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Christmas Newsletter



Chair's Report

By Peter Jones

Mental Health First Aid

I would like to advise iBUG members of a very exciting project that iBUG has been involved with for the past four months. For some time now iBUG has been working with the public health department of Islington PCT to help fight stigma faced by mental health service users. iBUG helped design the adverts that Islington ran on the tube and at Islington Stations. The PCT has been very committed to mount an anti stigma campaign as has iBUG. As part of their anti stigma policy the PCT is investing in a Mental Health First Aid Course. This course will inform

members of the public about mental health first aid. The course looks at all aspects of mental health from severe and enduring mental health problems i.e. psychotic symptoms and psychotic illnesses to less severe illnesses like depression and anxiety disorder. The course lasts for 14 hrs and is presented over two full days 9-5 or over 4 half day sessions. It is aimed at non professional members of the public who have an interest in mental health. At the end of the course a participant should understand the various types of mental illness that are currently prevalent in the general population, and be confident to deal with emergency situations and be

able to refer people to the relevant professional to provide support and help at the relevant level. The PCT has agreed to pay for the training of at least five service users to become fully qualified mental health first aid trainers. It is a tough course and I am pleased to inform our members that I completed the 7 day course at the end of October 2008. Two further service user iBUG members will start their training in Jan 2009. If any member is interested please contact the iBUG office. The course itself lasts 7 9-5 full on days. If selected to participate in the training course members must be willing to teach it 4xs during the next year.

"Having a working smoke alarm, testing it and maintaining it, as well as planning an escape route from a fire can dramatically decrease the risk of death or serious injury."



London Fire Brigade

By Fiona Burton

Be safe and sound in your home

Have you thought about the risks posed by fire in your home? If not, it's time to consider them as making the right preparations could save your life.

London Fire Brigade (LFB) is best known for putting out fires, but one of its main aims is to prevent them by ensuring people know how to protect themselves.

Peter Coup, the Brigade's Borough Commander for Islington said: "Although the number of fires in people's homes are decreasing in London, firefighters still attend thousands of incidents every year. Many of these fires could have been avoided.

"One of the ways we can help is by carrying out free Home Fire Safety Visits. These visits are available to everyone in London but we know some people are more at risk from fire than others, and LFB is particularly keen to work with the most vulnerable people in our communities to ensure they are protected".

LFB in Islington have been proactively engaging with Community Mental Health Teams, Floating Support Teams, Residential Social Landlords, Alco-

hol & Drug Treatment Agencies & Mental Health Service User led Groups alike in order to raise fire safety awareness with isolated and often vulnerable people in their own homes across Islington.

"Once we've made a Home Fire Safety visit appointment, local firefighters will visit your home and talk about how you can make it safer. During this visit, you will get information about how to prevent fire and how to escape if one breaks out in your home. We will also fit free smoke alarms where these are needed.

"Having a working smoke alarm, testing it and maintaining it, as well as planning an escape route from a fire can dramatically decrease the risk of death or serious injury."

Not just in Islington, the Brigade has been working hard to pass on hints and tips about how local people can minimise their risk from fire.

Peter's advice for local people and London wide residents includes:

- Arrange a free home fire safety visit by calling 08000 28 44 28 (please quote "Islington 06" as a reference when you make this call, however this service is open to all residents in London/nationally). Appointments are arranged at a time that suits

you. Translation assistance can be provided where necessary and special arrangements are in place for members of the deaf community.

- Fit smoke alarms on each level in your home. Keep them free from dust and test them every week.
- Make a fire escape plan so that everyone in your home knows how to get out if there is a fire. You should involve everyone in the plan, including children.
- Take extra care in the kitchen - accidents while cooking, especially with oil, cause more than half of the fires that occur in the home. Never leave young children alone in the kitchen.

- Make sure cigarettes are stubbed out properly, disposed of carefully and never smoke in bed.

- If you use candles, never leave them unattended or near to items that could catch fire like curtains or furniture.

Get into the habit of closing doors at night. If you want to keep a child's bedroom door open, close the doors to the lounge and kitchen, it may well help save their life if there is a fire.

Service User Profile-Suzy

By Suzy Lee

Recently a friend asked why I wrote service user profiles for other people but not for myself, so here goes—my own profile.

I first got ill in 1997. Prior to that my only contact with services was when I was 15 and took an overdose. I spent three days in hospital, and then was visited at home by a German lady whose intentions I was never entirely sure of. She was pleasant - I just don't think I understood her purpose in visiting. My case was quickly closed.

In 1997 I was working as a social worker on an acute (mental health) ward. It was a busy and therefore stressful job, and I was working very hard. I was also getting very isolated, losing touch with friends because I was so tired I couldn't organise my social life properly, as well as some of my best friends moving away. I was also very sad that my stepfather, Peter, had terminal cancer. I was also in-

creasingly having problems in my flat; I kept hearing my neighbours say they hated me, that I was too noisy and that they wanted to kill me. I became very frightened in my flat and one night ran to A and E at three o'clock in the morning. I was incredibly paranoid, refused to give my name and sat with my coat over my head in case anyone should recognise me. All I wanted was a sleeping tablet. As I told the A and E staff about my neighbours, they stopped talking about my neighbours and started talking about the voices. I was astonished - I knew what voices were, but it never occurred to me that that was what I was hearing!

