

# ON THE LEVEL

Issue 56

Winter 10/11

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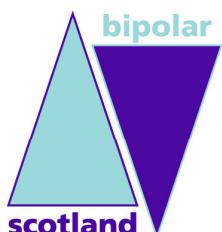
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And FINALLY.....

## Welcome to the first On the Level of 2010.

Now that we're approaching February we can only hope that the heavy snow we experienced recently is a thing of the past. Shouldn't be too long 'til we once again see the daffodils and crocuses poking their heads through the ground.

This edition of On the Level coincides 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 2011, so if you don't want to miss this important event, get your renewal form back to us as soon as possible.



with you through the highs & lows

# bipolar scotland

## CHIEF EXECUTIVE'S CORNER



Welcome to 2011 and we hope the year has started well. It's been quite a bleak month, but for me anyway, a welcome change from the snow of December. Pre-christmas was a bit of a write off with so many things cancelled which was unfortunate.

Here in Bipolar Scotland we had to cancel our December board meeting and Christmas night out, but fortunately have managed to reschedule for February. I hope everyone managed to do whatever they had planned for Christmas. As a family, we made it to beautiful Perthshire to visit my parents which made a nice change – and a crisp walk pre dinner in the snowy, frosty winter wonderland was a great way to blow the cobwebs away.

We're now looking forward to the year ahead. The first event is the Men & Depression Conference on the 22<sup>nd</sup> February. This has been rescheduled from December, so if you had booked to attend your place is safe. This is fully booked with a waiting list so if you can't attend please let the Men's Health Forum know.

Some of you may have attended the Universal Comedy workshop at the last conference. Following on from the popularity of this we are working with Universal Comedy to offer a taster session and full course – a variation on the usual self management. Some of us from the organisation attended a show during last year's Glasgow Magner's Comedy Festival where some previous course graduates were the comedians. There is an article with further details on page 19 of this issue, but if you are able to get along to a course in Glasgow over the space of a few weeks, this is a great opportunity to do something different. We might see you on the TV with Michael McIntyre yet!

Exciting news on the horizon is that we will be launching the Bipolar Scotland self management training programme in the very near future, so look out for details. We ran a trial in October which was very well received, and this should make self management accessible to more of our members.

As we approach the end of this financial year there is likely to be speculation surrounding future funding. We have been given a one year extension to our development funding programme, albeit at a reduced rate, which should see us safely through 2011/12. However we will be investing a great deal of time and effort over the course of this year in securing additional funding for the future. If anyone knows of any funding sources that we may not have come across please contact the organisations with any suggestions.

Tilda has asked me to mention that all members who subscribed to the last 4 issues of Pendulum, the magazine of MDF The Bi-Polar Organisation, will find a reminder notice in enclosed should they wish to renew their subscription. An order form is included for anyone who would like to subscribe to Pendulum for 2011. The cost is £12 for four issues which includes postage.

Enjoy this On the Level, and as always, if you have anything to contribute please let us know.

*Alison*



## MEMBERSHIP RENEWAL

Once again it's the time of the year when we have to remind everyone to renew their membership of Bipolar Scotland.

Inside this edition, you will find a membership renewal form which we would ask you to complete and return to the office along with your payment to cover the period from 1st April 2011 to 31 March 2012.

Membership fees are detailed in the enclosed form and membership costs as little as £5 per annum for anyone who is unwaged. Individual memberships cost £20 and a Family Membership costs £25.

If you would prefer to pay your membership by standing order please complete the mandate enclosed with the membership form and return this to us and we will send this to your bank. Alternatively, you can send the Standing Order direct to your bank and return only your membership renewal form indicating that you have completed a Standing Order. This ensures that accurate records are kept and no renewal reminders are sent. Please make sure that payments are deducted annually in April with the first payment being April 2011. If you already pay by standing order and receive a renewal form with On the Level, please accept our apologies

Membership benefits include quarterly editions of On the Level and an option to purchase MDF the Bi-Polar Organisation's newsletter Pendulum as well as access to our annual conference and any seminars we may hold. Our Self Management Training programme is also free to members and those who have already taken part in this have found it an invaluable coping tool.

All contact details are as usual on the back page of this issue.



As most of you will know, we have a small lending library here in the office and members can borrow books from this paying only the cost of return postage. This has proved useful to members given the price of some of the books written about bipolar disorder. Many people have found that they pay quite a bit for a book, only to find the content is not what they expected. Our library gives you a chance to read some of the better books on the condition without going to any unnecessary expense. It is however important to return any book you borrow. In the past when books have not been returned we have had to replace them at a considerable cost to us. If you have any of our library books that you have simply forgotten to return, pop them back to us—don't worry, you won't be penalised!!! Just stick them in an envelope on their own and post them.

If you would like a copy of our current library catalogue, contact Tilda and she will post one out to you. Also if there any books you think we should include in our library, let us know and we'll do our best to accommodate.

We also have a recommended reading list which you can view at our website [www.bipolarscotland.org.uk](http://www.bipolarscotland.org.uk)

# Regional Roundup



## NEWS FROM THE SUPPORT GROUPS

**East Lothian:** The group continue to meet on the 3<sup>rd</sup> Monday of the month, at Tynepark Resource Centre, Poldrate, Haddington. Meetings are held between 6.30pm – 8.30pm. New members are welcomed.

**East Kilbride:** The group meet on the 3<sup>rd</sup> Tuesday of each month, Calderwood Hall, East Kilbride, 7pm – 9pm. The group are in the process of arranging speakers for future meetings.

**East Renfrewshire:** The group are having a talk from Dr Lisa Gadon on the role of Clinical Psychology at their January meeting. Lisa will also be reporting back on the results of a research project that members of the group took part in. Speakers are also being arranged for meetings throughout the year.

**Fife:** The group continue to meet on the 2<sup>nd</sup> Tuesday of each month, 7pm – 9pm, at the Express Group, 110 Roslyn Street, Kirkcaldy, KY1 3AD. The Fife group have their own website [www.cfbg.co.uk](http://www.cfbg.co.uk) which contains helpful information on bipolar disorder and services in Fife.

