

Blank Slate

Blank Slate is intended as a space for the readers of On The Level to contribute...small anecdotes, wise words, a poem a picture or anything you feel deserves to be published, and doesn't fit in anywhere else in the magazine. If you have something you'd like to contribute, call or write to us here in the office, or email to: info@bipolarscotland.org.uk. The deadline for any submissions (maximum of 1500 words) for the next issue of On the Level is 20th March 2008.



and FINALLY.....



Although Christmas is over and done with for another year the panto season continues well into the new year and as most of you will know Alison, our Chief Executive is a bit of a performer. This year, her drama group put on their own production of Rab MacHood featuring guess who in the title role. Jenny, our ever faithful volunteer's son Douglas was the inimitable Friar Tuck at their drama group's annual production. I couldn't resist printing a picture of Rab and the good Friar taken on the night although Alison said she would kill me if I did (I'm tougher than she thinks).

We recently had an inspection from the local Fire Brigade here in the office only to be told that our postcard wall is a fire hazard and we have to restrict the number of postcards on display. We always looked forward to getting your postcards so as an alternative, we're putting out a request for fridge magnets for our fridge (what else would they be for!). That doesn't mean to say that you've to stop sending postcards—we just have to find somewhere else to display them.

We're very health and safety conscious here in the office. Ask Stewart, one of our Directors. He came into the office one day and the Health & Safety Law poster fell on his head!! Enough said.....

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 Scottish Charity Number: SCO21705

Please Note: The views and opinions expressed herein are not necessarily those of Bipolar Fellowship Scotland.

ON THE LEVEL

Issue 48

Winter 08/09

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And FINALLY.....

Welcome to the first On the Level of 2009.

With January soon to be a distant memory, let's hope that the weather takes a turn for the better. The crocuses and daffodils are beginning to pop through the ground here in Paisley which hopefully means that spring isn't too far off. It'll also be nice to welcome the lighter nights.

This edition of On the Level co-incides with membership renewal forms being sent out and we would urge you to renew your subscription as soon as possible. Our next edition will carry preliminary details of our Annual Conference for 2009, so if you don't want to miss out turn to page 3 for details on how to renew.



BIPOLAR FELLOWSHIP SCOTLAND

Empowering people in Scotland with Bipolar Disorder





Chief Executive's Corner

Well, we're now firmly in 2009, and as I write this it's icy outside – yesterday we even saw some snow which delighted the children and made a change from the seemingly relentless rain! I hope you'll find plenty to keep you informed and entertained in this On The Level.

As we start this new year we do so with enthusiasm and commitment to providing the best service we can for you, the members of the organisation. In difficult financial times we may not have huge amounts of money to spend but we are working hard on sourcing additional funding to enable us to continue developing the organisation. If anyone knows of any funding sources please let me know.

As we approach the time when all memberships have to be actively renewed I have to remind everyone of the change in membership rates. Tilda's article on the next page explains what needs to be done to bring everyone up to date and your patience and co-operation in helping with this transition is much appreciated.

There is a short article about our new website, and we urge you all to log on and check us out – the new site (which has the same web address: www.bipolarscotland.org.uk) should be launched on Friday 30th January, and is much more user friendly – we even have the facility to take paypal payments. People will be able to buy publications on line as well as to join or renew their membership which will make things easier for many people. We also intend to feature some of our leaflets/fact sheets that people can download as well as back issues of our newsletter. We will feature a much more in-depth piece about the new website in the next On the Level. Please let us have your comments about the new website.

Alan and I are also involved, with other mental health organisations, in working on a memorial to Laurence Wilson. It was agreed we would produce a book focusing on user involvement in mental health in Scotland, exploring the themes Laurence was passionate about, which include Recovery, Peer Support, physical activity and self help groups. We have now formed a steering group and are taking the idea forward. Many of you will be contacted personally, but if you have any thoughts or memories of Laurence or the user involvement movement you would like to share please let us know.

On the subject of Recovery stories, we hope to publish our own book of Members' Recovery Stories. We get a few articles sent in to the office based around members' experiences of bipolar disorder and some of them are just too long to include in On the Level. If you would like your story included in this publication, send them to us here at the office and we will include them (anonymously if desired).

Let me finish by wishing everyone a healthy 2009, and please keep in touch with us at the office.

Alison Cairns
Chief Executive

We received the following letter from one of our members which he has asked us to share with everyone. The contents are of interest to all of us, especially to people with a bipolar disorder who work or have worked off shore.

Medical Discrimination for Offshore Working

I am writing to thank every one at Bipolar Fellowship Scotland for their support in fighting the discrimination that was previously contained within the medical guidelines for offshore working. In the old guidelines, people with a bipolar history who were stable on medication were prevented from working offshore. This requirement to be off medication was different to illness such as diabetes, and other non mental illnesses.

When I raised the issue with my psychiatrist, Dr McCrone, she took up the issue with the Psychiatric Medical Council in Edinburgh. The council then contacted a number of mental health charities in Scotland and sent a joint letter pointing out the discriminatory nature of the existing guidelines.

I am pleased to say that since this action, a new set of guidelines have been issued which follow a risk-based approach without being prejudiced against people with mental illness. From a personal perspective, this has meant that recently I was able to make a brief offshore visit in the line of my work for the first time in 7 years.

I hope this letter gives hope to those continuing the fight against discrimination and prejudice and shows that progress is possible. More importantly, however, I would like to express my most heartfelt thanks to my psychiatrist, Dr. McCrone, The Royal College of Psychiatrists in Edinburgh, Bipolar Scotland and the other mental health charities who took up the issue and made change possible.

Thank you all very much for your support.

Yours sincerely
Simon Lowe
December 2008



Regular readers may have noticed that Louise Brannan, one of our members has contributed to the last couple of On the Levels.

The feedback from Louise's articles has been very positive with many of you saying how much you enjoy the "human interest" as well as the topics she has covered. Her current contribution is about Bipolar Disorder and Spirituality and she handles this sensitive subject with great insight.

Louise's articles are from her own PERSONAL point of view and we have asked her if she would become a regular contributor to the newsletter and she has agreed, so look out for something from her in each issue.

