

HEALTH NEWS

DELIVERING BETTER HEALTH FOR ALL THE COMMUNITY

NOVEMBER/DECEMBER 2008

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What do these celebrities have in common with one in four Scots?

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WELCOME to this special edition of Health News focussing entirely on mental health issues.

For generations the subject has been a public and personal taboo, despite affecting up to one in four of the population. Sadly, it still carries a damaging social stigma.

It would be impossible to cover all conditions, treatments, developments and support networks in a 12-page newspaper, but we hope you will find the contents enlightening, helpful and educational.

Throughout the edition you will find signposts to various charitable groups, NHS websites and support organisations.

We begin with the personal stories of a number of well known celebrities who have had to battle depression...

So what do all those stars have in common with one in four Scots?

DEPRESSION

... and it has no respect for fame



Former Celtic player Neil Lennon... "you put up a barrier."

Celtic FC head coach Neil Lennon

Celtic FC's Head Coach Neil Lennon is well-known both for his battling style of play on the pitch and his strong opinions, and he needed both these qualities when he was diagnosed with depression.

Neil speaks candidly of his feelings following the diagnosis, made before he came to Parkhead and while still a Leicester City player.

Referring to his autobiography "Man and Bhoys" in which he first made public his experience of depression, Neil said: "I was coming to the end of my career and I discussed at length with the club doctor and Martin Hannan who actually wrote the book whether it would be a good idea to come forward.

"So we decided it would, because people would look at me and think that if he can get depression, then anyone can get it.

"I felt if I could help one person to come forward, get a bit of help, and get better, then it would be a good thing."

Neil went on: "I was first diagnosed when I was playing for Leicester, so it was actually before I came to Celtic.



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How Celtic's Neil Lennon battles to beat depression

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"It was nothing to do with being a footballer or my lifestyle or anything like that.

"Now I look back it's a genetic thing, it's been passed down through the family.

"But when I first had it I didn't know what it was. It hit me like a hurricane. For the first four or five weeks I was in a horrible place, I couldn't sleep and I had no self-confidence, which is totally the opposite of what I'm like. You put up a barrier, you try and put on this façade that you are okay but inside you are actually dying.

"Especially in a football environment, you are sitting with a group of lads and they are all laughing and joking and you are sitting there thinking God, I'd give anything to be back there, where I was before.

"After a while I was waking up every hour, on the hour, just couldn't sleep and very anxious, all those sort of symptoms.

"There was a club doctor there and eventually he diagnosed me as having depression."

Initially Neil told only his parents and close friends, but he also had to learn more about the condition.

"I thought depression was something

women had after having babies."

It was only because of his own diagnosis that Neil learned that both his mother and sister had had depression, and discovered that the condition can be hereditary.

"Eventually I was put on medication and had a bit of counselling, and it helps, it really does. For me to go and talk about it to somebody was a great help."

It helped to talk to both his mother and sister who had had depression.

He says: "I think it's better for people who are suffering from it to talk to someone who is going through it themselves, and that's why I've tried to encourage people to try and talk about it. I know for many people this is difficult because people are ashamed, they have little self-esteem, they think it's a weakness, when actually it's not."

The football club doctor had some practical advice for the player:

"He told me just to treat it like an injury, you have a slight injury, it may take four weeks, it may take five weeks, but you will get better.

"And that's how I tried to get through my own bouts of depression. I would say you are not 100 per cent but you will be further down the line."





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“I flew to Lanzarote where I walked around wearing a big hat, pretending to be Sophia Loren”

Socialist activist Rosie Kane

ROSIE Kane's public image is one of firebrand socialist and feisty anti-nuclear campaigner.

Before her decision to speak publicly about her experience of depression in a Sunday newspaper, not many people would have conjured up a picture of the former Scottish Socialist Party MSP curled up on a settee, refusing to answer her door even to friends.

Rosie is very honest about her experience and her hesitancy in going public about her illness.

She said: “It was very, very difficult and I was very, very ill when I decided to do that.

“I'll never know if it was the right decision for me, to be honest with you, I don't know if I did the right thing at



“I never washed for 10 days, I had dreadlocks practically. I never moved, I never bathed, I never brushed my hair, I doubt if I ate.”

ROSIE KANE

the right time really for me, because things progressed and got worse.

“But the reason I did come out was because I was going to have to come out, some of it was selfish reasons if you like, I was going to have to come out at the Scottish Parliament and pretend something else was wrong with me.”

She had made emotional telephone calls to her GP and the Samaritans and

was loathe to lie to other people about her condition: “Some good friends said that they would cover for me, well that's what friends do, we'll cover for you. But if I had done that, it would have been wrong. If it was a heart attack, or cancer, or a broken leg or asthma, I would have obviously said that's what it was, so why on earth pretend what I had was anything else?”

She was frightened that

one consequence would be that she would never be taken seriously again, and there was an emotionally-charged phone call to her mother to break the news of her illness and the very public announcement in a newspaper.

For the next four months she “hid from the world and went to a very dark place”, and at one point went on holiday.

“I booked a flight and went on my own to Lanzarote and pretended I was someone else.

“I went to a place where French and Spanish people go and wore a big hat and sarong and pretended I was Sophia Loren!

“I came back more frightened than I had gone away. It was difficult because some sections of the media were brutal, sly comments, you know, I

always knew she was a bit mental, stuff like that.”

Back at home Rosie became reclusive: “I was lying on my couch and I felt like the wee 2p piece that falls down the back of the settee.

“And I never washed for 10 days, I had dreadlocks practically. I never moved, I never bathed, I never brushed my hair, I doubt if I ate.”

But her public profile also led to hundreds of messages of support, including receiving leaflets and self-help books.

Reflecting on this very low period in her life, Rosie is still able to make a joke.

“I think I'm quite eccentric and flamboyant which you can say when you are an MSP. When you are on the dole you are crazy, but when you are wealthy you are eccentric!”



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**Broadcaster
Claire Raynor**

POST-NATAL depression affected Claire after the birth of each of her three children. Her observation is: "it's fine to be sad with a sick baby but with a perfectly healthy baby there's little understanding and practically no sympathy".

The first time she only straightened out after 10 months when a move of house somehow pulled her out of it... but the second time she went to the doctor and only anti-depressants brought her out of the "deep dark hole".

The third time, Claire tells a Health Department awareness campaign, was the worst. "It came from all sides and by the end I was curling up in corners."

Claire Rayner is among the 10 to 15 per cent of mothers who experience post-natal depression.



**Actor John
Hannah**

THE 46-year-old star of big screen and television has been closely involved with mental health campaigns following his own personal experiences which resulted in almost a year of therapy.

The East Kilbride father of two has fronted TV and radio advertising campaign Mind Out for mental health.

