeling pressured by society to be somebody that I was not. I wasn't able to be myself; there was always that nagging feeling at the back of my head, so I didn't take opportunities and grab them. I didn't

reach my potential and my education suffered as a result."

It wasn't until her school graduation prom that she decided to come out as trans: "It was then that articles about trans started to appear and I discovered that there was a word for it. I found the trans guide published by the Tavistock and Portman NHS foundation trust and decided to come out at my prom - it was the day before I was due to leave school."

Her mum helped her with her dress and one of her school's teachers did her makeup on the night: "Some of the staff were very supportive, but they were not in the school leadership team. Generally, I didn't get any support from my school - it wasn't up to speed on the Equality Act and they wouldn't let me wear a dress to the prom because they thought

**Growing up, Aimee Challenor felt anxious and depressed as a result of feeling pressure to be someone she was not**

it was unnecessary attention seeking; they said it made the school look stupid. But I dug my heels in. I was incredibly nervous on the night, but it felt so positive - for me it reinforced what was right."

Challenor is in the process of transitioning from male to female but feels "in limbo" as she waits to continue adult gender identity services: "I've been out now for three years and publicly present as female, but I wish I could have come out younger and not have had to wait until I completed puberty"

Today Challenor speaks on LGBTIQ (lesbian, gay, bisexual, transgender, intersex and questioning) issues for the Green Party in England and Wales and also contributed to charity Stonewall's Vision for Change report, published in April, which spells out what still needs to be done to deliver equality for the UK's trans community. Challenor says: "I speak to schools about trans issues and I am the first openly trans person to work for a political party. I think trans [people] need to show that you can be trans and reach your potential."

**Interview by Debbie Andalo**

“I wasn't able to be myself - there was always that nagging feeling at the back of my head”

”



## Kaleidoscope learning

### Tony Draper

## Getting children into the right mental space



There is a crisis in mental health for young people. Services are operating in silos and they are not working for overstressed, overstressed young people.

Much emphasis has been placed on teenagers with low self-esteem, with behavioural and emotional issues and how we can support them.

At Water Hall primary school in Milton Keynes, we believe in the need to identify and address these issues early to be able to implement intervention strategies as soon as possible.

Taking action early enables vulnerable children to rebuild their self-esteem and take responsibility for their emotions, behaviour and learning. The outcome will be that they re-engage with education, perform well and are confident and happy young people.

“Taking action early enables children to rebuild their self-esteem”

Water Hall primary serves the Lakes Estate in Bletchley, a disadvantaged area where external issues regularly affect children's mental and emotional wellbeing. The school has used the Kaleidoscope programme for eight years. The support system enables children to forget the things worrying them at home or elsewhere when they are in school.

Seven different stages make up a Kaleidoscope session: relax, visualise, express, move, build, explore and affirm. A designated room is used for sessions for either small groups or one-to-one sessions. Interventions last six to eight weeks.

The programme is used in all classes every day. Each morning starts with a session enabling children to be in the right frame of mind to learn. Lights are low, relaxing music is played and children are taught various calming techniques that they can use anywhere.

Kaleidoscope has had an amazing impact on the children's emotional and mental wellbeing and their learning. Exclusions have fallen, attendance and behaviour has improved, children have taken responsibility for their learning and results have shot up. Kaleidoscope works, it gives children the tools to enable them to raise their self-esteem, with the accompanying improved outcomes for the school.

Our work proves that unless the child is in the right place emotionally and mentally, learning will not take place, however good the teaching and leadership in the school.

*Tony Draper is headteacher of Water Hall primary, chief executive officer of Lakes Academies Trust, and the immediate past president of the school leaders' union, the National Association of Head Teachers.*

## Mental health nurses

# Nursing numbers don't add up

NHS trusts are struggling to fill vacancies for mental health nurses. Is a fresh approach needed? **Kim Thomas reports**

Community-based teams care for 97% of mental health patients. And nurses play a pivotal role, building up trust between patients and their families.

However, since 2010 the total number of NHS mental health nurses in England has dropped by 15% - in parts of London, about 20% of job vacancies are unfilled. Helen Gilbert, a fellow in health policy at thinktank the King's Fund, says: "Community mental health teams are supporting people to stay well, so if you haven't got sufficient workforce to deliver that care, people are more likely to relapse."