Anyone got any ideas for a title for her page? Let us know.

Blank Space

Following on from Lesley's Diary, we received the following by e-mail.

I was diagnosed with endogenous depression as a young lecturer in 1964, and suffered regular periods of increasingly severe debilitating depression until 2001. In 1980 I felt I had to leave my wife and family; resign as a Principal; go to live in an Ashram in India to seek a "cure"; only to return to the UK still cursed with "malignant sadness"; and additionally..... with no money.

The penny dropped in 2001 when I recognized that I had been suffering for 35 years from a worsening (hypo)manic depression. Lithium has proved to be a lifesaver. It has allowed me to be engaged in life again and not a victim to it. I still experience depressive periods, but they are short and manageable; and I experience only what seem to be normal highs.

I am full on with rowing - indoors on the erg, and (after a short break of 50 years!) outdoors on the water. I am immensely proud of the fact that I hold the 70 - 74 yrs old Hwt British Indoor Rowing Record for the 2,500 metres.

Now we come to it for I want to tell everyone at Bipolar Fellowship and all its readers how **LUCKY** we are to have such an inspiring, enjoyable, playful, clever and witty contributor as Lesley. How she hasn't been snapped up by some prestigious publication is a mystery to me. I have been reading similar magazines for 25 years or more - and her Diary has a quality I've never previously seen.

**Victor Gilbert
Midlothian**

Victor is not alone in his comments—many of you have contacted the office to say how much you enjoy reading Lesley's diary and how professionally it is written. Anybody know a good publisher.....?



It's really good for us to get feedback from people about On the Level as well as hearing how you feel about all matters bipolar and if you're not a big soap fan, you may not know that Eastenders is covering the condition at the moment. Pendulum will give more details, but the storyline is that the mother of one of the characters (Stacey) has the diagnosis and is on the "edge" of an episode.

Regular viewers will make up their own minds on how well this storyline is being delivered and we make no comment about this right now. We would love to hear your views on this—do you think the characters involved are believable?; is it raising awareness of the condition or sensationalising it?—let us know what you think and we'll feature your comments next time.

If you've watched anything on television that you think had a positive message about mental health, let us know. The media have an annual award for good reporting/portrayal of mental health issues and we'd love to hear your thoughts.

Update 2



MEMBERSHIP RENEWAL

You may remember in the last On the Level we consulted on proposed changes to rates of membership. As there were no objections to this, these changes will now be implemented from 1st April 2009. In a separate envelope accompanying this edition, you will find the documents needed to renew your membership.

Can I ask all of you, no matter whether you normally pay by Standing Order or by cheque or postal order to send your membership form back to me here in the office with your full name and address, telephone number and e-mail address if you have one. Last year, a few people returned their membership forms with no names on them and it was only through the signature on the cheque that I was able to identify the mystery members.

Also, for everyone who intends to pay by Standing Order, whether or not you have done so in the past, can you also ensure that you return your completed membership form with the relevant box ticked to indicate that you are paying by standing order. This helps me to keep accurate records and to ensure that no-one who pays by standing order gets a renewal reminder. The letter accompanying the membership form explains how to pay by standing order, which you should do direct with your bank.

If you have any queries about your membership or how to pay, please give me a ring here at the office or e-mail me at tildab@bipolarscotland.org.uk

Tilda

GMC launches complaints website for patients

The GMC has launched a new online information centre, Patients' help, to let patients know who to contact when they have a concern about a doctor. It provides case studies, a timeline for the life of a GMC complaint, an interactive map with contact details for local help and advice centres and an online complaints form. In Scotland, the GMC has worked closely with NHS Scotland Complaints Officers and the Independent Advice and Support Service to make sure that information on the site is accurate and relevant. For more information go to the link http://www.gmc-uk.org/complaints/flash/index_en.html

As a nation, we don't complain enough about bad practice—whether it be medical matters or other day to day services (bad food in restaurants, banking services etc). One thing to remember is that making a complaint is sometimes the only way to bring things to the attention of the powers that be.

If you feel that you have not been treated in a professional manner by your GP, Psychiatrist or any other doctors involved in your care, don't sit back and just presume you have to accept this. Take a stand and do something about it—it is **your right to receive fair treatment**. Let us know here in the office if you do this and we can perhaps lend our support.



NEWS FROM THE SUPPORT GROUPS

Borders: The group took a break from meeting over the festive period. However, they will meet again on Thursday 19 February, 6.30pm – 8.30pm, Connections, Back Row, Selkirk and then on the third Thursday of each month. The group would welcome new members coming along.

Central Fife: The group continue to meet on the second Tuesday of each month. Before Christmas they had a talk from Bob McLean, Head of Mental Health Services, about the closure of admission beds at Whyteman's Brae Hospital. Speakers are also being arranged for future meetings. The group Christmas Party was enjoyed by all.

Dumfries: The group now meet at Craigheads, 11-13 Newell Terrace, Dumfries. The next meeting will be on Monday 2 February 2009, 7pm – 9pm and then on the first Monday of the month.

Dundee: The group will meet again on Thursday 5 February 2009, 7pm – 9pm, at the offices of Dundee Association for Mental Health. Thereafter meetings will be held on first Thursday of each month.

East Lothian: The group continue to meet at two separate venues. Third Monday of each month at Tynepark Resource Centre, Haddington and the first Wednesday of the month at Fisherrow Community Centre, Musselburgh.

The Haddington group recently had a talk from Richard Murray, Lothian Health Board, on the setting up of the Integrated Care Pathways programme in the Lothian Health Board area. The group also had a very enjoyable social outing to celebrate Christmas.

East Renfrewshire: The group continue to meet on the fourth Wednesday of the month, 6.30pm – 8pm, at Sandlers Cottage, Eastwood Park, Giffnock. New members are always welcome.

Glasgow: The group have arranged a talk from a Psychiatrist for their meeting on 9 February. The group continue to meet on the second and fourth Monday of each month. For further information the group can be contacted on 07947 463594.

Inverclyde: The group meet at the offices of the Inverclyde Community Care Forum, 12 Clyde Square, Greenock on the third Thursday of each month, 6.30pm – 8.30pm.