He's on record as saying: "It's very fluid and the feeling of not being able to cope comes and goes – it's just part of me, like having an allergy to being happy all the time."

He's also quoted on the Mind Out for mental health website as saying "One of the worst things you can hear is for a friend to say 'that's exactly what happened to me' – because no two things are exactly the same."



**TV celebrity
Kerry Katona**

IT was back in 2006 when Kerry confirmed publicly through the columns of a magazine that she was trying to come to terms with her diagnosis of bipolar disorder. She explained that she checked into a clinic in the USA for six weeks and then sought help twice at London's Priory Clinic having suffered a nervous breakdown.

It was during her time at The Priory she realised she had depression. Back in 2006 Kerry said: "I was on antidepressants, but still crying. It was a relief when they diagnosed bipolar. I thought I was going insane."

Getting the diagnosis has helped Kerry to understand her illness, which can be controlled but not cured. Before she realised she had depression, she used to say to people: "You'll be fine, get over it." But now she says: "That's like telling a cancer victim - get well."



**Former PM's press
advisor Alastair Campbell**

WHEN he became Tony Blair's press secretary he knew that the 'skeletons' would probably come out, so he never hid the fact that he'd had a nervous breakdown. He's always been very open about, calling it "my mad period".

He's on record as saying: "There's no point in pretending I wasn't mad, because I was, probably for some time before my breakdown, and then it took quite a while to recover. I think people are disarmed when you're up front about it. I've never had anybody say a bad thing about my breakdown."

Alastair describes what it felt like the day the breakdown happened ... "it was like this piece of glass cracking in slow motion into thousands of pieces inside your head, and you're struggling to hold it together and the harder you try, the more the glass cracks, and you end up with your head an explosion of sounds and memories and madness".

Seven years later he helped support a campaign to raise awareness about mental health issues and reflected: "I know I was lucky in many ways and if I hadn't had the support I had it could have ended far, far worse. I now look back on it with a real sense of achievement. It was a 24-carat crack up and I'm proud of the fact I got through it, rebuilt myself, did ok as a journalist again and went on to do what I do now."



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**Snooker star
Ronnie O'Sullivan**

BEHIND the huge professional success on the snooker table lies another side to this young man. He's never really managed well to cope with his success and remembers clearly that as a kid he had a state of mind of negativity. Instead of elation at success and a buzz of excitement and confidence ... winning had the opposite effect.

"I didn't like the feeling. I felt I was someone else," he states on a mental health campaign website.

When he was younger Ronnie had suicidal thoughts and then in his early twenties he received treatment at The Priory after which he learned to use medication properly... and the importance of talking to people.

"I've got some very good friends who are my support."



**Actress Drew
Barrymore**

STAR of movies such as The Wedding Singer and E.T. the Extra-Terrestrial and director/producer of Charlie's Angels and Ever After, Drew Barrymore has tackled clinical depression and substance use problems from a very young age.

She has been admitted to hospital for her condition and has attempted suicide. Of her stay in hospital, Barrymore said: "When you've been locked up in a mental institution, people are going to ask questions. It was OK, because I didn't have to act perfect all the time."

The star, who discussed her problems in 'Beyond Crazy', a book by Julia Nunes and Scott Simmie, is one of a number of celebrities to have spoken out about their illness to help others realise they are not alone.



**Comedian
Paul Merton**

THE 44-year-old's personal comments on his "manic episode" that ended up in a mental health hospital form part of a campaign to face up to the stigma and tackle discrimination issues.

It was back in 1989 when Paul started to display some signs of mental ill-health. He didn't realise it himself. Things were going incredibly well. He "felt alive, I felt alert, I was full of energy".

But it was the people around Paul that starting to get worried because he appeared manically excited – talking non-stop and working 24 hours a day... paranoia was developing.

When in a shop Paul recounts the feeling that everyone was looking at him oddly and that the shopkeeper was reading things about him from his credit card. He ran out of the shop and as he ran back to his flat he had a feeling that people were looking out of their curtains at him.

While in hospital receiving treatment he suffered terrible feelings of loneliness. "I felt so lonely, I howled, like animals cry. But that howl of pain was a sort of catharsis, and after that I recovered quite quickly."



**TV presenter
Trisha Goddard**

TRISHA first started encountering bouts of depression when she was just 14 years old. Depression was not clinically diagnosed until 23 years later when in an acute wing of a psychiatric hospital in Australia. "I had two suicide attempts but it was only after the second that people took notice", she reflects.

After seeing a psychiatrist twice a week she discovered she was a stereotype of the 'smiling depressive'... in other words not the bleakly down and withdrawn depressive but someone who is hyper-active, busy non-stop, often very talkative and uninhibited.

She says: "We are the ones who when we go, go with such a bang that we self combust."

Trisha copes with her condition with the help of her husband and two daughters – "they are my care team. We have a contract – if they see me becoming frantic and detached they bring it to my attention. In order for them to feel secure I'll act on their concerns even if I am convinced I am not 'skidding'."

**Comedian Spike Milligan
(1919-2002)**



A BRITISH institution – Spike died in 2002 after a fabulously successful career. One obituary carried the following paragraph:

Spike Milligan was a comic genius, but a tortured one. He was prone to major bouts of depression - he suffered from what is popularly called manic depression - and had at least ten breakdowns in his life. Given the precarious state of his mental health, it is perhaps surprising that he lived to 83, to the joy of his many fans.

NHSGreater Glasgow
and Clyde

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Ten simple words that could help thousands combat stress...

Face your fears, be more active, watch what you drink...

IN The fast-paced, demanding world that we live in, it is easy to get stressed. Life throws a lot at us and we can all feel down at times. It's just part of life and we all get on with it.

But for many people stress is a significant problem which seriously affects their daily lives and the lives of those around them.

Stress is the most common mental health problem faced by people throughout the world. In Scotland today one in five adults, one in five teenagers, and, frighteningly, one in 10 children under 10 are suffering from it. Two in five of us will experience stress at some stage in our lives and seven out of 10 of us know someone who has it.

The chances, therefore, are either that you suffer from stress

Stress is by and large an invisible condition. You look okay but it's all going on underneath the surface.