“The shortage of mental health nurses means it is difficult to do all the things you aspire to”

The nursing shortage is caused partly by an ageing workforce that is not being replaced quickly enough. In 2013, more than 32% of mental health nurses were aged over 50, and the abolition of bursaries for student nurses may also have had an adverse effect on the number of new recruits.

As a result, individual nurses are taking on a higher caseload. Research last year found that some community mental healthcare coordinators - not all of whom are nurses - have caseloads as high as 50 patients.

Ben Hannigan, reader in mental health, learning disabilities and psychosocial care at Cardiff University, who co-authored the study, says: "You will firefight with that number of people - it's very difficult to do all the things you would aspire to." Therapeutic care, aimed at helping people to recover, will be harder to provide, he says.

The shortage is affecting the whole service; a 2015 report by the Care Quality Commission revealed that only 14% of mental health patients said they received appropriate care in a crisis.



And a review of psychiatric care by the Commission on Acute Adult Psychiatric Care found that most mental health wards were treating, on average, three patients who could have been cared for by other services, including crisis houses and community services, if they had been available.

**Staff shortages: the number of mental health nurses has dropped by 15% in England** **Alamy**

Trusts are struggling to deal with the shortages. Many, says Neil Brimblecombe, director of nursing at South London and Maudsley NHS foundation trust, are employing agency nurses, meaning that patients "have less opportunity to develop long-term relationships with individual nursing staff".

Instead of "chasing an increasingly diminishing pool of nurses", Brimblecombe believes trusts should take a different approach to workforce design. His own trust has joined two neighbouring trusts to develop a new assistant practitioner role to take on some of the work traditionally carried out by registered nurses.

In the long term, Brimblecombe believes the community mental health workforce should include more peer workers with "lived experiences of mental health problems" and more occupational therapists: "There will be an increasing range of new roles. The days when we have doctors, nurses and social workers, and that's it, have gone."

### Mental health nursing Headcount

- The number of nurses working in NHS acute and community mental health and learning disability services in **England**, December 2010, was **45,172**. Six years later it was **39,308**, a fall of 13%. *NHS Digital*

- In **England**, in 2013, 32.3% of mental health nurses were aged over 50; in **Northern Ireland** that figure was 30%. In **Scotland**, in 2014, it was 38%. *Royal College of Nursing*

- There are **3,000** mental health nurse vacancies. Figures from the England National Quality Board state that in 2015-16 the vacancy rate for mental health nurses was 13%.

*Source: Health Education England*

**NHS**  
South Staffordshire and Shropshire Healthcare  
NHS Foundation Trust

## Making a Difference in a Different Way

Who would not want people with mental health or learning disability issues to participate fully in the community, to be active citizens - students, volunteers, carers, parents, advisors, residents? Making this happen can be a challenge, but by doing something different, a mental health and learning disability trust in the Midlands is making a real difference.

South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT) is one of the top CQC rated mental health and learning disability trusts in the country. Having achieved "Good" in all 5 CQC domains assessed, we are now on the way to achieving "Outstanding". What really fired the imagination of the CQC when they visited the Trust was a project to manage 8 community libraries in South Staffordshire.

This partnership with Staffordshire County Council aims to ensure small Community Libraries are sustainable and relevant to peoples' changing habits and needs. The libraries are managed by the Trust but run by local volunteers allowing the libraries to continue to play a strong role in the community. Library services such as book loans and information provision are still a core part of what's on offer, but local people can have more say as to what else is provided. Successes have included close partnerships with local schools and involvement in charity events.

Why is the NHS involved in running libraries?

What better way of reaching out to the communities. Mark Cardwell, Social Care Professional Lead at SSSFT, said: "This is an exciting new development for us. As you would expect, our Trust is committed to helping people maintain their mental wellbeing and recognise the opportunities that this library partnership provides, such as volunteering, learning and socialising. A great way to reach out to so many people"

A final word from the CEO of SSSFT - Neil Carr OBE:

'Our Trust is unashamedly ambitious to do better, to stand out from the crowd, to make the difference. This is because we are truly motivated to improve care, to improve patient outcomes and aim for the perfect patient experience. This library project is a visible commitment to that aim'.