**Glasgow:** The group continue to meet on the 2<sup>nd</sup> and 4<sup>th</sup> Monday of each month at the Charlie Reid Centre, Elmbank Street, Glasgow. Dr Linda Watt, Medical Director, Mental Health Services, NHS Greater Glasgow & Clyde will be the guest speaker at the meeting on 24 January. Dr Lisa Gadon will be the guest speaker at the meeting on 28 February. Lisa will be talking about the results of a research project that members of the Glasgow group took part in. The Glasgow group now have a Facebook page – Bipolar Glasgow.

**Inverclyde:** The group continue to meet on the 3<sup>rd</sup> Thursday of the month, Craigend Resource Centre, McLeod Street, Greenock, 6.30pm – 8.30pm. During October/November group members took part in a pilot run of the new Self Management training course.

**Inverness:** The group meet on the 4<sup>th</sup> Tuesday of the month, at Cairdeas Cottage, Bank Street, Inverness meets between 6.30pm – 8pm.

**Irvine:** The group meet on the 1<sup>st</sup> Tuesday of each month, Woodlands Centre, Kilwinning Road, Irvine, 7pm – 9pm. Louise and Carron the group facilitators are planning to introduce aspects of the self management module into group meetings. Also they are looking to arrange speakers for this year's meetings.

**Largs:** A new group has started meeting in Largs. The group meet on the 3<sup>rd</sup> Thursday of the month in the ToCH Hall, Bath Street, Largs, between 7pm – 9pm.

**Lothian:** The group have arranged the following speakers for upcoming meetings – 3 February, Claire Ferry (Active Futures co-ordinator) from Edinburgh Leisure will explain what's available in Edinburgh to help people shed a few pounds. On 3 March, Roz Johnstone will talk on Mindfulness and on 2 June the group will have a talk on Laughter Yoga. The group have a Facebook page – Bipolar Edinburgh and Lothians Group and their own website [www.lothianbipolargroup.org.uk](http://www.lothianbipolargroup.org.uk)

**Stranraer:** The group continue to meet on the 3<sup>rd</sup> Wednesday of the month, 7pm – 8.30pm, Fire Station, Lewis Street, Stranraer.

**Stirling:** The group continue to meet on the 2<sup>nd</sup> Wednesday of the month, Allan Park Hotel, Stirling, between 7pm – 9pm.

**Perth:** The group meet on the 4<sup>th</sup> Monday of each month, at the offices of the Perth Association of Mental Health, Milne Street, Perth, PH1 5QL. The group also have a Facebook page – Perth Bipolar Group, created by the group facilitator, Leanne Stephen.



## Passive smoking link to mental health problems

Passive smoking has been linked to mental health problems for the first time by a scientific study that suggests those exposed to cigarette fumes are three times more likely to be admitted to psychiatric hospital than those free from nicotine exposure.

A study of more than 8,000 Scots also found that passive smokers were more likely to report depressive moods than non-smokers who steered clear of inhaling other people's cigarette smoke.

The research was conducted by scientists at University College London, who examined a sample of 5,560 non smoking adults and 2,595 smokers drawn from the Scottish Health Survey, a database representative of the general population.

Non-smokers were tested for second hand smoke exposure by testing participants' saliva for cotinine—a substance that acts as a marker that can reveal how much smoke a person has been exposed to.

Participants also filled out a questionnaire designed to measure mental health by examining happiness levels, experience of depressive and anxiety symptoms and sleep disturbance over four weeks.

The questionnaire revealed how many members of the sample had suffered “psychological distress” - an episode defined as a low mood that fell short of clinical depression but could develop into a more serious condition. Analysis of the data found that passive smokers were more likely to suffer “psychological distress” than those free from tobacco smoke.

In the non smokers with very low levels of passive smoke exposure, the rate of psychological distress was 9%. Among the non smokers who experienced high exposure, the rate was 14%.

Head of research, Dr Mark Hamer said “We found quite a strong association between passive smoke exposure and poorer mental health.”

Sheila Duffy, chief executive of Ash Scotland, said “We have known about links between active smoking and mental health problems, but this new research suggests that second hand smoke is even more harmful than we thought.”

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Audrey Forrest has been a member of Bipolar Scotland for a few years now. She lives in Dunoon and is involved with the town's Link Club. Here she recounts her own Recovery story which first appeared on the Scottish Recovery Network's website.

For Audrey, receiving a diagnosis of bipolar was a turning point for the better, and she now uses a wide variety of other tools and strategies to stay well, including the setting of achievable goals. Audrey highlights the high standard of care she has received, and suggests that professionals are most effective when they get to know people as individuals and support appropriate risk taking.

## LIFE AFTER DIAGNOSIS

*by Audrey Forrest*

I first started suffering from mood swings as a teenager. It was difficult to know if there was actually a problem, or if it was normal teenage stuff. I was prescribed anti-depressants, and although they helped some of the time, I continued to experience mood swings. Periods of deep depression were followed by periods of elation, making life chaotic and difficult. Eventually I was hospitalised whilst studying in Glasgow.

In my early thirties, I was diagnosed with bipolar disorder and was prescribed lithium to help stabilise my mood. Receiving a diagnosis was a relief and a turning point marking a new period of increased stability.

This was partly due to the new medication, but also because of the excellent psychiatrist I was seeing at the time. He treated me like an individual, and didn't relate everything about me to mental health. He definitely took a 'Yes you can' attitude and was not averse to sensible 'risk taking' - if there is such a thing!!

In the past, I think there has been a tendency to keep people safe by limiting what they are encouraged to do. Thankfully, this is really changing now and the commitment of staff to the recovery movement has been great—and very noticeable!

I feel that it's vital that professionals are open to letting people take control, but I know that it's hard to get it right. Ultimately, it's about treating people as individuals. Yes – there may be times when professionals need to make decisions for people, but to get this right, you need to know the person.

Support from non-professionals, in particular from a close circle of friends, has also been important. When I'm feeling low, my friends tell me: 'you're not a nuisance, and if you want to sit quietly in the corner, then that's ok – we still want you around!!'

As well as support from others, I have lots of tools and strategies to help me stay well and enjoy life. These include self management tools, massage, meditation and creative pursuits, like writing poetry. I also found attending a stress management course extremely helpful, and would like to see courses like this becoming more widely available. I am an active volunteer, and have worked with a number of local organisations, including my local PTA, and a support service for people with mental health problems.

Two of my key coping strategies are using humour, and saying no. I find that I often tell jokes as a way of diffusing awkward situations. But sometimes I need to simply stay away - I remind myself that I'm not at everyone's beck and call, and that if I rest today, then tomorrow and next week, I'll probably be ok. I'm not afraid to tell people - "I will be back when I'm ready".