**CLINICAL PSYCHOLOGIST
DR JIM WHITE**

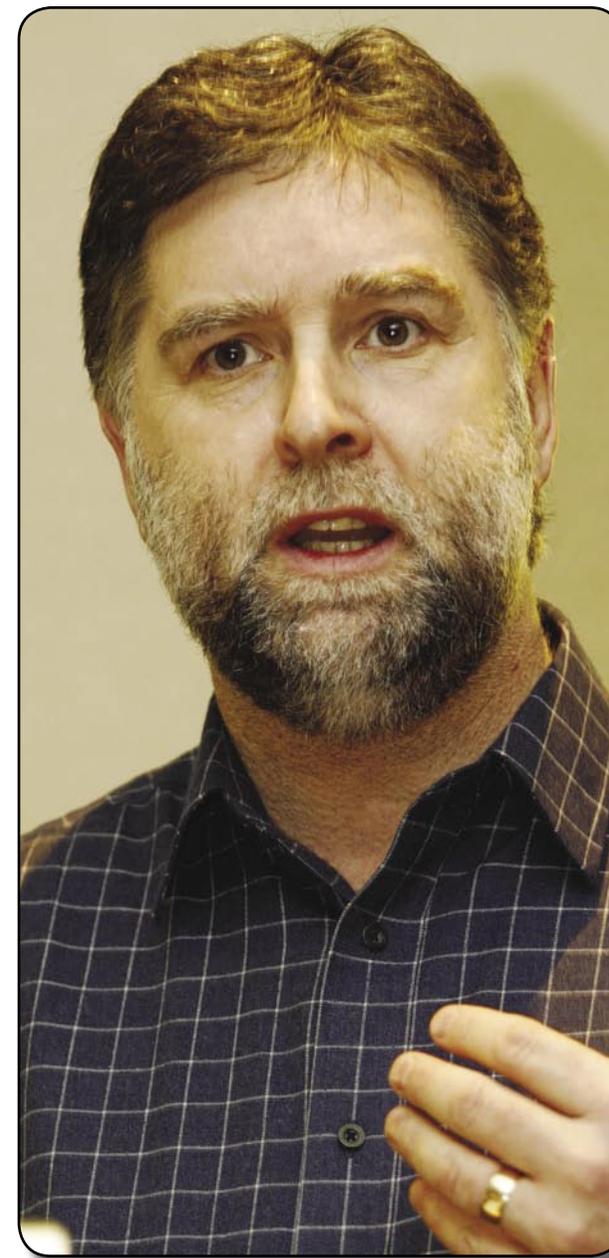
or you know someone who suffers from it.

So what is stress? For most people, it involves anxiety or depression or a combination of both. It becomes a problem when you can't get rid of it even though you try. You feel your back is to the wall and that you are losing control of your life. You feel that you can't cope with things that others can deal with. You might feel that you are cracking up.

As NHSGGC clinical psychologist Dr Jim White explains, the signs that someone has stress are not always immediately obvious. "Stress is by and large an invisible condition. You look okay but it's all going on underneath the surface.

"There are, however, a number of tell-tale signs that a person may be suffering from stress. Physical symptoms include tiredness and headaches. Other signs include panic attacks, poor concentration, worry and feelings of worthlessness."

And as Dr White explains, the long-term consequences can be harmful. "There are really serious consequences of having depression or anxiety ranging from social problems such as avoiding going to places or doing things that you could have coped





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Face your fears, be more active, watch what you drink...

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with in the past to the very serious physical problems which can result from having longer-term anxiety or depression.

"It can also double the risk of early death. The long-term impact of anxiety and depression can increase your risk of getting the things that will kill many of us – heart disease, cancer and stroke."

Stress can affect us all – young and old, outgoing and shy, male and female, rich and poor. However, as Dr White points out, there are certain factors which increase your chances of developing it.

"Those living in deprived areas are twice as likely to suffer from anxiety and depression as those living elsewhere. It's pretty easy to see why with the insecurity and unpredictability and the sheer difficulty of living in poverty.

"The day you become unemployed you double your chances of it. You are also twice as likely to become anxious or depressed living in a city as in rural areas.

"Younger people seem to be more prone but perhaps that's because



Regular exercise can make a big difference.

older people are more stoical and won't admit to having a problem. Single men are also much more prone to stress than married men although for women, marital status has no bearing – marriage offers you no stability at all!

"Some research also says that women are twice as likely to suffer as men – but I don't believe this. Men are three times as likely to have an alcohol problem and men drink to control their mental health problems... so somewhere down the line it becomes

an alcohol problem."

The good news is that stress can be controlled. Dr White advises: "We know that if you lie down to stress, it will keep its grip on you. But you can learn to handle it better. It does not matter who you are or what your life is like. If you know what to do, you can get better.

"Your GP is a very good person to go to talk about stress. They will be able to assess quickly if your problems have a physical basis or are stress-related. There are a whole range of treatments available and your GP can help determine which of these may help.

"But there's also a lot that you can do to help yourself combat stress.

"I can boil down to ten words the steps you can take: face your fears, be more active, watch what you drink.

"If you can follow those ten words then you will be heading in the right direction.

"If you're concerned at all about your stress, don't sit back, do something and do it today."

For more information about stress, anxiety and depression, go to www.glasgowsteps.com



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TOP TIPS ON CONTROLLING ANXIETY

THESE skills can have a quick effect on your stress. Work at them and they'll become a good weapon in your fight against it.

Deal with problems on the spot.

Confide in others. They may be able to help with a problem and you'll feel less alone.

Slow down.

Don't keep too many balls in the air at the same time. Concentrate on one thing at a time.

Prioritise the musts and the shoulds. Work out what you can cope with and be happy with this.

Cope with the ruts in life by planning a change.

Divide big problems up into bite-sized bits.

Use past experiences to help with a current problem.

Eat more healthily. Links between what you eat and how you feel are possible.

Try to look and sound relaxed. You'll feel better if you know that, on the outside at least, you look calm.

If people expect too much out of you, say no.

Stop smoking. Nicotine can feed stress.

Learn to accept that there are situations that are out of your control. Don't try and change them.

Create some "me-time" every day where you do something just for you.

Do the worst thing first. If you put it off, it'll just get worse.

Don't try to be Superman. None of us is perfect.

Keep a structure to your day. It will help a lot if you keep a routine in your life even if you don't feel like it.



Regular exercise and simply sharing your problems with a friend can make a big difference.



The myths about stress

Stress is a mental illness

MYTH – stress is not a mental illness. It is the most common mental health problem. Far from losing touch, with stress you are too much in touch with reality. Stress is not so much to do with cracking up – it is more to do with the fear that you will crack up.

Stress will lead to mental illness

MYTH – we are talking about two different problems. Whilst people with existing mental illness find that stress is often an important trigger for their illness, stress remains a stress problem. You will not become mentally ill with it.

Only weak people get stressed

MYTH – stress is the most common problem GPs deal with. All sorts of people from all walks of life get stress. It can affect all of us.

Signs of stress

WHILE each person's experience of stress is unique, there are 14 common signs that you may be suffering from stress.