Lothian: Before Christmas the group had a talk on the role of an Occupational Therapist in a mental health setting. The group are in the process of arranging speakers for future meetings. Meetings continue to be held on the third Monday of each month, 7pm – 9pm, Quaker Meeting House.

Stirling: Yvonne recently visited the group and they continue to meet on the second Wednesday of each month, at the Allan Park Hotel, Stirling. The meetings are held between 7pm – 9pm. New members welcome.

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makes it so hard to accept and makes it one of the toughest to endure. It is the expectation that everything will be OK in the good moments, and then it cruelly isn't again, the painstaking wait on hospital wards, the fact that you always, always feel cheated by it. You start a race with it on fair grounds, but the illness always makes it over the finishing line first. You always come in last.

And as the years go by, being on benefit, your self esteem whittling away with every blow, you begin to realise that maybe you have had a lesson to learn, that this illness has actually taught you something. It has taught you to count your blessings when they come, to give what you receive, that what goes around always comes around. It teaches you all the tenets of faith. And that by its very nature, is a gift from God and you realise you are not the only person that suffers, that it is human nature to suffer and that every sufferance can be united to Jesus' in Gethsemane and on the cross or to whichever God you may believe in.

Louise Brannan
October 2008



Breathing Space Day 2009: WHAT'S THE POINT

A regular date in Breathing Space's Calendar is **Breathing Space Day** which takes place annually on **1st February**. Breathing Space Day is an opportunity for everyone in Scotland to take some time out to support themselves and others in achieving positive mental wellbeing for the year ahead.

Breathing Space Day 2009 (BS09) will focus on the theme **What's the point?** As part of BS09 they will be hosting the "Breathing Space Hour" in the main foyer of Glasgow's Kelvingrove Art Gallery on Sunday 1st February from 1pm-2pm. Everyone is invited to come along with their family, friends or colleagues to join their speakers and performers as they consider "**What's the point.....**"?

Breathing Space also invites people to organise their own BS09 event around this time. This could be anything from a lunchtime break, to organising a walk. They will support you by providing materials such as rucksacks, pens, calendars, pocket cards, posters, along with copies of their regular newsletter "Staying Connected".

They're also asking people to take photographs of their event and send them to them to be included in their next edition of "Staying Connected"

If you, or your group, are interested in being involved in this contact their Support Officer Kim Nixon at kim@breathingspacescotland.co.uk or telephone the Breathing Space Office on 0141 435 3902.

BIPOLAR ILLNESS AND THE SPIRITUAL JOURNEY

A Personal View by Louise Brannan.

Bipolar illness is an extremely personal journey, the spiritual life being so also. This article attempts to explain the link between the two if you share like myself, the view that there is a link. Probably the biggest commonality that the two share are the propensity in each for suffering. Bipolar certainly has a huge capacity for suffering from what I have experienced.

The main aspect that relates to my own spiritual life is that with the progression of the illness I have also suffered great pain and sorrow spiritually. Whether I sought spiritual direction, or turned towards or away from God, it was always in direct relation to how much spiritual pain or joy the illness had brought me. The illness is episodic, therefore there are times when it is more dormant than others, but it is during these moments that I also seemed to assess all the positive and negative ways in which others viewed the illness, or how I had been left in society by the illness. It is not to say that the illness makes up every part of my life, or spiritual journey, for that matter, but it does alter both of these things, whether for the better or worse. It was my experience that although my outside life (e.g. no job, partner or children) was crumbling because of the affects of the illness, my spiritual life was simultaneously getting stronger, richer and more upbeat. Is this because the illness and its effects leave you in a spiritual position where your back is up against the wall, and you have to grow spiritually?

This is a very good question and is difficult to answer. Each person may have their own view, but it is my view and experience that bipolar illness does make you ponder the bigger questions in life. For example, what do you do when all the expectations you had of life are modified because of your illness? Bipolar illness can affect your appearance, your physical health, your earning capacity, your ability to find and keep love, your emotions, your capacity to forgive and get on with life in general, your self respect and ultimately, your spiritual life too. Bipolar illness can be a very unforgiving illness as the person stumbles from embarrassing experience to embarrassing experience because of the illness. Yet, ultimately everything is not lost, as humiliation begets humility, one of the toughest spiritual blessings to ascertain.

Indeed, it is when I look at my own life, the regrets, sorrows, trials and tribulations that I realise and grow more positive in the fact that in one fell swoop, I was knocked from my pedestal and into a way of life that is God centred. When you sit in Accident & Emergency departments awaiting a doctor for hours on end, or you realise that you have forgotten to take your medication and are getting "a wee bit high" or when a psychiatrist turns around and tells you he is changing your medication to a more weight-gaining brand for your mental health's sake, and your family want to know that you are OK, but you don't know when you are heading for another attack, can your life be anything other than God centred?

Ultimately, however, is it fair to set this illness apart from any other and say that the suffering that one may go through because of it is more exceptional, for example? That

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Stranraer: The group has now become well established and meet on the third Wednesday of each month, Stranraer Fire Station, 7pm – 8.30pm. The group are in the process of arranging speakers for future meetings.

Perth: Before Christmas the group had a talk from Colin Hunter, the co-ordinator for the ICP programme in Tayside. At Christmas the night out at Wetherspoon's Capital Asset was enjoyed by all who attended.

Dunoon: The group is being relaunched and will now meet on the second Monday of the month, 6.30-8.00pm, at Dunoon Link Club. The first meeting will be held on 9th February.

Future plans: We are in the process of making arrangements to set up a new group in Ayrshire. Also in the spring we will be looking at the feasibility of setting up groups in the North West of Scotland and Lanarkshire. Further information will appear in future editions of On the Level.

Alan



While we're on the subject of support groups, many of the groups had their usual festive night out in the lead up to Christmas last year. During these nights out we hear, a lot of normally shy and retiring people among the group members can display another side of their personality, usually after a wee "nippy sweetie" or two.

The Fife group, famous (or infamous) for their ability to party had their traditional "do" in their group premises in Kirkcaldy and sent us a couple of photos. Judging by these pictures, we'd say one or two of them may have visited the local hostelry en route to their group party! Apparently a very good night was had by all.....!!