Find out more about our Trust at <http://www.sssf.nhs.uk/> or email Associate Director of Communications: [martin.evans@sssf.nhs.uk](mailto:martin.evans@sssf.nhs.uk)

# Prison mental health in crisis

A rise in prison suicides has cast a light on mental healthcare needs behind bars, says **Sarah Johnson**

**M**ental health problems in the prison population have long been a matter of concern. Suicide rates in prisons in England and Wales are at an all-time high; a record 119 people killed themselves in 2016 – an increase of 29 on the previous year, according to figures from the Ministry of Justice. The rise in prison suicides has been accompanied by a 23% increase in incidents of self-harm, to a total of 37,784.

“It’s a huge issue because lots of people in prison have mental health problems,” says Dr Steffan Davies, consultant forensic psychiatrist and co-chair of the Community Diversion and Prison Psychiatry Network at the Royal College of Psychiatrists. A study by the Prison Reform Trust found that 72% of male and 70% of female prisoners experience two or more diagnosable mental health disorders. Research by the National Institute for Health and Care Excellence found that 7% of male and 14% of female prisoners have a psychotic disorder – 14 and 23 times the level in the general population respectively.

The situation looks set to get worse. In recent years, staff numbers have dropped significantly, budgets and staff training have been cut, the prison population has more than doubled, and the introduction and rising use of new psychoactive substances has contributed to increasing violence.

Jacob Tas, chief executive of the social justice charity Nacro, says: “The overcrowded prison environment is



likely to worsen existing mental health problems that are often the key drivers for offenders to commit further crimes or become violent while in prison.”

Davies adds: “It does feel like things are getting worse and I’m hearing it’s hard to recruit people to prison mental health services. People are leaving, and quite a few find it an extremely stressful environment to work in.”

While the general outlook is bleak, projects such as the self-management training programme at HMP & YOI Parc, Bridgend, south Wales, hold out some hope. Developed as a partnership between the Mental Health Foundation and G4S, and funded by Big Lottery Fund Cymru, the aim was to improve prisoners’ mental health through self-management and peer support.

The programme was delivered between September 2013 and December 2016, and involved two to three hours’ training one day a week for four weeks.

**Hard landing: 72% of male prisoners experience two or more diagnosable mental disorders**  
Getty Images

“It’s hard to recruit for prison mental health services, and people are leaving”

Up to 10 participants could attend. Training included positive thinking, goal setting and problem-solving.

Fifty prisoners filled in the Warwick-Edinburgh mental wellbeing scale at the start of the course and a month after its completion: the mean score showed a significant increase in the prisoners’ wellbeing.

Lauren Chakkalackal, senior research officer at the Mental Health Foundation, says: “A number of positive stories came from the project. It was an opportunity for people to feel listened to and express how they were feeling.”

“A group of prisoners produced resources to better support the mental health needs of new prisoners. The prisoners themselves took ownership of that group.”

Plans are afoot to develop similar models in other prisons and the project is being redesigned to support older prisoners and young offenders.

## A problem locked in Mental health and prisoners

- The number of male prisoners transferred to hospital under the Mental Health Act 1983 grew more than 20% between 2011 and 2014 in England and Wales.

- The prevalence of mental ill health and substance misuse is higher among prisoners than the general population. Estimates of mental health problems among prisoners are as high as 90%.

- It is estimated that about 21,000 people – approaching a quarter of the

total prison population of 85,442 – have bipolar disorder, depression or personality disorders.

- Some 448 young people aged 15–24 have died in prison in the past 20 years; 87% of these deaths were classified as self-inflicted.

- In the year ending December 2014, there were 18,995 incidents of self-harm among male prisoners – almost a third higher than the year to December 2010.



- More prisoners have been killed, committed suicide, self-harmed or assaulted in 2014/15 than five years ago.

- In 2015, women prisoners accounted for 23% of self-harm incidents, yet represented 5% of the prison population.

- Studies show that about a quarter of women and 15% of men in prison have reported a psychotic episode. The rate among the general public is about 4%. **SJ**

Sources: Criminal Justice Alliance; Mental Health Alliance; Prison Reform Trust; Ministry of Justice