These are:

- ✘ Worry
- ✘ Tiredness
- ✘ Anger
- ✘ Poor sleep
- ✘ Feeling worthless
- ✘ Feeling hopeless
- ✘ Feeling irritable
- ✘ Panic attacks
- ✘ Feeling on edge
- ✘ Poor concentration
- ✘ Unable to switch off
- ✘ Waiting for the worst to happen
- ✘ Tearful
- ✘ Drinking too much



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The changing face of mental health

The days when mental health patients were hidden away in hospitals are gone

Nowadays 99% of patients with a mental illness are cared for in the community and only 1% need to be admitted to hospital for treatment

OUR approach to caring for people with mental illness across Greater Glasgow and Clyde has changed dramatically and we now have a service that is the envy of much of Scotland.

What's surprising, however, is that many of the most important changes only took place in the last 15 years. As Anne Hawkins, Director of our Mental Health Partnership, explained: "Up until relatively recently, the chances were if you had a mental illness you would be treated in a large institution which probably dated



Woodilee Hospital (above) closed in 2001 and gave way to the mental health facilities available at the new Gartnavel Royal Hospital (left), one of the most modern in the UK.



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The changing face of mental health



Anne Hawkins

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back to Victorian times.

"It was only in the 1990s that we started to develop community mental health centres outside our main hospital sites. This not only helped to break down some of the stigma but also enabled many patients to remain in their own homes. In fact nowadays 99% of patients with a mental illness are cared for in the community and only 1% need to be admitted to hospital for treatment."

The 1990s also saw the start of a major hospital closure plan to help fund new mental health services in the community. Patients, many of whom had spent years in hospital, were moved to supported accommodation and nursing homes. Others, with the right help and support, were able to return to live in their own homes.



Hundreds of patients, with the right help and support, have returned to their homes.

Anne believes it's impossible to underestimate the impact of the hospital closures.

She said: "The changes for patients were enormous and, although many are now leading far fuller and more independent lives, the transition from hospital to community was not always

an easy one. Staff also faced great challenges in adapting as many had to move job and retrain."

She added: "It's also worth remembering that while few patients mourned the passing of former asylums like Gartloch and Woodilee, Glasgow's mental health institutions

were famous for their innovative approach to patient care and considered far ahead of their time."

Listening to patients

ALONGSIDE the changes in the way mental health services are delivered, one of the biggest changes in recent times has been our approach to patient involvement.

Anne Hawkins explained: "In the early 1990s the closest we got to patient involvement was patient councils in our hospitals where the balance of power sat firmly with our staff and patients were kept in what was considered to be their place.

"Thankfully things have changed and there are now many ways in which patients can influence the way services are developed and delivered. For example, we have patient representatives on our management team and we carry out regular user surveys using questionnaires created by patients."

She added: "A new peer support worker project is currently being piloted at Gartnavel Royal Hospital where people who have experienced mental illness share this to help others recover. We also fund a number of mental health user organisations and advocacy services which provide support and give patients a voice."



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Developing new services

ANOTHER important change in recent years is the development of new services and facilities to meet the different needs of patients. In the past it was common for patients of different ages with different kinds of mental illness to be treated together. There were few specialist services for children and young people or for specific conditions such as eating disorders.

Over the last five years, however, a wide range of new services have been introduced to improve the care and treatment of patients across Greater Glasgow and Clyde and beyond. These include a mother and baby unit for women who experience mental illness after the birth of a baby, Rowanbank Clinic - a new medium secure care centre for patients with a mental illness who may be a risk to themselves or others - and the new Gartnavel Royal Hospital, a state-of-the-art mental health hospital for adults and older people. Skye House, a new purpose-built inpatient facility for young people with mental illness, will open on the Stobhill Hospital site before the end of the year.

New community-based services have also been introduced for adults



New community based services offer help and advice for a wide range of patients, including people with schizophrenia or eating disorders.

with eating disorders and young people who suffer from psychotic illnesses like schizophrenia.

Future challenges

WHILE these developments have made a huge difference to patients and their families, the drive to improve the quality and range of services we provide continues. Commenting on the challenges ahead, Anne said: "There is no doubt we have much to be proud of,

however, we know our services aren't perfect and further changes will be necessary to keep pace with patient demand and expectations."

NHS Boards also face a huge challenge in meeting the new national commitments which have been set for mental health services. These include specific targets to reduce the use of antidepressants, cut suicide rates and reduce the frequency of hospital admissions. Other goals include tackling stigma, improving the physical health of people with mental health and helping people with mental illness return to work.

Despite the scale of the new challenges, good progress is being made across Greater Glasgow and Clyde. Anne Hawkins said: "By providing additional support during evening and weekends, our new community crisis teams have helped many patients with serious mental illness remain at home. Initiatives like the recent Scottish Mental Health and Arts Film Festival, which we supported, have also helped to reduce some of the unnecessary stigma associated with mental illness."

She added: "It's important to remember, however, that many of these goals are not just the responsibility of the NHS and we therefore need to work with council partners, the voluntary sector and employers if we are to meet these challenging targets."

The key developments at a glance

1996 - Gartloch Hospital closes 100 years after the first patients were admitted to the former asylum.

2001 - Woodilee Hospital closes after providing inpatient mental health services for more than 125 years.

2002 - Lennox Castle Hospital, which cared for people with learning disabilities, closes after 75 years.

2004 - Scotland's first mother and baby mental health unit opens on the Southern General site.

2007 - Rowanbank Clinic, a new medium secure mental health hospital, opens on the Stobhill site.

2007 - The first patients are admitted to the new Gartnavel Royal Hospital, one of the most modern and innovative mental health hospitals in the UK

2008 - Skye House to open.

Fighting for a better way

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Doctor Liz Miller's first engagement with mental health services came the day two policemen and a GP burst into her flat... arrested and handcuffed her and bundled her off to hospital in the back of a police van

IN 1980 Dr Liz Miller trained as a neurosurgeon. She was the youngest trainee in the field and the only woman. She also began a second medical career in A&E medicine... but this brilliant young doctor's career was derailed by mental ill health. She was diagnosed with bipolar disorder in the early 1990s, leading to clinical depression.

Her fightback was portrayed on TV last year with Stephen Fry in the acclaimed BBC documentary *The Secret Life of a Manic Depressive*.

Dr Miller was nominated "Mind Champion of the Year 2008".

On October 1st, Dr Miller attended an NHS Greater Glasgow and Clyde organised "Our Health" event on Mental Health attended by some 400 delegates.

Here we try to portray the power and thought-provoking essence of her presentation...



Doctor Liz Miller addresses the Our Health event.

“MY troubles started in Edinburgh in 1989... a time when training as a neurosurgeon... I had taken a couple of months off work – I was feeling a bit anxious, not quite right.