Because of other commitments around Christmas time the staff and board of Bipolar Fellowship Scotland didn't manage their "get together" till January and even at that, not all of us could make it. We had a lovely meal in the Millennium Hotel in George Square after the January board meeting. Our staff and board night is usually a bit wild for some (no names mentioned *(OK, it's always Tilda and Edie who over-indulge)*) but probably because it was January it was a very dignified gathering.

The staff got into the Christmas mood before the holidays though when we went for a festive lunch at the local Watermill Hotel. Jenny, our volunteer, accompanied us that day and the meal was so good that we went back on Christmas Eve and did the same thing again. This time Alison and Jenny weren't able to come because of other commitments but Kenny and Gordon, from the board of directors accompanied us and again, a good time was had by all.





Did you live with a parent who had a mental illness during your childhood?

Would you like to take part in an innovative research project?

If so and you are over 18, we would like to interview you about your experiences of the interactions between you and your parent during this time. Any information that you tell us will be fully anonymised and confidential in that you will not be able to be identified in any way from the information collected or published.

The information that you share with us will be used to design a study looking at how parents with and without a mental illness and their children process facial expressions and interpret emotional social interactions. The interview, which should last for approximately 45 minutes, can be carried out at the Department of Psychology in the University of Strathclyde or in your own home if this is more convenient.

Your participation will contribute to the understanding of how the way that people with and without mental illness and their children understand each other's emotions and behaviour. This could pave the way for a computer based intervention designed to promote a greater understanding between parents and their children, which we hope will lead to healthier relationships for all.

To take part in this study, your parent must have had a diagnosis of major depression or bipolar disorder in the period in which you were growing up. You must also be English speaking with no history of substance abuse or neurological illness (i.e. stroke, brain tumour or other head trauma).

For further information about the study or if you would like to take part, please contact Mel at The University of Strathclyde, Graham Hills building, 40 George St., Glasgow G1 1QE.
E-mail mel.mckendrick@strath.ac.uk or call 0796 786 3143.

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If it is decided that you do not have a limited capability for work-related activity, you will be placed in the work-related activity group of claimants. You will have to adhere to strict work-related conditions in order to continue receiving the benefit in full. This will involve attending a series of five further work-focused interviews in addition to the initial work-focused interview.

There are various rates of ESA payable dependant on which group you are placed in. If you are already receiving incapacity benefit (IB) or income support (IS) paid on the grounds of incapacity now that ESA has been introduced you will continue to receive those benefits, rather than ESA, for the time being.

You will also continue to come under the rules and conditions which apply to IB or IS. So, for instance, your incapacity will be tested under the old IB personal capability assessment rather than the new ESA work capability assessment .

It is proposed that between 2009 and 2013 all IB claimants will be reassessed using the new ESA work capability assessment. If you pass the assessment you will be transferred over to ESA. If you do not pass the assessment you will be moved onto jobseeker's allowance (JSA).

It is also proposed that the IB age addition should be abolished from April 2009. However, if you are moved onto ESA, you should receive 'transitional protection', which will bring your ESA up to the same level as your existing rate of IB or IS.

The green paper also recommends the abolition of income support, replacing IS with either ESA or JSA. As with those on IB you will be reassessed using the new ESA work capability assessment and if you pass the assessment you will be transferred over to ESA. If you do not pass the assessment you will be moved onto JSA.

Further information can be found at www.dwp.gov.uk

Marion Cunningham



Brand new website for BFS

Bipolar Fellowship Scotland is about to launch a new look website. Our current website was created in-house in 2003 and has reached the end of its usefulness. We recognised that we needed a new website that would meet the demands of a growing organisation and the needs of people searching for information and resources about bipolar disorder.

The new site promises to be a fresh, interactive site with easy to find information. It will encourage people to communicate more with BFS and equally we can communicate more information quicker via the new website.

If everything goes to plan it should be live by the end of January and we would ask everyone to check this out and let us have your feedback.

Our website address will remain the same www.bipolarscotland.org.uk



As many readers of On the Level will know, a new benefit (Employment and Support Allowance), has replaced Incapacity Benefit and Income Support for new claimants after 27 October 2008. We feel that this has been an important change to the benefits system and will affect some of our readers, so in this edition of OTL Marion Cunningham explains how ESA will work. However, in the Spring edition of OTL, Marion will resume her column answering readers questions on Welfare Rights issues.

Employment and support allowance

Employment and support allowance (ESA) is a new benefit paid if your ability to work is limited by ill health or disability and you are claiming after 27 October 2008. It replaces both incapacity benefit (IB) and income support (IS) paid on the grounds of incapacity. When someone becomes entitled to Employment and Support Allowance they will enter a 13 week assessment phase. The assessment phase applies to all new ESA claimants, with the exception of those who are terminally ill. During this period claimants undergo a work capability assessment and a work focused interview.

The ESA work capability assessment (WCA) is more complex than that currently used for incapacity benefit. The assessment will be carried out by a health care professional working on behalf of the Department for Work and Pensions. It is intended to:

- ◆ find out whether you have a 'limited capability for work'.
- ◆ find out whether you have a 'limited capability for work-related activity'.
- ◆ carry out a 'work-focused health-related assessment'.

The test for 'limited capability for work' has many similarities to the incapacity benefit PCA. Points are scored based on your ability to carry out a range of physical or mental health activities as appropriate. If you fail this part of the test you will be moved onto jobseeker's allowance instead.

The 'limited capability for work-related activity' test is used to decide whether you are placed in the support group of claimants or the work-related activity group. The test has a list of descriptors, relating to both physical and mental functions. If at least one of them fits, you will be placed in the support group of claimants.

The 'work-focused health-related assessment' (WFHRA) collects information about your 'functional capacity' to carry out tasks. This focuses on the things you can do as opposed to the limited capability for work assessment, which focuses on the things you cannot do. The WFHRA also collects information about any health interventions that could improve your functional capacity and thus support a move back into work. This could include the use of appropriate aids and adaptations. The information collected in the WFHRA is put into a 'capability report' which is used in the work-focused interview..

