

Spring 2008

*Islington Borough User Group – iBUG – is a group of people who either use or have used mental health services and have come together to monitor the provision of these services in Islington. Our function is to give a professional voice to people in Islington who have mental health problems and who seek help with these from service providers whether in the statutory or voluntary sector.*

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# Spring Newsletter

**Chair's Report**

Spring Newsletter 6 May 2008  
from Peter Jones Chair iBUG

Over the last year I have been working with other colleagues in Barnet Haringey and Enfield on a European funded project called Emilia. The project has a life long learning element and was split up into 3 parts. Part one: Understanding oneself and mental illness through the Strength Approach:

Part Two: Understanding the Recovery Approach to mental health and leadership in small mental health organisations.

During the discussions that I led it became obvious that many parts of London still do not have modern mental health inpatient facilities. It was extraordinary to hear the experiences of recently discharged patients from Barnet, Haringey and Enfield. This was especially true of the women patients.

It is only now that I can sit back and reflect on what

life used to be like on the old Waterlow Unit. Those conditions are still a reality for a large part of London. We must campaign hard alongside our friends in other boroughs so that they can have the same inpatient arrangements that Islington has i.e. single rooms with ensuite bathrooms. This is the very basic service that anyone can expect. Without the dignity that such services offer everything else is a sham. When sectioned, a patient by definition is at their most vulnerable: A safe caring peaceful environment is the least we can all expect from services. It is only now that I understand that if an organisation is serious about treating everyone with dignity and respect then the standard of accommodation and general surroundings where we are sectioned is absolutely vital.

The result of the Islington Day services review/consultation has just been announced. All members will have received a copy

of the new proposals by post from iBUG in the first week of May 2008. The first large consultation exercise event took place on Tuesday 29 April 2008. The meeting was quite stormy. However some of the concerns raised by us and all service users have been considered. Lambo carers will be able to stay at Lambo. However, Lambo and Ashley Road will merge under the new proposals. A smaller service will exist at Southwood Smith. However, the dilemma about how to change Ashley Road remains a huge stumbling block. We will keep you informed of all developments.

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## Interview with Shirley McNicholas, Women's Lead

By Suzy Lee

**Q: What is your role within the Trust?**

**A:** To lead on women's issues from the women's crisis house (Drayton Park), including the women's strategy group, and to develop policies from a gender perspective e.g. co-writing the domestic violence policy, which is now on the internet. The development of the inpatient site forums, to run training eg the women and mental health training day, and to be available as a trust resource on women's issues.

**Q: What challenges do you face?**

**A:** There are no additional resources in the trust or Drayton Park management: part-time management from the two roles can be tricky. It is hard work—but very rewarding. It is also a challenge to try and ensure women's mental health is a priority issue with all the competing agendas and issues. Also, I can set things up, such as the women's forums, but I need co-operation to sustain them.

**Q: What changes do you think would benefit women?**

**A:** Single sex inpatient wards would benefit women and lead to lots of changes—a huge shift. It would make gender policies come to life—staff would look at women or men, not people. I believe we are unable to incorporate the differing needs of men and women in the same place. Women don't seem as able to talk about the personal ex-

periences they bring to mental health wards as they do in single sex wards. On Cardogan ward, which is women only, they have different experience—lots of talking. Parenting and mental health is less apparent on mixed wards, whilst sexuality issues are not in the foreground. It's more about what's happening between the men and women.

Also, mixed wards do not offer the same multi-cultural service. It is not acceptable to some families to be on a mixed ward, it can cause shame and stigma to be mixing with strange men, and women can end up wearing full hijab, which they don't do at Drayton Park

**Q: Is there any resistance to your role and any possible changes?**

**A:** Defensiveness when talking about women or the impact of re-traumatisation on women. Women often come with traumatic issues. Using control and restraint on a woman who has been raped, for example, may have a different meaning. So if staffs do oppressive things, they need to hold on to the traumatic past. People think I'm anti-men, so they get resistant. However I see it as positive—if I get women's agenda on the table, men's will come too—but not if we don't separate them out.