“Then, on Dec 26th 1989 came a knock at the door of my flat. My boyfriend went to the door and two policemen and a GP and someone else that I didn't know were standing there... they burst into the flat ... I was arrested. There was a scuffle and so I was handcuffed. I was bundled off in the back of a police van. I was a bit suspicious because I thought the IRA were in the attic and I knew they were coming to get me. But this was my first engagement with mental health services. I was taken by the police to what I later discovered was the Royal Edinburgh Hospital.

“It was a week in fact before anyone told me what was going on. It was a week before I even got a toothbrush and a night-dress. I was in a single room under observation with a light on permanently. There was no privacy, locked doors, no taps on the bath and the observing staff, both male and female, just watched every move.”

“I was released six months later not having spoken to a consultant, not having spoken



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Campaigning for a better way

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to a doctor and given a bottle of tablets and told to take them, so I did, and that's where I left it."

As is the case with many people diagnosed with bipolar disorder, Liz Miller fell into a long depression. "I was depressed for three years. Every time I was alone, I wept. The thing about mental illness is the awful isolation. You think you are the only person there. And you're so ashamed of it. There are the external stigmatising behaviours from society, but there's also the internal shame.

"I see myself now as an ex-service user... I have been off medication for about five years in fact."

But for all the hardship during this period of trying to come to terms with the fact that her future was no longer mapped out, it also provided the catalyst for her future campaigning.

While sectioned for the third time, Dr Miller became aware that there were other doctors as patients on the ward. "I finally realised it wasn't just me." She approached the psychiatrist who ran the ward and asked if she should join the charity the Manic Depression Fellowship.

"He said, 'Yes, but don't make a career out of it,'" Miller recalls, descending into a long, loud peal of laughter. "That's more psychiatric advice I haven't taken. If anyone's made a career of it, I have.

"Work is tremendously important... what helped me more than anything is



Doctor Liz Miller with Stephen Fry and two members of the TV production team.

the ability to work flexibly. The years in between though have been both good and bad because since 1989 I had two further "sections". The downside of it all is as a result of being in and out of hospital a lot I don't have a pension and that financial security... I'm not saying I am not in a privileged position but most of my colleagues are on £200k a year in smart GP practices in London with a healthy pension fund. So mental health costs money... not just the Government but it costs people personally.

"I set up the Doctors' Support Network during that period of time. Doctors are in a difficult position when it comes to mental health. It's a bit like sending a policeman to jail. We are not meant to get ill – illness is for patients and in many ways this had a lot to do with my acceptance that I have

a mental health problem. It wasn't until my third admission to a mental health hospital that I finally began to accept that actually I had got a problem. And the key to that was that the nursing staff were actually talking to people like humans.

"So what lessons have I learned out of this? Is there a better way? There is, and there are three elements to this.

"Firstly, mental illness prevention needs to be on the agenda as much as recovery. We talk about preventing heart disease and preventing cancer. We also need to prevent mental illness. When someone gets sectioned it is absolutely dreadful, it is the most awful thing that can happen to you. And when somebody needs sectioning then we should see that as a failure in the system and a failure in the community. We shouldn't just accept it as the quickest way into hospital – sectioning is a disaster. My flat surrounded by police cars and me being bundled away in a police van – neighbours never spoke to me again!

"Secondly, it's to limit the damage. If I wasn't distressed before I went in then I certainly was afterwards. It didn't help and we need to make these services more supportive.

"And finally, there's a need to improve recovery, do what we can to make things better and quicker."

To hear Dr Miller's presentation in full, go to www.nhsggc.org.uk/our health

IT'S A FACT

✓ One in four Scots will experience mental health problems and more than 80% will suffer stigma or discrimination as a result. Worryingly, this often occurs close to home with friends and family the most likely culprits to stigmatise, followed a close second by colleagues.

✓ Support from family and friends is the single most important factor in recovery. It's simple to give positive support to friends, relatives and colleagues with mental illness.

✓ Those who suffer bipolar disorder experience much more intense mood swings – from deep depression to extreme elation or "highs". It's not the recurring pattern of these moods that causes problems, it's their severity.

✓ The severe highs and lows may alternate, or there may be long periods of stability between them. Some people with bipolar disorder mainly experience depression, with only occasional manic phases.

✓ The exact causes of bipolar disorder aren't known, but stressful life events, unresolvable problems, or emotional damage in childhood may play a part, possibly combined with genetic factors.

✓ If you have a relative with bipolar disorder, then your chance of developing it is higher.



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SIMON Bradstreet took up the post of Network Director with the Scottish Recovery Network (SRN) in 2004. Since then he has been working with a wide range of committed groups and individuals across Scotland to raise the profile of recovery from mental health problems, to learn more about the things that help and hinder that process

and to encourage local and national action.

During this time the profile of recovery and the SRN have increased considerably both at home and abroad.

Here Simon explains more about the work of SRN and about recovering from a mental illness.

Network aims to help on the road to recovery

FOR a long time people involved in mental health worked hard to raise awareness that one in four of the population would at some point develop a mental health problem serious enough to require treatment. Latest figures suggest that the figure may be closer to two in five.

At the same time up to one in three GP consultations involve some aspect of mental health issue and poor mental health is estimated to cost the Scottish economy £8.6 billion a year in support and lost earnings. The World Health Organisation estimate that by 2020 depression alone will be the world's second greatest contributor to the

'global burden of disease'. These statistics are stark and they help raise awareness of the need for action but they do not get to the individual experience.

Mental health problems are disabling and potentially lethal, being a significant contributory factor to suicide and a range of physical health complications. People who experience more complex and long term mental health problems are amongst the most excluded in society. They are unlikely to work and still face high levels of stigma and discrimination. Living with a mental health problem can be devastating and its impact can be far reaching and significant. Given these circumstances it is vital that we learn more about what it is that helps people to recover and regain control of their lives.

The encouraging news is that people can and do recover from even the most serious and long term mental health issues.

Underlying this is the fact that recovery means different things to different people. For some it is about being entirely symptom free or getting back to the way things were before a period of illness. For others it can mean living a satisfying and fulfilling life. A life in which they enjoy greater control, perhaps using tools and techniques to better manage their mental health. It is also encouraging that in Scotland we are now much better at learning directly from people in recovery and using that learning to shape and inform the way we offer support.

The Scottish Recovery



Simon Bradstreet addresses the Our Health event.



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Helping on the road to recovery

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Network has been working since 2004 to raise awareness of recovery, to learn more about the factors which help and hinder it and to encourage local and national action. To help us understand more about recovery we interviewed 64 people around the country who described themselves as being 'in recovery or recovered from a long term mental health problem.' From this study we confirmed that people can and do recover and we were able to highlight key elements in people's recovery experiences. These included, but were not limited to:

- The importance of a positive identity, based on hope, self belief and personal control.
- The role of supportive relationships, based on trust, consistency and belief.
- The need for people to find things to do which provide meaning and purpose, like working, volunteering and involvement in the arts.
- Having access to effective treatments and support at the right times.