I think the key message I would like to get across to everyone is that there is life after diagnosis, and having a mental health problem does not mean you are stupid! I am keen to do anything I can to reduce stigma, and feel that educating children is the real way forward for this. I am hopeful, over the course of a generation or two, that acclimatising kids to difference will help to get rid of stigma entirely.

My advice to others who are experiencing problems is to find out as much as you possibly can. You have to build your knowledge - you have to get to the point where you can speak to the professionals on equal terms. Sometimes there's a barrier, and you have to be a little bit pushy to break through it.

I've focused on the things which have helped me in this story, but I'm not saying that things have been easy. There are still periods of time when I can be very unwell. I don't want to give anyone the idea that it's easy to cope with these sorts of illnesses and all the medical, social and psychological problems they can bring in their wake.

One of the things I have found hardest to work with is the balance between having to justify yourself for benefits when you really are not able to work, and yet to justify that you are well enough to do volunteering and things like that. It would be good to be able to be a bit less fearful that benefits can be removed at the drop of a hat.

It is important to have goals, but it is important to keep your goals realistic and achievable for you. It's not true that you can do 'anything you set your mind to' even if you don't have mental health issues!!

But there is hope. Even though I have to take medication, I can function well most of the time, and that's what recovery means to me. I'll always have bipolar, and there may be times when I'm really ill, but I'm still in recovery - I still enjoy life.



## USEFUL TELEPHONE NUMBERS

- ◆ BREATHING SPACE ..... 0800 83 85 87
- ◆ DEPRESSION ALLIANCE SCOTLAND..... 0845 123 23 2
- ◆ 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

# Features 4



*Mental health charity Mind annually stages the Mental Health Media Awards which celebrate the best portrayal of mental distress and reporting of mental health in broadcast media. The awards for 2010 were held at the British Film Institute on Monday 22 November and a full list of winners is detailed below.*

## MIND MEDIA AWARDS 2010

### **Documentary Winner:**

#### **SECTIONED (BBC Four)**

Sectioned follows the experiences of Andrew, Richard and Anthony on their journey through the mental health system. With unprecedented access to one of the largest mental health trusts in the UK, it brings into sharp focus the huge challenges faced by patients and staff alike.

*Shortlisted: Embarrassing Bodies 3 (Channel 4): Inside Sport: Mind Games—Depression in Sport (BBC One): O Flaen Dy Lygaid—Gorawen (BBC Cymru Wales): War Torn Warriors—Episode 1, Fighting Back (SKY1 & SKY1 HD)*

### **Drama Winner:**

#### **SHAMELESS: SERIES 7 (Channel 4)**

Manchester based comedy drama Shameless explores bipolar disorder as character Karen tries to deal with the death of her best friend Mandy.

*Shortlisted: Criminal Justice—Series 2 (BBC One): Dr Who—Vincent and the Doctor (BBC One/BBC Wales): In Treatment (Sky Arts 1 HD): The Street—Series 3, Episode 3 (BBC One)*

### **New Media Winner:**

#### **BBC HEADROOM**

BBC Headroom is a multi-platform campaign which aims to raise awareness of the importance of good mental health and de-stigmatise mental health problems. At the heart of the campaign is this website which provides a safe and inviting place to explore some difficult issues.

*Shortlisted: Battle Scarred: Dementia: A Family's Story: Recovery: Stories of Coping with Mental Health Problems*

### **News and Current Affairs Winner:**

#### **GLOBAL MENTAL HEALTH SERIES (BBC World Service)**

BBC World Service news explores the impact, extent and outlook for mental health problems across the globe from the first ever Global Mental Health Summit in Athens.

*Shortlisted: BBC Breakfast (BBC One): Newsround (BBC One): Self Harm and the Internet (Radio 1, Radio 4, Radio 5, BBC One)*

### **Soaps Winner:**

#### **EASTENDERS (BBC One)**

The ongoing storyline focusing on the Slater family's experience of bipolar disorder sees Stacey stop taking her medication and becoming very unwell and her mother faced with the heartbreaking decision of having her sectioned.

*Shortlisted: Emmerdale (ITV 1)*



*EastEnders series consultant and writer Simon Ashdown, Mind Chief Executive Paul Marmor and Lacey Turner & Gillian Wright.*

## **Speech Radio Winner:**

### **ANATOMY OF A MENTAL ILLNESS** (BBC Radio 4)

This programme follows the story of Angela Barnes, who was detained under the Mental Health Act after a psychotic episode in 2005. It traces Angela's experiences, speaking to her family and carers about the impact of bipolar disorder and her path to recovery.

**Shortlisted:** *Solace, Afternoon Play (Radio 4): Taking a Stand (BBC Radio 4)*

*(Warning: May Contain Nuts (BBC Radio Berkshire) You & Yours: Bipolar Diaries (BBC Radio 4)*

For more information on the awards and the 2010 winners go to <http://www.mind.org.uk/mediaawards>

## **BIPOLAR ON BROADWAY**

On the subject of television and other media, did you know that a musical about bipolar disorder has been running for a few years on Broadway?

The musical, entitled “Next to Normal” originally featured Alice Ripley in the title and earned her a Tony Award in 2009 for Best Actress for her portrayal of a suburban housewife headed straight for rock bottom. After running on Broadway for two years, the musical is currently touring the United States.

In the musical, Diana is your average housewife, one who makes school lunches, keeps an organised house, and knows how to keep her hardworking husband happy...or so it seems. The illusion of Diana's ordinary life is shattered early on, as her morning ritual of making sandwiches for the kids devolves into a frantic, directionless flurry of activity that finds her crawling around on the kitchen floor slapping cold cuts on scattered slabs of bread. So now we know – something is very wrong with Diana, and it's an ailment that her husband, Dan, daughter Natalie and son, Gabe have been dealing with for nearly two decades. As Diana visits psychiatrists, flushes her anti-depressants down the toilet, and swings from elated, emotional highs to dark, depressive lows, it becomes clear that she is slowly killing herself and her family.

The true kicker comes when it's revealed that Gabe is a ghost, an idealised image of a son who died in his infancy. This is the event that kicked off Diana's mental illness and she can't let go, can't grieve, can't give of herself to anyone but her dead son.