**Q: What can the Patients' Council do?**

**A:** Develop a women's/gender lead on the Patients' Council. There is no diversity framework and developing training and diversity leads would help to know what to

look for, how to ask the right leading questions. Is there information about diversity and women's groups on the notice board, the images on the walls? People need training in complex questions, and how to ask them safely, and be prepared for the answers. For example, if you ask if a patient has ever felt sexually threatened on the ward, what response will one get? How does one feed back to staff? One could feed back themes, eg areas women can get trapped in and where no-one can hear. Also, where are the women's sitting rooms and are they comfortable and safe? I am very pleased iBUG has linked to the women's forum.

**Q: Is there anything else you would like to see iBUG doing?**

**A:** I would like to see a diversity column in your newsletter. There is a lesbian/gay forum in the trust, and a leaflet done by Drayton Park. There is also an LGTB group (lesbian, gay, transsexual and bisexual), and a staff Race Equality network. I would like to see iBUG make these links. I would also like to see iBUG informing patients about crisis services—does everybody know about Drayton Park, the Haven and the Crisis Teams? It should be on everybody's CPA, especially black women who are not considered so much as white women.

## An Islington Tale

by Gerard Greene

An environmental health inspector from Islington Council recently visited a buxom neighbour of mine after she complained about noise and vibration levels from heavy vehicles in our street.

She reckoned the buses

were worse of all, especially those mobile traffic jams, the 'bendy buses', and her bed was jumping all over the place.

'You go and lie on it' she told him, 'and I'll make us a nice pot of tea.'

A few minutes later, her burly husband returned and went into the bedroom.

'What the hell do you think you're doing?' he roared at the inspector.

'You won't believe it, but I'm waiting for a bus' he replied.

## Service User Profile- Richard

Richard originally trained in 1985 as a psychiatric nurse (RMN) and has been a service user in the Trust for about 7 years on and off, originally being seen at Elthorne CMHT (community mental health team) for severe depression following the death of his baby son. Richard suffered from chronic insomnia, and found one of his main problems was when he would lie awake at night ruminating about his son. A quick and easy solution to this was to drink two litres of vodka per day in order to sleep - however, this actually made his problems worse, by exacerbating the depression.

Despite being seen for group therapy at the Tavistock and Portman Clinic, this didn't help the situation either, and he was unable to access any type of child bereavement counselling. Luckily Dr Abby Seltzer (Consultant Psychiatrist at Elthorne) was able to quickly refer Richard to AASCI (Alcohol Advisory Service for Camden and Islington) where specialist treatment can be given within the Trust for people with dual-diagnosis.

Richard made a fairly quick recovery from alcohol misuse and stayed abstinent from alcohol for

over 4 years. A few problems cropped up and he relapsed into drinking again. Fortunately Richard was able to be seen quickly again at AASCI and was abstinent within a few months of seeing a key-worker there, and has now been abstinent for 18 months.

Richard helped to set up a service user forum at AASCI, as he wanted to put back something into the service that helped him most, and to be able to help other service users accessing AASCI. In the 15 months since the forum was started many changes have been made at AASCI due to feedback from the forum, and have provided feedback into the service re-designs for both Islington and Camden alcohol services. Richard attends many meetings in the Trust on the Substance misuse side, from a local staff business level, to Operational meetings, Strategic Managers Groups, Clinical Governance, and has also sat on numerous staff interview panels at AASCI. Richard is also a member of ICDAS (Islington Clients of Drug and Alcohol Services) and attends various meetings as a rep from there, namely, iBUG, Joint Commissioning Group, Alcohol Treatment and Refer-

ence Group, BME Drugs and Alcohol Forum, and has sat on a PCT Tender Panel, and recently went with the Substance Misuse Commissioners to present the Islington 2008/9 Borough Treatment Plan to the National Treatment Agency for Substance Misuse.

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## Job Opportunities

By Suzy Lee

Recently at an iBUG business meeting, someone asked the question, what do we do with all these skills we are learning at places like Hanley Road? There are lots of well publicised skills training courses available, but what about actual work? Where can we go to get a job and put these skills to use?