The initial work focused interview will normally take place during the 8th week of the ESA claim. At this interview a 'personal adviser' will discuss your work prospects, the steps that you are willing to take to move into work and the support available to you. As a guide, the personal adviser will be using the capability report that was produced in the work-focused health-related assessment.

If it is decided that you have a limited capability for work-related activity, you will be placed in the support group of claimants. If you are placed in this group, you will not have to undertake work-related activities (though you can volunteer to do so if you want).

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Are you a parent who experienced mental illness (major depression or bipolar disorder) when your child/children were growing up?

Would you like to take part in an innovative research project?

If so, we would like to interview you about your experiences of the interactions between you and your child/children during this time. Any information that you tell us will be fully anonymised and confidential in that you will not be able to be identified in any way from the information collected or published.

The information that you share with us will be used to design a study looking at how parents with and without a mental illness and their children process facial expressions and interpret emotional social interactions. The interview, which should last for approximately 45 minutes, can be carried out at the Department of Psychology in the University of Strathclyde or in your own home if this is more convenient.

Your participation will contribute to the understanding of how the way that people with and without mental illness and their children understand each other's emotions and behaviour. This could pave the way for a computer based intervention designed to promote a greater understanding between parents and their children, which we hope will lead to healthier relationships for all.

To take part in this study you must have had a diagnosis of major depression or bipolar disorder in the period in which your children were growing up. However, you must not be currently in an acute phase of illness. You must also be English speaking with no history of substance abuse or neurological illness (i.e. stroke, brain tumour or other head trauma).

For further information about the study or if you would like to take part, please contact Mel at The University of Strathclyde, Graham Hills building, 40 George St., Glasgow G1 1QE.
E-mail mel.mckendrick@strath.ac.uk or call 0796 786 3143.



CHILDREN & YOUNG PEOPLES' MENTAL HEALTH

Children and Young Adults' mental health is getting its fair share of attention right now and an inquiry into child and adolescent mental health services was recently launched by the Scottish Parliament's

Health and Sport Committee with a call for evidence.

After making a number of informal visits to child and adolescent mental health projects around Scotland earlier this year, where they spoke to service users, the committee has decided to focus its inquiry on the younger generation's needs.

The committee is particularly interested in how children and adolescents at risk of developing mental health problems are identified by the medical and other professions. It is also keen to learn more about access to services and ongoing support for this group of children and any improvements that could be made in the transition from children's mental health services to adult mental health services.

A recent survey by the Princes Trust showed that one in ten young people in Scotland find life meaningless. The Prince's Trust YouGov Youth Index claims to reveal an unhappy younger generation, with 9% saying life is not really worth living. 23% of 16-25 year olds said they are "often" or "always" down or depressed and 18% say they feel like crying "often" or "always"

While most young people have a positive outlook on life, the survey reveals a significant core of unhappy people aged under 25. The concerns of young people need to be addressed or we're in danger of storing up big problems for the future in terms of these youngsters growing into stressed and depressed adults.

In previous issues we gave an update on HeadsUpScotland the website commissioned by the Scottish Government to make a major contribution to the activity already underway in Scotland to improve the mental health and well-being of children and young people. To find out more information on this website go to www.headsupscotland.co.uk.

HandsOnScotland is a relatively new NHS website resource for anybody working with children and young people. The website, containing 48 topics within 14 sections that cover a wide range of mental health issues ranging from abuse to sleeping difficulties, provides practical information and techniques on how to respond helpfully to children and young people's troubling behaviour, build up their self esteem and promote their positive mental wellbeing. For more information, please visit their website at www.handsonscotland.co.uk

Another website worth visiting is www.right-here.org.uk. This contains some very useful links to other children and young people's support organisations which cover the whole of the UK as well as ones aimed at Scotland's young people. By visiting these sites, young people can access support before their normal anxieties turn into major mental health problems which could affect them for the rest of their lives.



**Had a mental health problem?
We want to hear from you.**

'See me' exist to combat the stigma of mental health. You may have seen the adverts on TV such as 'See me, I'm a person not a label' and the current campaign which challenges stigma amongst families and friends. They also challenge unfair stereotypes portrayed in the media and elsewhere.

In January 2009, 'See me' will be launching **Hear Me 2**, their second national survey of the experiences, stigma and discrimination because of mental health problems. If you think things are getting better or not 'See Me' want to know about your experiences.

You can take part in the survey by logging on to <http://www.seemescotland.org> from late January. Please telephone 0131 554 0218 if you wish a copy of the survey to be sent to you. You can also e-mail 'See Me' at info@seemescotland.org

'See me' recently moved their offices to 1/3 Great Michael House, 14 Links Place, Edinburgh EH6 7EZ.

For more information log on to their website www.seemescotland.org

EXPLORING THE WAYS FORWARD FOR SERVICE USER INVOLVED RESEARCH - VALUING PEOPLE AS EXPERTS IN THEIR OWN LIVES

Free event on Friday, 6th March at the University of Stirling.

This participatory event will develop future plans for taking forward service user involved research in Scotland. There will be a range of speakers who will provide information on what is currently happening in terms of service user involved research and an opportunity for discussion during workshops in the afternoon.

Speakers will include Anne Davis, Centre for Excellence in inter-disciplinary Mental Health, University of Birmingham, Graham Morgan, Highland Users Group (HUG) and Kirsten Maclean, Edinburgh Users Forum (EUF), Oor Mad History Project

This event is aimed at anyone with an interest in mental health research and particularly service users. This is an opportunity to influence the direction and ethos of mental health research to provide service user expertise where it matters. Reasonable travel expenses will be reimbursed and a bus link between Stirling train station and the university will be provided.

For more information or to book a place either contact Voices of eXperience (VOX) on 0141 572 1663, or download the booking form from their website www.voxscotland.org.uk

MENTAL WELFARE COMMISSION TO MERGE WITH OTHER REGULATORS

The Mental Welfare Commission is to be abolished and its work taken over by a new health scrutiny body, the Scottish Government has announced.