The hard-driving music with its rock-n-roll roughness is the perfect fit for this story of family upheaval.

One critic wrote: “It's hard to believe a story of mental illness, gut-wrenching grief and a crumbling family could be set to music with a modicum of success. But such is the case with “Next to Normal.” The Tony Award and Pulitzer Prize-winning musical is a brave attempt to make sense of bipolar disorder and the havoc it wreaks on otherwise ordinary American families. The performances astound and the score impresses”.

Wonder if we'll ever see it in this country. It certainly sounds an interesting concept although I personally find it hard to imagine.

**Tilda**

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## ANY QUESTIONS?

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

**Q:** I was diagnosed with manic depression sixteen years ago and generally keep well. I take daily medication and have support from health services locally. Recently my psychiatrist said that she thinks I am denying I have the condition, and I partly agree with her. Is this denial a feature of the illness and does it have implications for my health and treatment in the future? Is the denial connected to losing insight?

**A:** Denial and lack of insight can be a sign of bipolar disorder, or indeed any serious psychiatric condition. Sometimes people deny that they are unwell, whilst others refuse to accept treatment when there is a clear need to take urgent action to prevent self harm or unusual behaviour. However, if you have been completely well for sixteen years, then I think questioning your diagnosis or the need to take medication is perfectly reasonable under the circumstances and not necessarily a sign of lack of insight.

The fact that you once had an episode of illness unfortunately does mean that you will probably always be vulnerable to future episodes. These episodes will also be more likely to occur if you stop treatment, even after sixteen years, and especially if you stop treatment suddenly. Even though you have been well for some time, if your diagnosis was made correctly when you were first ill, then your diagnosis is probably not going to have changed.

The fact that you are still being seen by a psychiatrist after so long suggests to me that you may not have been totally symptom free for the last sixteen years. I think that you should discuss this with your psychiatrist frankly and ask exactly why you need follow-up and medication. This will not be a difficult question for them to answer and it will help you to see the clear justification for your continuing support and treatment.

**Q:** How much is actually currently known on the role of genes in bipolar disorder?

**A:** The risk of the most serious form of bipolar disorder (bipolar disorder, type I) to someone selected at random from the general population is about 1 on 100. The risk to the children or siblings of someone with the disorder is 5-10 times greater than this figure and the risk to an identical twin of someone with the illness is approximately 1 in 2, or 50%. These figures strongly suggest that genetic factors are a major underlying risk factor for bipolar disorder.

Recently, we have discovered some of the genes that are associated with risk of bipolar disorder. Most of these genetic risk factors are very common in the population and we know that each individual risk factor only increases the chances of illness by a very small amount.

It is important to identify these genetic risk factors however as they can signpost new avenues for illness prediction and effective treatment.

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The discovery of genetic risk factors has been one of the most productive areas of psychiatric research in the last 10 years. Whilst genetic risk factors are certainly an important cause of bipolar disorder, they are not likely to be the sole cause and it may be that stressful life events or other factors trigger illness in someone who is already vulnerable for genetic reasons.

If you have a question for Dr McIntosh, send it to us and we will submit it to him on your behalf. All contact details are on the back page of this issue.

## TEENAGERS FAKING MENTAL HEALTH PROBLEMS

There was a time when teenagers simply copied the hairstyle of their favourite star to be cool. Now they put on the same mental health problems to keep trendy.

A third of children have admitted faking a serious disorder to emulate celebrities, according to a survey. Phantom illnesses include eating disorders and depression.

The youngsters claim they have been influenced by celebrities who speak openly about their problems - such as Kerry Katona, 30, who suffers from bipolar disorder.

The study, for online therapy service Mentaline.com, questioned 1,192 British youngsters aged 12 to 17.

It found one in ten thought mental illnesses were “trendy” with half of those believing it made people “unique”. Some 16 per cent said celebrity sufferers had made mental conditions “fashionable”.

Jesper Buch, of Mentaline.com, described the findings as shocking. He said: “Mental illness is a sensitive topic, so to see that many teenagers are blasé about the whole thing isn’t good at all.

“Your teenage years should be spent enjoying life, not convincing people you have issues that should be taken extremely seriously.”

A recent government-commissioned review of mental health problems among children found one in ten, more than one million, now has a clinically recognisable disorder such as a depression or anorexia. This is a doubling since the 1970s.

Mentaline uses webcams to connect users to psychologists, therapists and life coaches.

Mr Buch added: “For those who do genuinely believe they have a problem, there are always people there to help. Talk to a professional, or, if you aren’t ready to take that step, simply discuss your problems with a friend or family member.”

The top five faked problems were: Eating disorders (22 percent); self harming (17 percent); addiction (13 percent); depression (12 percent); bipolar disorder (nine percent).

*(Source—Independent on Line 10/01/2011)*

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## LESLEY'S DIARY



This has been another awful winter we've had to go through. There have been so many problems because of the weather. I was lucky that I wasn't really affected by it too much but I was devastated when I got a text message from Tesco saying they were cancelling my order due to bad weather. That was so low, it's on a par with being dumped by text message. I looked through my tears into the fridge and saw a huge cauliflower and pretty much nothing else. I had no choice I had to venture out in the Arctic conditions and get supplies if I was going to survive until my next delivery. I headed on foot into the town and if it wasn't for the fact that it was  $-10^{\circ}\text{C}$  I do believe there would have been tumble weeds drifting about. It was like a ghost town with this eerie muffled silence and only a few other people who had ventured out, probably other Tesco customers.



Everywhere seemed to be shut and I felt my expedition was going to be futile but lo and behold there was an oasis ahead in this frozen desert. I could see a shop which was open. It was the deli and it had food in it. I was going to live! I had to prioritise what I really needed but as soon as I saw the death defyingly beautiful chocolate cake on display with its big chunks of chocolate on top of a thick chocolaty sauce I forgot about the severity of my situation. I had a happy moment when I saw it and my worries went out the window



I opted for a toasted bacon, brie and cranberry focaccia and a huge piece of chocolate cake covered in so much squirty cream the girl in the shop had to make a tin foil dome to put over the top of it. The problem was I had to hasten my speed in order to get home while my toasted focaccia was still hot but this could cause me to lose balance and slip on the snow thus jeopardising the already precarious tin foil dome/squirty cream situation. In the end I opted for the half walk/half jog with a few moves thrown in that I learned from Strictly Come Dancing. It did the trick. My lunch was a huge success.