Notebook in hand, I set off to research job opportunities and was surprised at just how much support is available to find work (including voluntary work)

I spoke to Clover at Hanley Road. They run a variety of employment, training and education courses, and are linked to Islington Job shop and Mind's employment project for those who wish to move on to work. They also used to offer some voluntary work within the wider trust but that is currently at a standstill.

At Hillside House, they approach full time work via a series of steps. People can start by participating in the work ordered day at the centre, on a voluntary basis, increasing their skills and confidence. When they are ready to move on, they can do 'transitional employment placements', entry level jobs with local employers which are paid below benefit disregards (£20 per week for income support). Ginny explained that there are no formal interviews but employers trust them to recruit because they offer ongoing support. If an individual cannot do a shift, they will try to find a replacement from Hillside House; members also offer each other support by sharing their experiences of work and staff will visit workplaces and try to sort out any problems. Everybody has an individual support worker, and after a six to nine month placement, they will meet up to decide where to go

next. If skills gaps have been identified, for example, a college course might be next. When users are ready for further employment, David runs a one step programme to help. He will do a vocational assessment, update CVs etc. Hillside House has a partnership with 'Work Is', the council job brokerage, and they can offer work with longer hours and higher pay. They also do better off calculations to see how work affects their benefits - housing benefits as well as income support and incapacity benefit can be affected.

They offer ongoing support to those in work, and also link with other local job agencies.

At Isledon Road, they run a scheme whereby users can do paid voluntary work in the centre, from IT to kitchen work to reception. Some share their skills, e.g. running IT or art groups. They offer support to get people into further education and work, for example writing CV's and job searches, as well as general support to identify goals and take people through the steps to work. Others sell their artwork through the Other Side Gallery and Hannah Anthony stressed that Isledon Road has a very creative profile— lots of artists and musicians attend. Some find work through Islington Music forum, whilst lots of their users do voluntary work ,e.g. ,with iBUG, Islington Forum, or the Trust.

My next port of call was the job centre plus. They offer pathways led personal advisors who support disabled people to find work. They offer careers advice, help with CV's and job interviews, job searches, clothing grants and better off calculations to see if the client is financially better off in work. They can protect income support and incapacity benefits so if the job doesn't work out, the client can go back on benefits.

However, when I spoke to Michael, a pathways advisor, he insisted that a key component of a successful job hunt was to establish what the client really wants so they can get sustainable employment.

Next I spoke to Julie Proudly, Manager of Mind's employment scheme. They offer help to find work, voluntary work and training, of up to one hour a week. They offer emotional support, goal planning and careers advice to jobseekers. They help research options for those who may not be certain what they want to do. They also offer lots of practical help—with CV's, application forms, interview skills, job searches and opportunity searches in voluntary work and training. They will also help with better off benefit calculations, and also attend interviews with people if needed. They also offer post employment support and will meet clients, attend meetings, etc. Julie said "we try to be flexible because everyone is different". Mind also runs a jobs at risk programme where they try to protect jobs at risk, e.g. ,from long term sickness. Julie stated that their employment projects are individually tailored to meet clients' needs.

Whilst not exhaustive, the above article shows that there are lots of opportunities and places where people with mental health problems can get support to find full time employment, and to take the necessary steps to prepare them for work. Good luck to all of you ready for the next step!

## Islington Mental Health Forum

BY Margaret Newton

The Islington Mental Health Forum (IMHF) is a sister organisation to iBUG. The main difference, however, is that IMHF is smaller and has a lot less funding (and therefore, for example, we cannot afford a worker), and also IMHF's role is rather more that of an independent pressure group. It is funded by the PCT (Primary Care Trust) and the Council.

Like iBUG we deal with Commissioners and key mental health professionals. We usually have one of these to speak at our monthly management committee meetings, and after the professional has given a short talk what follows is plenty of lively discussion, promotion of our ideas as to how services could be improved, and questions.

We now have our own website where our newsletter 'Break out' can be found with plenty of links to other organisations and groups, including the Pink Paper. (an LGBT -lesbian, gay, bisexual and transgender magazine)

IMHF began around

1986 and was chaired for many years by John Hart, until about five or six years ago. In this time, IMHF was directly responsible for initiating the current advocacy project in 1992 by employing - through funding available to us at the time - Genevieve Repino.