The news came as part of a wider statement on changes to the scrutiny functions of NHS Quality Improvement Scotland and the Care Commission. Other regulatory bodies are also being merged or abolished in an effort to reduce costs and improve efficiency.

The Scottish Government will need to introduce new legislation in order to bring about these changes, which it hopes to be complete by 2011. The changes will also see the Mental Health Tribunal for Scotland Administration merged into the core Scottish Government. The Administration is separate from the Tribunal itself, which will not be affected.

Speaking in The Point, the newsletter of the Scottish Association for Mental Health, a spokesman for the Mental Welfare Commission commented "The Mental Welfare Commission for Scotland provides important and unique independent safeguards for people who are vulnerable because of mental health problems or learning disability. It is in everybody's interest that the expertise that the Commission has built up over many years is retained to ensure that some of the most vulnerable people in our society have an organisation that will continue to speak out for their rights and interests".

The spokesperson continued, "Health services, social care services and the Government must be open to independent challenge and scrutiny, especially when it comes to the care of individuals who often have no voice. We will work to ensure that the Commission's role is not diluted and that the safeguards it provides are retained and strengthened."

This article is taken from the Winter edition of the Point.

The Mental Health [Care and Treatment] (Scotland Act 2003) is undergoing a limited review. An independent group appointed by the Scottish Government has been asked to make recommendations to the Minister for Public Health on any amendments that should be made to the Act. Chaired by Jim McManus, Professor of Criminal Justice at Glasgow Caledonian University, the group is particularly focusing on named persons, advance statements, second opinions, Mental Health Officer availability, tribunals and suspension of detention.

A consultation on these issues ended on 31st October last year. As part of the consultation process, a major conference took place in Edinburgh at which people with an interest in the Act had the opportunity to discuss potential amendments to the legislation. Group members also met stakeholders and attended Tribunal hearings as part of the consultation.

The Review Group hopes to report to Ministers by early 2009.

Following on from the article about young people, Partners in Advocacy have extended their service and now provide free & independent advocacy for children & young people (11-21yrs) who use community mental health services in Edinburgh.

Improved access to advocacy is one of the most important reforms introduced by the Mental Health (Care & Treatment) (Scotland) Act 2003, however there are currently few services offering independent advocacy for children & under 18's. Advocacy is a way of making people's voices stronger and to try and ensure that children & young people have as much control over their lives as possible.

At times we all find it difficult to speak up, to understand what is being said and to put our views across. This can be especially hard if you are not feeling your best or if you feel that you have too many things to deal with. You may not feel confident about speaking to workers or professionals such as doctors, social workers or teachers, or you may feel that people are not listening to you when you do speak. Advocacy is there to support people during these times. Partners in Advocacy want to help make sure that children & young people are as included as possible when decisions are being made about their lives. This is important because it helps ensure that people receive the support that is right for them.

Advocates can support people on a wide range of issues such as social or health care, housing, education, transition, legal issues, training & employment. They can support people to prepare for or attend meetings, reviews or tribunals, make phone calls, write letters, make sure that things that are agreed are followed up, encourage people to advocate for themselves, help people make plans and support them through changes.

If you would like more information on this service contact Pauline Bell on 0131 478 7724 / 07957 258 005 or email pauline@partnersinadvocacy.org.uk

Partners in Advocacy also deliver free & independent advocacy services in Mid & East Lothian, Glasgow, East Renfrewshire & Dundee. They will be happy to answer questions, even if you are not sure that you need an advocate.

For more information on what services are available go to www.partnersinadvocacy.org.uk.



We have been asked by a few people to include some important helpline numbers, so we hope you find these useful.....

◆ BREATHING SPACE	0800 83 85 87
◆ DEPRESSION ALLIANCE SCOTLAND.....	0845 123 23 20
◆ SAMARITANS	08457 909090
◆ CRUSE BEREAVEMENT CARE.....	0844 477 9400
◆ SANELINE	08457 678000
◆ EATING DISORDERS ASSOCIATION.....	0845 6341414
◆ SUDDEN TRAUMA INFORMATION SERVICE (STISH)	08453 670998
◆ SURVIVORS OF BEREAVEMENT BY SUICIDE	0844 561 6855



ANY QUESTIONS?

Dr Andrew McIntosh, Senior Lecturer in Psychiatry at Edinburgh University answers your questions on bipolar disorder and related issues.

Q . I have been suffering from Bipolar disorder for a number of years now. I started seeing a psychiatrist at the Priory Hospital. She put me on Depakote and this has stopped the very severe bouts of depression. However I still suffer from crippling bouts of depression which prevent me from leaving the house for weeks on end. I have almost given up hope because my present psychiatrist has said that treating the depressive part of Bipolar disorder is very difficult. He has now put me on Aripiprazole which has side effects. My psychiatrist at the Priory has said that she hopes that over time treatment may be effective in dealing with the very low mood from which I suffer.

Would it be possible for you to give any further advice on this matter because over the years the bouts of depression are still very disabling?

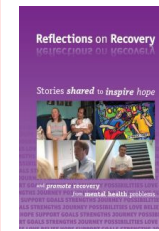
A. I am sorry to hear that your depressive symptoms continue to be disabling in spite of some relief with Depakote (which contains valproate). Bipolar depression certainly can be difficult to treat, not least because of the risk of increasing mood instability with antidepressants. There are however many other effective treatments for the management of bipolar depression. These include lamotrigine, an antiepileptic medication, and some antipsychotics, including olanzapine and quetiapine. It is also worth considering psychological therapies too, such as cognitive behaviour therapy (CBT), although unfortunately the evidence for their effectiveness is not as good as for drug treatments. There are also a number of other factors to consider, such as what might be exacerbating your depression. For instance, physical illness and their treatments can also make depression worse. If you are being treated for another medical condition, it may be worth talking this possibility over with your doctor.

There are some studies showing that Aripiprazole is effective for bipolar depression too. I would give this new drug time to work, as sometimes the effects emerge over several weeks of treatment. However, there are a number of other treatments to try and it is possible that one of these may help you, even if other treatments have so far been less effective.