Encouragingly this research, and other similar learning which comes directly from people's experience, is being used to improve the way we provide services and supports. This has been described as the 'recovery approach' or 'recovery oriented services'. This new approach, which heralds people's innate capacity for growth and development and celebrates the knowledge and insight developed through living with mental health issues, has encouraged new and innovative service models and approaches. Some examples include:

- New learning materials being shared with mental health professionals which ask them to consider how they relate to people and the impact this has on their recovery.
 - The introduction of a new type of worker called a Peer Support Worker, people whose initial qualification is their lived experience of mental health issues.
 - The development of a new tool designed to help services consider the extent to which they are helping recovery.
- SRN has also been working to help set up groups and networks around the country to encourage discussion and local action. In addition, we have been working to promote a self management tool called the Wellness Recovery Action Plan (WRAP) which helps people better manage their wellbeing and recovery.

In talking about recovery we acknowledge that it is not necessarily easy or straightforward. Many of the people involved in our research described the need to persevere and to find ways to maintain hope through the most trying times. We firmly believe that by sharing people's experiences through our Network we can have a positive impact on people's lives.

Visit www.scottishrecovery.net to read more about these initiatives and to learn more about recovery in Scotland. The website also allows you to sign up for regular network mailings so you can be kept informed of useful events and other opportunities. It also offers a chance to read what other people have said about their own experiences and to access a range of resources and publications.

YES YOU CAN win contracts with NHSGGC



Every year, NHSGGC awards thousands of contracts for goods and services to businesses within the West of Scotland.

If you are interested in bidding for work with the UK's largest health authority, log on to www.nhsggc.org.uk/procurement where you can...

- ✓ Browse and find out information regarding forthcoming and current tenders
- ✓ Gain insight into how NHS procurement operates
- ✓ Find out what goods and services the NHS requires
- ✓ Get contact details for all enquiries

Or go to the NEW website www.publiccontractsscotland.gov.uk where you can...

- ✓ Browse from a huge range of current tenders and contracts on offer
- ✓ Register FREE as a BUYER or SUPPLIER
- ✓ Submit contract offers and tenders/ expressions of interest (EOI) easily at the touch of a button.



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Stars are backing search for Alzheimer's cure

ACCORDING to a recent survey, more people fear developing dementia in later life than any other disease.

Alzheimer's is the single biggest cause of dementia, affecting one in 20 over-65s. It claims 24 million sufferers worldwide, including an estimated 34,000 in Scotland.

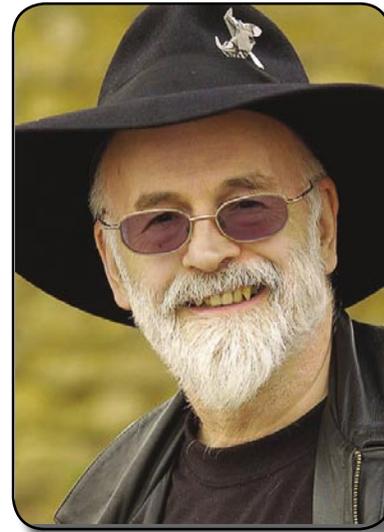
Some of its more famous sufferers have included US President Ronald Reagan, Prime Minister Winston Churchill, actors Charlton Heston and Charles Bronson and author Terry Pratchett.

Best-selling author Pratchett suffers from a rare form of early-onset Alzheimer's disease.

The 60-year-old, who was diagnosed in early December 2007, has had the illness for more than two years, during which he has 'managed to write a couple of bestsellers'.

He first noticed "that his typing had been going all over the place" a few years ago. At first he put this down to ageing but decided to go to see a doctor while working on a manuscript and feeling like he was "typing wearing gloves".

Describing his diagnosis as an 'embuggerance', Pratchett now dedicates much of his time to raising awareness of the condition and lobbying for more funding to support research into the disease.



Author Terry Pratchett has donated one million dollars to research projects.

He has also personally donated \$1million to the Alzheimer's Research Trust in a bid to find a cure for the disease.

Speaking at the recent annual meeting of the Alzheimer's Research Trust, Pratchett said: "I am, along with many others, scrabbling to stay ahead long enough to be there when the cure comes along. Say it [the cure] will be soon... there's nearly as many of us as there are cancer sufferers,

and it looks as if the number of people with dementia will double within a generation."

Scotland's universities are amongst the front runners in the race to find a cure. Professor Claude Wischik and colleagues from the University of Aberdeen have discovered a treatment that appears to slow the progress of Alzheimer's disease by 81%. And a team of scientists in St Andrews have developed a man-made compound capable of blocking and even reversing some of the symptoms of the disease.

The news elsewhere is equally encouraging. In a major breakthrough scientists in the United States believe they are closer to developing drugs to combat the disease by identifying a drug which stops the build-up of a protein thought to trigger Alzheimer's.

The Alzheimer's Research Trust is the UK's leading research charity for dementia. The charity is dedicated to funding scientific studies to find ways to treat, cure or prevent Alzheimer's disease and other forms of dementia. The Trust has a number of high profile supporters, including Patrons Terry Pratchett, Sir Cliff Richard and Sir David Frost.