As I lay on the sofa afterwards feeling like I would never be able to look at chocolate cake again never mind eat it, I remembered the huge cauliflower and realised that my expedition hadn't solved the problem. I still hadn't replaced my Tesco order but it's amazing what you can come up with in a time of crisis. I made a gigantic cauliflower and lentil curry which seemed to grow bigger the more I ate. It just seemed to be constantly expanding. It helped me through those tough times. I felt so sorry for my handsome cat, Ben because so much fibre in one's diet can make one somewhat unpleasant to be around.



I have finally gone back to work after a year off. I am not back doing my usual job as physiotherapy assistant but instead have the unusual title of floating admin assistant which

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sounds all rather fluffy and mystical like I am a little fairy or a butterfly floating and basically anywhere which has a backlog of the boring bits they have been putting off forever. Get in the admin fairy and she'll make all your filing disappear.

I am just glad to be back at work. It's not the best time for job hunting so I'd rather be a nomad fairy with no fixed abode than lose my job. I've been everywhere from Speech and Language Therapy to Women's Health. I like Woman's Health because there are lots of heavily pregnant women there and it's the only place I feel quite thin. In my last diary I had reached my goal weight. It didn't last long. I might be able to lose it again because with me travelling about the place I have been using the network of underground tunnels which I'd never used before. There must be miles and miles and you could be down there for hours if you don't know your way. Unfortunately I didn't know my way for ages.

Occasionally I would come across another human in my travels, usually a porter driving his porter mobile. Although we may not know each other we give each other the 'nod' that fellow residents of the tunnel give. It's just something you know instinctively to do. The basement reminded me of the basement where Freddy Krueger used to hang out in Nightmare on Elm Street, lots of pipes and creepy noises. One day I thought I was being followed and was too afraid to look behind me in case it really was Freddy Krueger but after a while I realised that some places are very quiet and I was actually listening to my own shoes creaking.

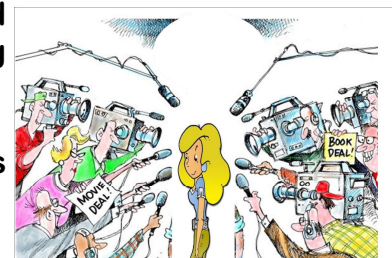


Nothing nice down there and it certainly ain't Kansas. No matter how detailed the directions were that I was given I always added on a couple of miles. At one point I think I may have been under another hospital I'd been travelling so long. It felt like weeks. Eventually I came up nowhere near my destination and it was scary for me coming out into daylight again. I needed the special sunglasses that the Chilean miners wore when they were rescued. My skin was so pale it was translucent and I'd had no food for ages just a Werther's Original in my pocket that someone's visiting Grandpa had given me. It saved my life.



When I did eventually come up just south west of the fracture clinic I was met by applause and camera flash lights. I couldn't believe I had got out and I had survived. As I stumbled into the open arms of the welcoming crowd I cried tears of joy and happiness. I was alive!

Well maybe it wasn't quite like that. The bit about the Werther's Original was true. And so was the bit about creaky shoes.



Maybe tomorrow something dangerously exciting will really happen and if it does you will be the first to know.

So till next time.  
Take care.

*Lesley*



# Features 10

In our last edition, we featured a short article covering all of the workshops at our annual conference which took place in September 2010. We said we would cover the Welfare Reform Workshop more fully in this edition as the recent changes will affect all of us who receive benefit. Here, Kenneth Lamont, one of Bipolar Scotland's directors gives an account of the workshop which was facilitated by Chris White, a former Policy Officer with SAMH and now an Independent Consultant. Chris has also had involvement with the DWP Standards Committee.

## Welfare Reform Conference Workshop

Chris began by talking briefly about his own experiences of mental health problems. He explained how his work helped him to recover. Work enabled him to stay well. When facing redundancy he felt he wanted to continue working as he recognised this as key to his staying well so he set up his own consultancy business.

### Welfare Reform—Historical Perspective

Welfare reform goes back to 1997, where 'New Labour' introduced the New Deal programme where long term unemployed and disabled people were helped back to work. In 2003, Pathways to Work meant that it was mandatory to regularly see a personal adviser in getting back to work. Then in 2006, the government published a Green Paper on Welfare Reform: 'A New Deal for Welfare—Empowering People to Work'. This Paper focused on people who were sick or disabled and planned to replace Incapacity Benefit with Employment Support Allowance (ESA). In 2008 ESA was introduced with a new Work Capability Assessment focusing on what people can do and not what they cannot do.

### What Now?

We now have a Conservative/Liberal Democrat Coalition Government. The Chancellor of the Exchequer, George Osborne has stated that living on out of work benefits will no longer be a 'lifestyle choice' and Iain Duncan-Smith, the Work & Pensions Secretary, says that the purpose of his life is to improve the quality of life of the worst off in society—make your own mind up!

Over the next four years, all current Incapacity Benefit claimants will be moved over to Employment Support Allowance (ESA).

- ◆ October 2010—Changes to Incapacity Benefit start in Aberdeen and Burnley.
- ◆ January 2011— Linked rules abolished, all new claims will be for ESA.
- ◆ February 2011—Incapacity Benefit migration starts across the UK.
- ◆ March 2014— All Incapacity Benefit claimants will have move to ESA.

In Scotland 46% of all Incapacity Benefits are claimed from people with a mental health problem. From a UK perspective, the Department for Work & Pensions (DWP) estimate that up to 23% of claimants could be found fit for work. The Conservatives also want to replace all income related out of work benefits and Tax Credits with one new universal benefit payment.

Doing some work whilst on benefits affects individual benefits differently and often acts as

a disincentive to work. The Conservatives are looking to taper any income earned above the earnings disregard.

## Conditionality

Individuals who are able to look for work or prepare for work should be required to do so as a condition for receiving benefit and those who fail to meet their responsibilities should face a sanction such as a benefit reduction (is the safety net gradually being taken away?)

## Disability Living Allowance (DLA)

George Osborne wants to change the way DLA is assessed. From 2013, all claimants of DLA will have to undergo an “objective medical assessment” to ensure payments are only made for as long as the claimant needs them.

## Housing Benefit

This costs the UK 21 billion pounds per year. Conservatives claim this benefit to be “completely out of control” and is in “dire need for reform”. Some families receive as much as £104,000 a year in housing benefit.