Q. I have Dystonia (retrocollis and torticollis) and bipolar. I have had 3 manic episodes over a period of 10 years and during each manic episode my dystonic pain and symptoms completely disappear only for them to return as the episode passes. My neurologist is at a loss to explain this and I wondered if you had come across any similar cases or knew why this would happen?

A. Dystonia is a condition in which there is abnormal muscle tension. Often this leads to muscle spasm and body parts being held in unusual and uncomfortable positions. The neck is often affected, and as a consequence the head may be twisted to the side (torticollis) or backwards (retrocollis). Although very little has been written about your particular problem, I have seen people whose Dystonia improves during manic episodes. Others have also commented that people with mania seem initially more resistant to the movement related side effects caused by antipsychotic drugs such as chlorpromazine. No-one knows for sure why this should be, but there are a few possible explanations.

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NEW DVD—REFLECTIONS on RECOVERY

A new DVD produced by the Lanarkshire Recovery Network, in partnership with the Scottish Recovery Network and with support from NHS Lanarkshire is now available.

Reflections on Recovery – Stories shared to inspire hope and promote recovery from mental health problems brings together four personal stories, interwoven with the views of many others around recovery and what recovery means to them. We know that one of the most powerful ways to truly understand recovery from mental health problems is to hear about it from someone who has experienced recovery firsthand. The personal stories in this film show that recovery can and does happen, and can help the viewer understand some of the elements of recovery.

A range of perspectives on the experience of recovery are shared in this film. In his story, Pete uses animated graphics to share his experience as a young person of mental health problems and recovery, whereas James shares his experience of recovery from his diagnosis of dementia.

Reflections on Recovery runs for approximately 35 minutes. You can watch the full version or view the individual chapters separately (each chapter is roughly 5–6 minutes long) by logging on to the SRN website at www.scottishrecovery.net



The National Institute for Health Research (NIHR) Health Technology Assessment (HTA) programme is based in the School of Medicine at the University of Southampton. Funded by the Department of Health, our role is to identify and commission research of current relevance and importance to the NHS.

We are currently looking for a service user who would be prepared to comment from a 'lay' or NHS Service User's perspective on a short research brief entitled:

Acute bipolar mania: co-therapy vs monotherapy

We anticipate that the vignette will take approximately 15 to 30 minutes to read and make comments on, for which the HTA programme offers payment of £50 per vignette reviewed.

The input from service users is invaluable in helping to shape research questions. If you feel this task would be a suitable one for you, or alternatively if you know of someone who would be interested in undertaking it, I would be most grateful if you can let me know as soon as possible.

Further information about the HTA programme is available on our website www.hta.ac.uk



BOARD of DIRECTORS PROFILE

Kenneth Lamont (Kenny to us) from Paisley has been a board member for just over a year having been elected at the AGM in Edinburgh in September 2007.

How did you become involved with BFS?

When the organisation was founded several years ago, I attended the Glasgow self help group when it was based in the old GAMH premises in St. Enochs Square and myself and another group member set up a self help group in Paisley. I knew the staff in the Glasgow office and served on the board of the then MDF Scotland for a short period. I lost touch with the Glasgow office but when the organisation moved to Paisley, I renewed my membership after a chance meeting with Laurence Wilson and after a while was invited by Laurence to join the Board of Directors. Along with one of my fellow directors, I am on the Fundraising Committee and we meet every 6 weeks or so.

What is your background

My last full time job was over 15 years ago when I was employed in the off-shore oil and gas industry for a period of two years. My current activities include involvement with RAMH (Renfrewshire Association for Mental Health) through fundraising and a football project for people with mental health problems which I help run. I am also involved with ACUMEN (Argyle & Clyde United in Mental Health), a user led project based in the same building as BFS.

Are there any mental health issues that particularly interest you?

I am concerned about the stigma around mental health but like others I am working to change things. I don't think things are as bad as they used to be thanks in the main to organisations like Seeme Scotland but irresponsible reporting from the media does not help the cause. I also feel that the Self Management Training that BFS offers should be available more widely to empower the individual to best manage their condition. We in the fundraising group are looking to source funding from various Trusts and Health Boards for this. Funding Self Management would be cost effective to NHS Scotland in that it would help reduce the number of hospital admissions.

What do you do in your spare time?

Up until 6 months ago, cycling played a large part in my life. I enjoy hillwalking, walking, playing 5 aside football, swimming and supporting St. Mirren Football Club. Outside of the active life I like to read, watch television and listen to music.

I'm currently reading Barack Obama's biography "Dreams of my Father". Now that he is President of the United States, I hope he will bring a new approach to the world table which will invoke diplomacy, transparency and an ethical use of power.

**Kenneth Lamont
January 2009.**

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Dystonia and drug induced movement disorder are thought to be due to underlying abnormalities in brain messengers, particularly dopamine. It is thought that there is 'not enough' dopamine around and that this causes problems such as Dystonia, tremor and other movement problems. During a manic episode however, there may be 'too much dopamine' around – particularly if there are psychotic symptoms (e.g. hearing voices or false beliefs). However, this has not yet been proven and there are several other possible explanations for the possible inverse association between mania and Dystonia.

Research could be conducted into this condition and it is possible that this would give us important insights into how both conditions are caused. However, the numbers of people with Dystonia and bipolar disorder are relatively small, and this makes it difficult to get funding to find out more about these disabling conditions.

Q. Is there any evidence that the incidence of episodes of mania/depression become less as one ages?

A. Bipolar disorder typically begins in late adolescence or early adulthood and often affects people at several points in their lifespan. On the whole, when a large number of people are studied over many years, it has been shown that episodes of mood related illness become slightly more frequent with advancing age, and the time in between episodes reduces. Nevertheless, there is a lot of variation and some people may only have a single episode, or find that their illness becomes less problematic with age. Currently there is no good way of knowing whether someone's illness will progress or 'burn out' over the passage of time.

Q. Do you think it's possible to challenge pharmaceutical companies about drug content? Is there anything they can do to reduce some side effects, such as obesity and dry mouth whilst making drugs safe especially when used long term.