For the latest on their research efforts, go to www.alzheimers-research.org.uk

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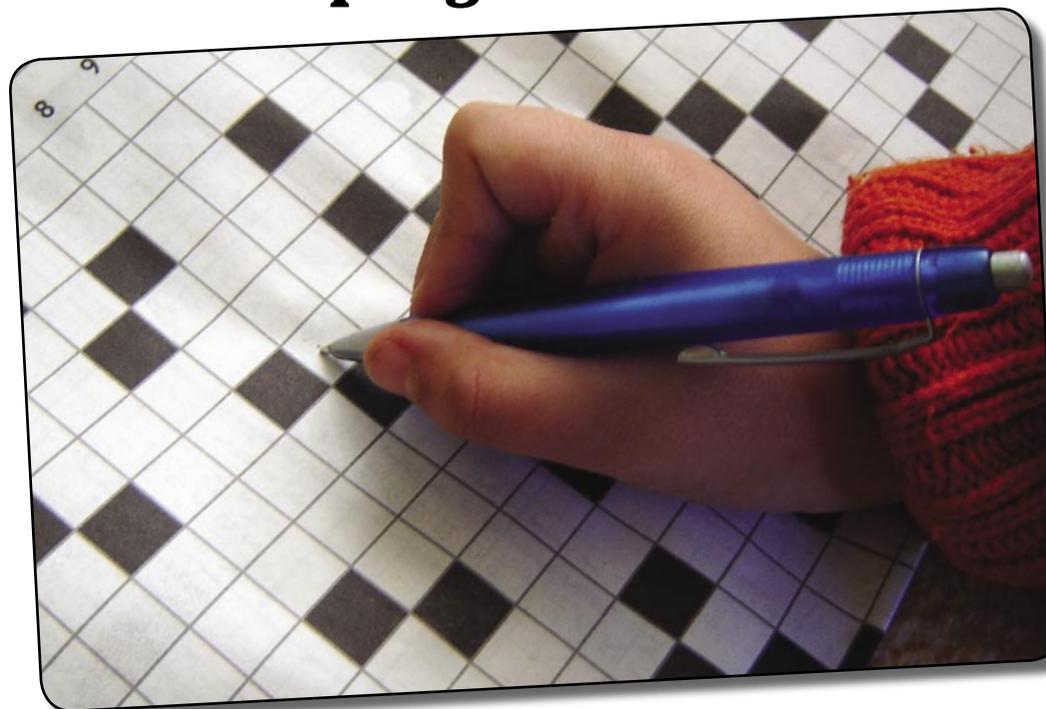
How simply doing a crossword could reduce the likelihood of developing Alzheimer's disease

ALZHEIMER'S disease slowly and progressively destroys brain cells and their connections. The onset is usually gradual.

In the early stages, a person may become more forgetful than normal. As the illness progresses the person will suffer from more severe memory loss, language skills will deteriorate, practical abilities will decline and it will be increasingly difficult to make judgements and maintain standards.

By the late stages, constant supervision is required, with the patient becoming unable to meet even basic needs such as feeding and dressing. The disease is eventually fatal.

A person with Alzheimer's disease may have 'good' and 'bad' days. They can cope well one day, remembering where things are and how to get dressed, but the next day may not be able to cope with these tasks. Tiredness, other health problems and depression can all have an impact on a person's day-to-



day coping abilities.

Alzheimer's is caused by the increasing presence of 'plaques' in the brain, which cause 'tangling' of the nerve endings, leading to confusion, disorientation and memory loss.

Scientists still do not fully understand what causes the disease. Research is continuing into factors that can affect a person's risk

of developing it, including genetic, environmental and lifestyle factors.

What is clear is that a healthy body and mind can help delay onset of the disease. The Alzheimer's Society's 'Be Headstrong' campaign points to five practical steps that everyone can take to reduce their chances of the disease:

1. Eat less saturated fats to

maintain a healthy heart and strong circulation.

2. Don't smoke. The damage caused by smoking on the body's circulatory system can add to a declining brain function.

3. Exercise regularly

4. Keep mentally and socially active. People who neglect intellectual stimulation through, for example,

crosswords and reading, are far more likely to develop diseases like Alzheimer's.

5. Get regular blood pressure and cholesterol checks.

When a person develops the disease, various types of treatment are available. These include psychology, art therapy and music therapy, as well as drug treatments. While there is no cure for Alzheimer's, there are drugs which can help alleviate some of the symptoms for some people and improve their quality of life.

If you suspect that you or someone you know may be displaying signs of Alzheimer's you should contact your GP as soon as possible. Your GP will be able to provide support, advice and information and may refer you to a specialist for further treatment.

You can also get advice from the 24-hour Dementia helpline (0808 808 3000) or from Alzheimer's Scotland at www.alzscot.org



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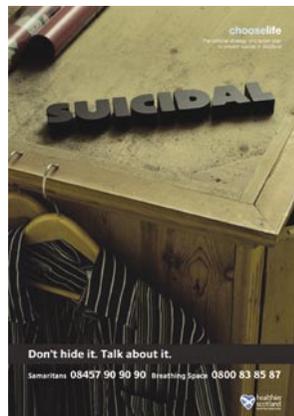
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Why it's good to talk about suicide

Every day, around two people in Scotland die by suicide. While suicide can affect anyone regardless of age, gender, social class or culture, younger men (especially those living in the most deprived areas of Scotland) are at a higher risk and account for three-quarters of all suicides.

Now a major new campaign has been launched encouraging anyone who may feel suicidal to talk about it. The "Don't hide it. Talk about it" campaign highlights that it's okay to talk about feeling suicidal and encourages people to talk to someone they trust or to phone a helpline such as Breathing Space or Samaritans.

The campaign is a vital part of a longer term national Choose Life strategy which was launched in 2002 in response to a significant



rise in the levels of suicide across Scotland in the 1990s.

The strategy, which aims to reduce the suicide rate between 2002 and 2013 by 20%, gave a focus and some dedicated resources to every area of Scotland to achieve this aim. There is a Choose Life programme in every local authority area in Scotland, each drawing in contributions from multiple agencies and community interests.

One Glasgow project set up with help from Choose Life is North

Glasgow LifeLink, LifeLink Project Manager Beryl Donnelly explains how it works: "LifeLink was set up in direct response to a number of suicides in the north of the city. We're now established as a local centre dedicated to suicide prevention and to providing support for people who self harm. There are well-established connections between poverty and ill-health, and suicide and self-harm are no exception.

"We hope we can help more people to choose life when they've lost their relationship with living. We hope they can in turn pass this on to other people, through good example and through suicide prevention training in the community."

If you want to talk, you can call Samaritans on 08457 90 90 90 or Breathing Space on 0800 83 85 87 (6pm-2am).

Mental health worker speaks from experience

WHEN Moira Gillespie (right) addressed Our Health 8, she had a few hard acts to follow of recognised health experts and celebrity figures.

Moira's opening line gripped the audience... "The only thing that I can ever be an expert on is my own recovery and my own experience of peer support."

Moira now works for the mental health network in Greater Glasgow but her experience with mental ill-health stretches right back to her childhood when she suffered depression.

"It took me a long, long time to actually realise that the only person that could help me was me and that was a hard lesson to learn," she told the Our Health audience.

Recovery is individual to every one and international experience has identified that recovery is about much more than the absence of symptoms, it's about giving people the tools to become active participants in their own health care. It's about having a belief, drive and commitment to the principle that people can and do recover



control in their lives, even when they may continue to live with ongoing symptoms.

Moira said: "For me volunteering was actually the pathway. I had a long experience of being in psychiatric units, being in resource centres, sitting in resource centres.

"Now in retrospect I can look back and think why did I sit there? I was sitting there waiting for somebody to fix me, it was quite easy, I was waiting for that magic pill, that pill that was actually going to say - you are better - and it was never going to happen."