There are plans for a new limit of £280 per week for a one bedroom property to £400 per week for a four bedroom property.

This concludes the framework of the workshop. There was group discussion at the end based around the following questions:

- ◆ What steps should the government take to help people on benefits to ensure that they are helped back towards work if they can, or are given the right level of support if they are not able to work?
- ◆ What makes the current system of benefits complicated and what needs to be done to simplify the system?
- ◆ What effect will more conditionality have on peoples' health?
- ◆ What principles should the government use to guide welfare reform?
- ◆ What do mental health organisations and service user groups need to be doing in relation to welfare reform?

Chris White was an excellent facilitator at this workshop, his knowledge of this subject should prove that he will be a great 'champion' for the mental health movement in future discussions with the government in dealing with Welfare Reform.

And finally, there is a joint working paper called “Joint Scottish Mental Health Response to the DWP Call for Evidence into the Work Capability Assessment”. If you would like a copy of this document, get in touch with the Bipolar Scotland office and they will post a copy to you.

**Kenneth Lamont**  
**Director, Bipolar Scotland**  
**October 2010**

# Features 12



**I'm not well enough to work and have been told I have to apply for ESA — *What is this??***

With the recent changes in benefits, many people have phoned us to say they are confused about what will happen to them now that they face being re-assessed to see if they qualify.

The Scottish Association for Mental Health (SAMH) provide an information service and have this month included this article in their newsletter *The Point* in response to one of their most common queries.

Employment and Support Allowance (ESA) is the new benefit that replaces Incapacity Benefit. People who are already on Incapacity Benefit will be re-assessed for Employment and Support Allowance between 2010 and 2014. All new claimants will apply for this new benefit.

The thinking behind the new benefit is that it will focus on what someone can do rather than what they can't. The claimant will be subject to an assessment and will be allocated an advisor to help them through the process. A basic ESA rate will be paid during this assessment phase: this will be up to £51.85 if you are under 25 and up to £65.45 for people aged over 25.

The assessment phase will take up to thirteen weeks (during which the claimant will continue to submit sick notes) after which the claimant will be placed in one of two groups: the work related activity group and the support group.

The assessment comprises two parts. The first is the Work Capability Assessment, done by health professionals under contract to the Department of Work and Pensions (DWP). The Work Capability Assessment will:

- ◆ Carry out an assessment, involving a questionnaire and medical assessment.
- ◆ Find out if you have limited capability for work
- ◆ Find out if you have limited capability for work related activity

The first part of the assessment will be the questionnaire. This will ask about how your illness or disability affects your ability to complete everyday tasks. Your own doctor may be asked to provide a medical report as part of this.

After you fill in the questionnaire, you will probably be asked to attend a Medical Assessment. This will usually take place at a Medical Centre near where you live. If you can't travel because of your illness or you live more than ninety minutes from a Medical Centre, you might be offered the chance to have your Medical Assessment at home. You can bring a friend or support worker with you to the Medical Assessment.

The assessment will take around forty minutes and will involve an interview with a healthcare professional about your medical history, any jobs you have done in the past and your everyday life. After the interview, you may be asked to have a physical examination:

You should tell the healthcare professional if you feel unhappy or uncomfortable with this. You must attend the medicals and interviews or you may lose their entitlement to claim ESA. Always tell the advisor if you have or have had a mental health problem in the past.

If you are found not to be capable of work, you will be told that you qualify for the support group of Employment and Support Allowance, and you will receive up to £96.85 a week (this may be more if you are married or have a civil partner)

If you are capable of certain types of work you will be placed in the work related activity group and will receive up to £91.40 a week (this may be more if you are married or have a civil partner). In this group you will be expected to prepare for suitable work. The personal advisor should help you to do this and should make sure that any conditions that you have are taken into consideration when getting work.

If you are found fit for work, you will be told to claim Job Seekers Allowance (JSA). If this happens, you will continue to receive the basic ESA rate while your Jobseekers' Allowance claim is processed.

Some people volunteer to work a few hours a week or do permitted work whilst on benefits. This can still take place whilst on ESA but you should discuss this with your Jobcentre Plus advisor as there are rules around this.

There are also rules about what you are entitled to if you:

- ◆ have a partner who works
- ◆ have children
- ◆ are pregnant
- ◆ are aged 16-19, when special rules apply called youth provisions.

For more information, visit [www.cas.org.uk](http://www.cas.org.uk) or [www.jobcentreplus.gov.uk](http://www.jobcentreplus.gov.uk)



For everyone not attending the Scottish Recovery Network's 6th national conference—The National Gathering 2011—you can take part in the event on the day via their website.

If you're watching online, you'll be able to post questions live to their guest speakers and submit your thoughts to the round table discussions.

The National Gathering starts at 10am on Thursday 10th February 2011. Keynote speakers include trainer and consultant, Rona McBrierty, talking about her own lived experience and journey of recovery. They will also be joined by Professor Richard Warner of the University of Colorado and Colorado Recovery, who will deliver a fascinating presentation on recovery, employment and empowerment. Also, their poet in residence, Jo McFarlane will be contributing throughout the day.

To find out more about this event, visit the SRN website [www.scottishrecovery.net](http://www.scottishrecovery.net)

# Features 14



## STUDENT MENTAL HEALTH

A new report has revealed a growing problem of mental ill-health amongst students in Scotland, leaving university counselling services struggling to cope.

The research, conducted by NUS Scotland, found that 75 per cent of university mental health services have seen increased demand over the last year, with 40 per cent reporting that they cannot meet such a high levels of demand.

Students reported high levels of stress, with over 90 per cent saying that they struggled with stress during exams or assessments. They also felt stressed about managing their deadlines, considering their career prospects and financial concerns, including paying rent and working part-time during the school semester.

Speaking to *The Journal*, Chris O’Sullivan, Senior Project Manager at the Scottish Development Centre for Mental Health, said: “Student life is a period where there are a wide range of risk and protective factors in play.

The undoubted pressures of academic life, adapting one’s home life or balancing the needs of paid work and/or family have always been stressors in the student experience. That said, the camaraderie, identity, sense of purpose and opportunities for personal and social life that student life brings often helps to balance these risks.

Since the economic downturn started to bite in all areas of life, there have been additional risk factors to consider. This has generally increased the level of people reporting poor mental health, and increased the use of helplines and other mental health services.”