A. Weight gain and dry mouth are two common side effects shared by many different types of medication. Whilst we still don't fully understand why these medications cause weight gain, a lot of research is currently being conducted in this area. The side effect of dry mouth is better understood, and is often thought to be caused by blocking a receptor for the brain transmitter acetylcholine. However, even though drugs have been developed which are less prone to have this particular side effect, they have particular side effects of their own. Therefore, much of a doctor's role in prescribing medication for people with mental health problems is not in choosing which drug is most effective, but is rather in choosing which side effects are less problematic for the person taking them. Simple measures, such as sipping water for dry mouth, or increasing the amount of exercise and decreasing food intake, whilst not satisfactory, may be the best approach for these particular side effects.

I think the failure to develop drugs with better side effect profiles may not be the fault of the pharmaceutical industry alone, but may simply reflect the fact that the brain is a very complicated system. However, I think that the name of the manufacturer of your particular medication will either be printed on the side of the bottle/packet, or be readily available from the pharmacy. There would be no harm in reminding the drug companies of the difficulties experienced by people prescribed their drugs, although I imagine this would probably be more effective if done as part of a larger group. I think that drug companies are however well motivated to reduce the side effects of their medications, not just because this is the moral thing to do – but because it would give their drug a sales advantage over others currently on the market.



Lesley's Diary

Hello to you all and a slightly belated 'Happy New Year'. I hope you all had a pleasant Christmas. We are now heading for the spring and all this miserable weather will be behind us. Think daffodils, sunshine and woolly lambs and we will soon be there.

In my last diary I told you about how I had this great new job working in operating theatres, well I now have another job. Didn't quite last long enough to get a carriage clock but I am still there for another 3 weeks. I have got to grips with seeing operations and have looked at many a surgical procedure big and small but have never got to grips with administration. Basically I am not gifted at administration, in fact I am quite rubbish at it. One of my best qualities at work is the ability to keep cutting people off on the phone, (doesn't go down too well with 'important people') along with spending too much time gazing out the window in the photocopier room long after my photocopying is finished.

This job has had many roles such as raiding the ladies locker room for scrubs for male surgeons when theirs have run out. If the surgeon is nice to me they will get suitably sized scrubs. If not they may well find themselves walking about with their trousers half way up their legs or wearing what is known as parachute pants. I find that whole thing quite empowering. I never provide anything too tight because there are some things a girl just shouldn't have to look at!



When I got the job I was allocated a desk and computer which up till then had been the surgeons 'leisure time' computer so I wasn't all that popular with some people. I don't let them get to me and I have my way of dealing with it, apart from issuing parachute pants. The docs always gather round my desk waiting for an opportunity to steal back what they think is rightfully theirs so I just don't budge. I wait 'til I know each one is busy with a patient then I run as fast as I can to the tearoom, switch on the kettle, run to the loo then back to the tearoom, then throw a teabag and some milk in a cup, fill it with hot water then run back to my desk (still adhering to Health and Safety policies, spillages in the work place can cause accidents you know), usually I am lucky and I grab my seat for the rest of the day.



Sometimes I have been known to sit and appear to be innocently typing, while the docs guffaw round my desk waiting for a opportunity to reclaim the throne, when really I am typing all the things I want to say out loud but can't because I'd probably be sacked. It's just one insult after another and, like the parachute pants, I also find this quite empowering. The fact that they are all sitting so close and could read it at any time adds danger to my day and I get a little buzz out of it. I do delete as I go along but I'm sure one day long after I am gone someone will print off something I have saved and get the shock of their lives. Ho hum.

Don't get me wrong the surgeons are not all like that, it's just those who used to abuse the internet and have been denied this pleasure by the presence of yours truly. Most of the docs are really nice and can look quite fetching when supplied with the correct fitting theatre attire. Oh yes.



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After a hard day of skiving and mocking I have taken up swimming to help me chill out and relax before going home to fall asleep on the couch. I find swimming very therapeutic unless there are other people in the pool. I am very selfish and would like the whole pool to myself but unfortunately I usually have to share it with the general public. There are certain types of swimmers who annoy me. There are the obvious 'splashers' who speed up and down the pool at breakneck speed causing waves as they go by. You see I am one of these people who swim up and down with hair and make up intact, well that is until I get hit by small tidal wave.



Next most annoying is the old man you will find in every pool no matter where or when you go. He is like a piece of driftwood. He doesn't actually swim just floats on his back like he was nailed to a cross. He is always in my path and I can never tell which direction he is going to drift so I don't know which way to swim. One day I might try and sink him. The worst experience I have had was due to my own stupidity. When I was in hospital I used to go to the Occupational Therapists who held different activities in the recreation hall. One of the things they did was trips to the swimming baths but I would never go because I had the 'don't look at me I'm fat' attitude. I don't mind strangers seeing me but not real people I know and one of the O.T.s was rather handsome so swimming was a no go area.



Well one day I was swimming in the pool with my strangers and had been in a long time and was quite proud at how much I had done. Just as I was about to get out I saw the handsome O.T. and some of his patients coming into the pool. I couldn't get out so I carried on swimming and pleasantly smiling. I carried on until I was in agony. Above the water I was smiling away like a synchronised swimmer, forcing out the happy face. More of a grimace really. I soldiered on trying to look like I was just chilling and relaxing and wishing they would hurry up as I couldn't feel the lower half of my body. It would probably have been quicker and less effort to cover myself in goose fat and swim the English Channel.

I was just like a swan - cool and graceful on top and underneath legs frantically scrambling away like crazy trying to stay afloat and avoid unnecessary drowning. I didn't know what to do so I kept on swimming till they all got out. I waited a few moments then tried to follow but I couldn't pull myself up the ladder as my legs were so weak. I nonchalantly did a few underwater stretches to get things working and eventually managed to get out but my legs were so out of control they seemed to walking too fast for my body and I felt as if I was shrinking. My legs seemed to be getting shorter because I was getting nearer the floor but they kept on moving forward. Eventually I got a seat in the changing room and pretended to be busy sorting my hair till normal services were resumed in my lower limbs. All this because of vanity!



Maybe my new job will not require the need to chill out. Maybe I will be chilled out all day long. Well whatever happens in my new job, good or bad, you are most likely going to hear about it.

Till then take care.

Lesley