You can hear the full version of Moira's thought provoking presentation and other presentations given to the Our Health at www.nhsggc.org.uk/ourhealth



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Getting involved in your NHS

NHS Greater Glasgow and Clyde recently staged a special Our Health event in the city's Royal Concert Hall. It was a huge success, attracting more than 400 delegates and generating real debate and workshop activity.

There were many speakers – mental health experts, clinical professionals, personalities and former patients taking part.

The Mental Health event was the latest in a series of Our Health events that the Health Board has organised to give more opportunity for direct involvement between service providers and users.

Many Board members were approached after this latest event by professionals, members of the public and individuals who have experienced or are still experiencing mental ill-health who said it was hugely worthwhile and enlightening.

Many of those who attended came from our growing number of the NHSGGC Involving People network.

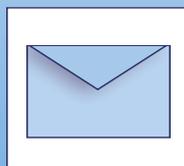
Joining the network offers those on our

If you would like to be placed on our Involving People database, send us your name, address, telephone number and email address.



Email us...

involvingpeople@nhsggc.org.uk



Write to us...

NHS Greater Glasgow and Clyde
FREEPOST SCO6902
Glasgow, G1 4BR

No need to affix a stamp to the envelope



Phone us...

0800 027 7246

database an opportunity to engage and get involved in many aspects of service change, design, consultation and participation.

It's a great way of staying informed on the areas of NHS activity in which you are interested. Five editions of Health News will be posted out to your home each year covering a range of major issues... recent editions have specialised in older people's services; child and teenage health and cancer services.

Forthcoming editions will specialise on the

inequalities challenges in health and social care – another edition will explain the new model of acute services healthcare with two new hospitals in the north and south side of Glasgow and how patients can use them to get more out of their NHS.

Why not give us a call, drop us an email or write to us to sign up to be kept well informed and be invited to future events such as our Annual Review, future Our Health events and keep up to date with what's making the news in your NHS.



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You are not alone...

Getting help

If you are worried about your mental health, ask for help. Don't be embarrassed and don't think you are alone – we all get down at times. And don't put it off - there's a lot on offer from the NHS and our partner agencies to help you through.

Remember there are always people who care about you.

If you are thinking about harming yourself or have thoughts about ending it all, get help right away – contact your GP or NHS 24 – they will be able to help. You can contact NHS 24 on 08454 24 24 24.

If you or someone you know have trouble communicating – maybe because of language or sensory impairment – let us know. We can provide communication support and interpreters. Everyone matters.

Just want to talk or need advice?

If you feel you just want to talk or get some advice without giving your name, call Breathing Space or the Samaritans – they will listen and they can point you in the right direction for any help or information you need. Breathing Space is open from 6pm to 2am every day – call 0800 83 85 87. The Samaritans can be contacted 24 hours a day on 08457 90 90 90.

Even better, help yourself!

NHS Greater Glasgow and Clyde provides a range of 'self help' materials. All local libraries have a 'Healthy Reading' section – full of booklets and other materials that provide information and guidance on mental health issues. Many give simple advice about easy things you can do to feel better.

If you've got access to the internet, try 'Glasgow STEPS'. This is provided by the NHS through Southeast Glasgow's

Mental Health service. It's full of information, advice and ways to get through your problems. There are lots of videos and booklets to download. It covers all sorts of common problems – stress, anxiety, depression, problems sleeping and so on – have a look at www.glasgowsteps.com – there's something for everyone!

Another website that the NHS supports is www.livinglifetothefull.com – it also offers information and 'self help'.

Just want more information?

There are dozens of voluntary and community organisations offering mental health services. They work in partnership with NHS Greater Glasgow and Clyde and offer practical help. There are too many to list here!

We provide an online directory to help you find the right one for you – www.glasgowhelp.com – there are also links on the health board's website.

You can also get local information on services by contacting your Community Health Partnership (CHP) or Community Health and Care Partnership (CHCP). Many provide local directories online and in booklet form. Just ask at any GP practice, health centre or social services office.

Want to get in touch with people like you?

We work closely with two main mental health users' organisations:

ACUMEN

Room 2015, Mile End Mill,
12 Seedhill Road

Paisley,

PA1 1JS

0141 887 9103

www.acumennetwork.org

Mental Health Network

Templeton Business Centre

62 Templeton Street

Building 1 Unit 1B1

Glasgow G40 1DA

Tel: 0141 550 8417

www.mentalhealthnetwork.uk.com



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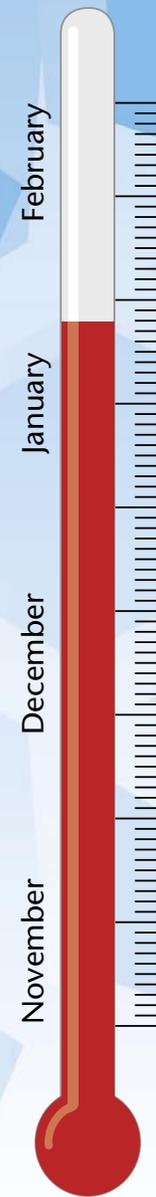
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Stay well this winter. Plan ahead.

If you are ill, there are a wide range of health services for you and your family throughout winter, including Christmas and New Year.

Stay at home	<ul style="list-style-type: none"> • Treat coughs, colds and flu by keeping warm, resting and drinking plenty of non-alcoholic fluids. • Paracetamol or ibuprofen can reduce high temperatures and ease aches and pains. • Most people recover from viral infections like cold and flu within four to seven days. • Antibiotics won't help with flu, colds and most coughs and sore throats.
Ask your Pharmacist	<ul style="list-style-type: none"> • Advice on common complaints including coughs and colds, sore throats, stomach upsets, head lice and athletes foot. • Minor Ailments Service for patients exempt from prescription charges – free advice and supply of medicine without having to see GP. • Check www.nhs24.com for local pharmacy opening times over the festive season.
Contact your GP (doctor)	<ul style="list-style-type: none"> • For more serious illnesses, make a routine appointment with your GP. • GP surgeries will be closed for four days from Thursday 25 December 2008 reopening on Monday 29 December 2008. • GP surgeries will also be closed for four days from Thursday 1 January 2009 reopening on Monday 5 January 2009. • Cancel your appointment if things change and you no longer need it.
Call NHS 24, 08454 24 24 24	<ul style="list-style-type: none"> • For urgent medical advice when your GP surgery is closed, contact NHS 24 on 08454 24 24 24. If required, you will see a GP or nurse from the NHSGGC emergency medical service. • NHS 24 can advise on dental emergencies if you are not registered with a dentist. For registered patients, call your own dentist.
Accident & Emergency/999	<ul style="list-style-type: none"> • For accidents and serious emergencies go to the nearest A&E department or call 999. They are open throughout the festive period, including public holidays.



08454 24 24 24 • www.nhs24.com
www.nhsggc.org.uk