The report also found that the vast majority of students would be reluctant to ask for help due to the stigma surrounding mental health.

80 per cent of respondents said they see such stigma as a barrier to obtaining help. Less than 18 per cent said they would feel able to approach student support services and only 6.8 per cent would approach external organisations.

Mr O’Sullivan continued: “It needs to be OK to say that you are not doing well. Student populations are no different to general populations when it comes to disclosing mental ill health, but in student life where there is so much emphasis on making new friends and forging new personal, academic and professional relationships, there is always a place for stigma, and the fear of being seen as weak, inferior or different.”

Dave Berger, Executive of the Heads of University Counselling Services, spoke to *The Journal* about why so few students may be reluctant to approach external organisations: “Where there are potential Fitness to Practise issues, for example, in students who are training to be doctors, nurses, social workers, teachers, clinical psychologists and so on, there may well be a reluctance to disclose – certainly to a GP – if an individual student is having problems. This may make accessing University Counselling Services more attractive as we work within a model which does not medicalise such problems.”

NUS Scotland is now calling for increased investment in student support services to ensure that university counselling services are able to provide sufficient support. They are also calling for staff to be trained to spot mental health problems in students.

Jennifer Cadiz, Deputy President of NUS Scotland said: “It's absolutely crucial that politicians, as well as college and university principals, prioritise funding for these vital student support services. If we are to tackle the growing problem around student mental health then we must be clear that student mental health services are a necessity for thousands not a luxury we can afford to see damaged by cuts.”

Students experiencing any of these problems can contact the Edinburgh Nightline on 0131 557 4444.

(Source—The Journal, November 2010)

## Would you like to become a Comedy Graduate?

Universal Comedy are looking to see if any of our members would be interested in taking part in a taster/information session that they will be holding on Wednesday 16 March 2011, in Glasgow. The venue and time of the taster session has not been arranged as yet, but this will take place in the evening.

Some of you will have attended a workshop run by Universal Comedy at our last annual conference held in Glasgow. At the workshop some people expressed interest in a further taster session.

If you like the taster session, there might be the opportunity for you to take part in a course being run by Universal Comedy. This is likely to take place during April – May 2011. People who have taken part in past courses have

- Discovered a sense of belonging and purpose
- Improvement in general health and well being
- Improved self esteem, confidence and motivation
- Reduced isolation
- Encouraged creativity
- Improved motivation and aspirations
- Reduction in stress and encouraged positive thinking
- Provide a network of friendship
- Universal Comedy's activities have also proved effective at moving people on to other social, learning and work programmes provided by health, social care and employability organisations.



If you are interested in taking part, or would like further information please contact Alan Douglas, at the Bipolar Scotland office on 0141 560 2050, or e-mail: [aland@bipolarscotland.org.uk](mailto:aland@bipolarscotland.org.uk). Also you can view the Universal Comedy website on [www.universalcomedy.co.uk](http://www.universalcomedy.co.uk)

# Features 16

## DREAMS AND THE PAST FOR US ALL

*by Louise Brannan*

I think all of us can listen to a song and it takes us back to a time or a place in time. All of us have a Past, but is it healthy to wallow in it? I don't know. It's tempting for sure, but to live in the past can be dangerous to yourself and those around you.

There are other moments in life, when the scene, the stage, the lighting can be set just like 5 years ago, but curiously you are surrounded by different people and faces and the similarity almost makes the juxtaposition stronger. Maybe you are struggling still with the same issues that you wrangled with in the past, but are projecting them on to different people that are in your present now. It can be interesting to spot this, because then you can take it as an opportunity, see that maybe the issue lies with yourself, and then maybe be able to deal with it this time around.

Life can be really interesting. Sometimes you have your ups and downs, other times you are truly scaling the Highs and the Lows. It is interesting because we end up, even if we try hard not to, transmitting something out there, that is inevitably *us*, that is *our* life, even if we try our hardest to hide ourselves.

A small piece of a holiday trip somewhere may still be in your heart and you manage to identify the same piece of heartfelt warmth about that place in others. It holds a certain 'Je ne sais quoi.' It's the same as when we make a good meal, we have all our ingredients, tools and skills at hand. A large jar of this, mixed together with a small handful of that, in a way that only you know how.

Things present themselves from the very moment we are born, a skillset or repertoire we are created with, that we can revert back to with ease and comfort. The funny thing is that although we have this skillset, sometimes we ignore it for flights of fancy. And sometimes on our path through life, something might fly in through the window, door or your heart, that never has before, but is just as valid.

Us humans are funny creatures. The shades of light and dark are within us all. Often we don't want to be or admit what we are, even when it is good or useful, giving higher praise and respect to others. We all know what life is, we all know what we hold in our heart, and so often we are willing to compromise on all the wrong bits in life.

Somebody may be able to put their view or belief across to you in a stronger way at a certain point when you are 'looking for' something or someone. You are so ready to dismiss all that is in your heart and mind out of awe and respect for the others'. But so many times in life, we are brought back to our own heart, thoughts, mind or whisper. Sometimes we don't even notice what our strengths are because we are so quick to dismiss them. I think this could be a form of depression.

Sometimes people are just lucky that they know who they are and what their parameters are more quickly than another persons. We live in so many Mental Landscapes in a lifetime, so many times just hoping to be another person. Sometimes our chosen skillset can be a hindrance because life usually drags us back to it.

Life is good. It's natural and that's the best way to be.

It's not easy feeling things all the time, but it's useful. It's useful for yourself, useful for the World, useful for future generations.

You never end up on the platform you thought you would in life, but inevitably the correct train always comes to take you to the next one, and on time too!

Whether it is the next Mental Landscape, the next physical destination or just back to your own skillset, your own heart and soul, the train *always* comes. Don't give in, pay attention to the journey and maybe build yourself a journey planner. There are *so many things* to see in this world that are beautiful and wonderful.

(In the words of Neil Diamond whose Electric Proms on BBC 2 on Sat 13/11/10 inspired this article, 'Oh to be Young and Scottish!', Well, two out of two ain't bad for now!).

**Louise Brannan**

November 2010

## Beating Bipolar Programme available for members of Bipolar Scotland

Dr Danny Smith, Senior Lecturer in Psychiatry, University of Cardiff, has developed an on-line programme called Beating Bipolar.