John Hart personally intervened when Islington Council was in the process of stopping the Freedom Passes on mental health grounds, and at the eleventh hour his intervention was successful, and to this day mental health service users still enjoy the usage of the Freedom Pass.

IMHF was responsible for setting up the Creativity Centre that exists to this day at Isledon Road, and some of the funding for this project still passes through IMHF on its way to the project.

IMHF also set up the Islington Music Forum, which has since expanded with great success along the way. A newer Music for People project has also been set up by IMHF in the past couple of years.

Throughout IMHF's his-

tory it has also been a group for mutual support of individuals going through difficult times.

All iBUG members are welcome to attend our monthly meetings which—with the exception of January—are always on the first Friday of the month, 1-3pm, at the Stress Project, 2, Shelbourne Road, N7 (Corner of Annette Road).

After our guest speakers have left— after an hour—we have an interval, followed by discussion amongst ourselves about other issues of the moment.

Certain members of IMHF have also been in sub-groups at other places, such as the one at Isledon Road with Chris Manby and Peter Cartilage to discuss and review the question of service users being banned from day centres.

Margaret Newton

Secretary of IMHF

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## Complementary Therapies

### Complementary and Alternative Medicines (CAMs) and Mental Health problems

Written by: Edit Szarvas

#### An introduction

Nowadays, in the 21<sup>st</sup> Century, people are becoming more and more disappointed in the hectic modern way of living, and have started to open up to a more “natural” way of living. It is a time when long— forgotten traditional alternatives are becoming important parts of our daily life again.

Many people are interested in “Eastern” therapies and activities such as yoga, acupuncture, Tai- chi, Chinese and Indian remedies. It attracts people because of their philosophy: they aim to balance a person “as a whole” in reflection to physical, emotional and spiritual health and well- being.

#### What Complementary and Alternative Medicines (CAMs) are?

One of the ancient therapies is Western Herbal Medicines, which were first formulated by the ancient Greeks and are informed by western scientific principles.

Complementary and Alternative Medicines (CAMs) are recognised by modern health professionals including psychiatrists. According to the Royal College of Psychiatrists ([www.rpsych.ac.uk](http://www.rpsych.ac.uk))

CAMs are:

“ways of treating illness that have developed outside the mainstream of modern medicine. Many are traditional remedies that have developed in different cultures over the centuries. They include: herbal medicines, foods, nutritional supplements, such as vitamins and minerals.”

On MIND’s information site “Making sense of herbal remedies” ([www.mind.org.uk](http://www.mind.org.uk)) you can read the following: “People turn to Complementary and Alternative Medicines because conventional medicine let them down or they try them because they want to relieve the side effects caused by the prescription medication they need to take.”

#### What does the expert say?

I have talked to Niloufar Nourishad, pharmacist, at Highgate Mental Health Centre about CAMs. She informed me that there are only a couple of complementary medicines prescribed by psychiatrists at HMHC: these are Omega 3 and 6 and cod liver oil. Most pharmacists recommend olbas and other natural remedies for nasal congestion which don’t interact with other medication and you can buy them over the counter (e.g. Boots). Most herbal medicines are not available on the NHS but they may become more common as Statutory State Registration is introduced.

Ms Nourishad said, “I advise service users and everyone interested in CAMs to look for independent practitioners, medical herbalist, or ask for

advice from their mental health professionals because these herbal medications are more powerful than one might think. They might interact with your conventional medication in a lot of different ways. Although many people think CAMs have no side effects, that is not true. Most herbal medications and supplements are not side-effect free. Indeed, some can interact with medication more than others, such as St John’s wort. One especially needs to consider the interactions of natural products if she/ he takes medication prescribed for mental health problems, such as colzapine, lithium and olanzapine”

In regards to the above I would like to advise you that if you are interested in CAMs, first and for most, talk to a Medical Herbalists and inform him about your condition and all medications you take. Without this preparation no one should take any CAMs however innocent they might think the herbal medicine is. If you already take any herbal medicines inform your health care professionals and pharmacists.

#### Who should I consult?

All medical herbalists should be registered by The National Institute of Medical Herbalists (NIMH). I have done a research and can inform you that medical herbalists in the Islington area are:

Mr Richard Adams, Ms Hananja Brice-Ytsma, Ms Lorraine Wood, The Archway Clinic of Herbal Medicine, Clerkenwell Building, Archway Campus, Highgate Hill, N19 5LW, Phone 020



8411 4411

The Clinic is a charity run by the National Institute of Medical Herbalists (NIMH) Archway Clinic.

#### How much does it cost?

You have to be prepared to pay as these services are not covered by your national health insurance. Concessionary Charges for those on benefits: First appointment (50 minutes): £16, Follow-up appointments (25 minutes): £10. An additional charge is made for medicines which will vary depending on what is prescribed. The average cost of one week's medicine is about £8.

#### How can CAMs help to treat different conditions?

##### Brain function and dementia

These are called cognitive enhancers and can improve concentration. They include: Ginkgo, Ginseng, Hydergine, Sage, Vitamin E .

##### Anxiety and sleep problems

“Most of these treatments seem to work on gamma-amino-butyric acid (GABA), a chemical in the brain linked to anxiety. We do not know if these drugs can cause addiction. They are less powerful than conventional sedatives or sleeping tablets.”  
Remedies include: Valerian, Passion flower, German chamomile, Hops, Oats, Starflower, Lemon balm, Lavender, Bach flower remedies, Melatonin.

##### Depression and bipolar disorder

Most treatments for depression are supplements, which are building blocks in the production of serotonin. This is a chemical in the brain that seems to be involved in depression.

In bipolar disorder (manic depression) adding omega-3 fatty acids may reduce the chance of relapse.

Remedies include: St John's wort, S-adenosyl-methionine, Folic acid, Selenium, Omega-3 fatty acids

#### Recommendations

Many health care professionals hope that CAMs will become an important part of a treatment, but know that we have a long way to go before that. According to the Royal College of Psychiatrists:

“Many CAMs have been used for mental health problems but there is little good evidence to support their use. Some of these treatments may work, but most have not been thoroughly tested. The studies have often been too small to give a clear answer. We know most about the treatments for depression, anxiety and insomnia.”

There will be a growth of research-based evidence for the effectiveness on herbal remedies, supplements and medication and once they find “the evidence” they will be used more commonly.

The Archway Clinic recommends herbal medication as

“Holistic herbal medicine has been used for over 2000 years to treat illness and restore good health and 75% of

the world's population continue to depend on plants as their major source of medicine. It is the origin of present day medicine as practised today by doctors.”



People turn to Complementary and Alternative Medicines because conventional medicine let them down or they try them because they want to relieve the side effects caused by the prescription medication they need to take.”





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Would you like to contribute to the iBUG Newsletter? We are always looking for new contributors and any articles are paid for. You can write the article yourself or you can join up with Suzy at the iBUG office to produce an article you can be proud of! If you are interested, please contact Suzy Lee at the iBUG office on 0207 562 4140

### **Ibug diary-May 2008**



06/05/2008 1pm	Patients Council HMHC Contact iBUG 0207 561 4140	Contact iBUG 0207 561 4140
<b>Lunch hosted by substance misuse service user group.</b>	Members from Camden and Islington may attend.	Open to all Service Users.
Hanley Road Education and Employment Centre, 75 Hanley Road.		30/05/2008 1-4pm
Contact iBUG 0207 561 4140		<b>Service User Consultative Forum</b>
12/05/2008 2-5pm	20/05/2008 2-5pm	St Pancras Hospital, 4 St Pancras Way.
<b>Highgate User Forum</b>	<b>Directors Meeting</b>	
Jaffa Kareem Conference Room, HMHC.	HMHC	Contact Ros Lettman 0207 530 3340.
Contact iBUG 0207 561 4140	Only for board members.	Open to all Service Users from Camden and Islington.
Patients Council members may attend.	27/05/2008 2-5pm	
	<b>iBUG Business Meeting</b>	
	Hanley Road Education and Employment Centre, 75 Hanley Road.	