Beating Bipolar is an innovative web-based service which provides state of the art information on the diagnosis and management of bipolar disorder. It has been tested in a clinical trial and feedback on its use has so far been very positive.

Beating Bipolar is being made available free to members of Bipolar Scotland for a limited period from January 2011. If you would like to access this material, then please send your e-mail address (also state that you are a member of Bipolar Scotland) to Helen Davies at [davieshj@cardiff.ac.uk](mailto:davieshj@cardiff.ac.uk) - Helen will then provide you with a password for the programme.



## BIPOLAR SCOTLAND DIARIES NOW HALF PRICE

If you still don't have a diary for this year, take advantage of our offer of half price diaries. Bipolar Scotland diaries contain a guide for scaling your mood and are available to order from us at a cost of £1.50 (this includes postage).

Send us a cheque or postal order along with your name and address and we will post a diary to you. Mark on the back of your payment "diaries" and we will do the rest.

We only have a few left, so if you want one let us know as soon as possible.

# Features 18



## What is the Definition of Health Triangle?

by April Sanders

The health triangle has one characteristic of health assigned to each side: physical, mental and social. Each side of the triangle is of equal length, which illustrates the importance of having each area of our life in balance. In order to achieve and maintain that balance, you should not devote more energy to one area of the triangle than to another.

### Physical Health

The physical health side of the triangle refers to our body's ability to work as a biological machine. There are many factors involved in physical health, such as the amount of sleep we get, our eating habits, our weight, the abuse of addictive substances and exercise. In many people, this side of the triangle is the side that is neglected the most, because these are the things we give up to make room for other responsibilities that are social or mental in nature.

### Mental Health

The mental health side of the triangle defines how we feel, think and cope. The components of this include learning, stress, work and mental disorders such as depression. Many people believe that learning is the most important factor in the mental side of the triangle, because learning is the development of knowledge that leads to the mastering of new skills and better behaviour. It also increases self confidence and allows us to better handle stress. If this side of the triangle is lacking in time spent on it, more learning is usually recommended.

### Social

For more people, social health is the largest part of the triangle. Spending time on developing social relationships, including those with family and peers, is enjoyable for many people and necessary for adults who want to survive and thrive in the workplace. The components of social health include public health issues and awareness and family and peer relationships. People who suffer from a lack of positive peer and family relationships have the hardest time building up this side of their triangle and usually suffer from other health problems as well, including mental and physical problems.

### Application

The idea of the health triangle is that all sides are equal, which means all three areas of your health are equally important. When used by individuals, the triangle is to be a tool for the evaluation of the health of your life in the areas defined by the three sides. For example, if you know that you are suffering in some of the areas of physical health, you should work on those so that you and your triangle can achieve equilibrium.

### Considerations

The health triangle is a part of the basic health curriculum of most public schools in the United States, where it is used to teach about healthy living, and in the majority of holistic heal centres around the world, where it is used to diagnose individual health needs. Although the main idea of the health triangle is to ensure a balance between the three areas, such balance is not possible for most people to achieve, especially those who are suffering from a serious health condition beyond their control. For this reason, the triangle has been criticised by some as too simplistic and inflexible for a model of healthy living.

To read more about this please go to [www.ehow.co.uk/health-triangle](http://www.ehow.co.uk/health-triangle)



**Jim McGinley, who sent the article about Health Triangle to us for inclusion in On the Level writes here about his own health problems and how he is overcoming them.**

**You may remember in the last edition Jim sent us the article about Optimism.**

Over the past two years I have been training with Celtic FC. Before I started, I was four stone overweight, emotionally retarded with high blood pressure.

The Fit For Life programme raised my self esteem and showed me how important it is to look at all aspects of health - Mental, Physical and Social (see the diagram on the opposite page). A friend introduced me to computer software called Optimism that keeps my mental health on track ([www.findingoptimism.com](http://www.findingoptimism.com)).

My Dad bought me a treadmill and my sister is teaching me to cook. All my friends are married and are not allowed out, so I'm looking into doing some voluntary work.

The whole Celtic experience was amazing. I would sometimes sit in the dug-out and dream of days gone by. Then the coach would shout, "C'mon you, the coach is waiting for Lennoxtown."

What I enjoyed most was the banter between all the lads. The coaches were great too.

Oh aye, the miracle. Well, for the past 23years I have been fighting depression and at long last I feel I have hope. And in this picture a fellow student took, who do you think I look like.

Yes! The great man himself (*for the uninitiated Jim means his idol Jock Stein*).

**Jim McGinley**



**Mental health charity Mind has launched the first mental health toolkit for prosecutors and advocates, providing them with the tools and**

**knowledge needed to ensure access to justice for people with mental health problems.**

The new practical guide, which was funded by the Crown Prosecution Service (CPS), the Law Society Charity and the Bar Council, has been designed to complement the CPS's prosecution guidance on mental health and offers accessible information and advice about mental distress to aid decision making during case preparation and at court.



**A new iPhone application has been released to help people deal with anxiety attacks.**

The app, Panic Attack Aid, is designed to provide instant calming relief to sufferers of panic and anxiety attacks "on the go" before panic really takes hold by using a combination of breathing techniques, reassurance about the scary symptoms of panic attacks and distraction exercises.

Panic Attack Aid and other titles, including Conquering Agoraphobia are available to download from the Apple App Store or from iTunes.

# Blank Slate

Blank slate is intended as a space where staff and members alike contribute pictures, small anecdotes etc. that don't fit in anywhere else in the magazine. If you have something you'd like to contribute to On the Level (maximum 1500 words), call or write to the office, or email to: [tildab@bipolarscotland.org.uk](mailto:tildab@bipolarscotland.org.uk). The deadline for submissions for the next edition is 30th March



**and FINALLY.....**

I don't know about everybody else, but I'm getting fed up with the polar bear pictures and cartoons, so why don't we for a few issues feature members' pets.

I'm a dog lover and have always had boxers (not the two in the picture, by the way although the above is typical of their behavior). I have spoken on many occasions to members about their pets so I know there are plenty out there.

If you would like to see a picture of your pet(s) on the back page of On the Level, either send me a picture or e-mail it to me and I will feature it. Let me know your pet's name(s) and whether you want your name featured. If you'd rather remain anonymous just give their names and what part of the country you live in. My e-mail address is [tildab@bipolarscotland.org.uk](mailto:tildab@bipolarscotland.org.uk)

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