I spent nearly a year in hospital, then went home, which was a disaster. I went to Sunnyside residential home for a year, and then moved when I went home. Slowly things started to improve, though with lots of relapses. Eventually I was given a diagnosis of schizo-affective disorder and accepted that I needed to take long term medication.

These days, life is much better. I volunteer at iBUG two days a week, attend a reading group, go to Ashley Road, Church, and see my family regularly. I love being an aunt to my six nieces and nephews and come from a close family.

I love working for iBUG - it gives me a sense of purpose that had been lacking for a long time. It is also lovely to get some positive feedback, for example, about the newsletter.

I also really enjoy visiting people on the wards for Patients' Council, but never forget that I could be back on the wards myself at any time. My illness is controlled, but has not disappeared - I still get the odd bad day. However, things are so much better that I do have a sense of optimism about the future - something that is very special to someone like me who spent years being depressed.

“I love working for iBUG – it gives me a sense of purpose that had been lacking for a long time.”

Council Executive Meeting and Day Services Review

By Suzy Lee

On 11 September I went to the Executive Council meeting to hear the decision taken about the Day Centres Review, which was on the Agenda. The meeting was held in a wonderfully panelled room at the Town Hall, with the Council Members seated in a U-shape so they could be clearly seen by us, the audience. The decision was pretty much as expected; they voted, with very little discussion, to keep Ashley Road open as a satellite service.

The Lambo as it is now will close and re-open as the central 'hub' and Southwood Smith will also be a satellite service.

Several other agenda items came up before the day centre issue and I was fascinated by how the council works. Unlike meetings with the officers, where everybody is polite and professional, there was a considerable amount of sparring between the ruling Lib-Dems and the Labour Group, including loud guffawing when a Labour councillor tried to say the Labour government had facilitated the plans for a

new Sobell centre. There was also lots of back chat from the audience as the plans to rebuild the Sobell centre went through, and several accusations of incompetence as financial planning was discussed.

It was a very insightful glimpse into the inner workings of the council, and I recommend going along to meetings if you can spare the time.



“...at which point might ill will qualify itself as a mental health problem in its own right?”



The Season Of Goodwill – For Some

By Phillip Fox

It was early morning, just as winter had set in, the rain was coming down in torrents with an icy wind blowing against me, I was carrying bags of shopping and struggling uphill with a conspicuous limp, moving as fast as possible to reach the bus stop some way ahead and the bus a little way behind me. I caught the driver's eye and nodded to indicate that I needed a lift.

It took me a while to unload my shopping, hoist myself onto the platform and shake off some of the weather. Recovering my breath in diminishing gasps I eventually disengaged my bus pass and pressed it against the electronic pad.

The driver, probably disconcerted at the delay I had already caused him, looked at me coldly and told me that my pass wasn't valid for a further 5 minutes, I explained that I only wanted to make 2 stops, the hill was steep, weather bad, leg injury, heavy parcels feeling tired etc and couldn't he just overlook the rules for just this once. In reply, he was adamant that if an inspector were to get on the bus he would lose his job and I should either have to buy a ticket from the box or wait for the next bus. The worst aspect of his attitude was that he looked right ahead of him at the road and spoke in a monosyllabic and patronising tone

As I defiantly stomped up the hill propelled by

anger and swinging bags growling back at the wind, I wondered if I had got the better of him or not by letting him know in a calm and light-hearted tone as was possible that I had dealt with my own mental health problems, approached the resources and got myself employment that was both sociable and enjoyable. I'm not sure if he got the point or not, but I cannot help wondering if all the rudeness that is often around masks so much stress; (the result of anger fear and sadness unaddressed). And, at which point might ill-will qualify itself as a mental health problem in its own right?

Christmas opening- Day Centres

Isledon Road is open on Christmas day and closed on Boxing Day and New Years Day.

Hillside House is closed Christmas day and Boxing day, open on 31st December and possibly New Years day (not yet

decided)

Hanley road is closing early on 24th December and opening again on 5 January.

Southwood Smith is closed on 25 and 26 Dec and 1st Jan but open all

other days Mon-Fri plus the Sunday group.

Ashley Road is closed Christmas day, boxing day and new years day, and open all other days Monday to Friday.

The Mental Health Act 2007

By Suzy Lee

The 2007 Act, which comes into force from 3 November 2008, makes a number of amendments to the 1983 Act, but most things remain unchanged—section 2 (28 days) and section 3 (6 months), for example, remain unchanged.

There is a new, single definition of mental disorder used throughout the Act, which complements the changes to the criteria for detention. The old treatability test will be abolished and in future, for all long term sections, appropriate medical treatment must be available to the patient.

There are changes to the role of Approved Social Workers (ASWs) and Responsible Medical Officers. These roles will be broadened to include other professionals such as psychologists, occupational therapists and CPNs. This includes the power to section pa-

tients, previously limited to Drs and ASWs.

There are also changes to the role of Nearest Relative, so that civil partners will be treated like husbands and wives. Patients will also gain the right to displace their Nearest Relative on reasonable grounds.

Supervised Community Treatment (SCT) is introduced. Following a stay in hospital, patients will be able to live in the community whilst still being subject to certain conditions under the 1983 Act, to ensure they continue with the treatment they need. This is likely to apply to a small number of patients who stop taking their medication once discharged, then get ill again and have to be readmitted. The SCT is designed to try and stop what are known as ‘revolving door’ patients who are always in and out of hospital.

Hospitals will also have a

duty to provide Advocacy to all inpatients - something which many users welcome

There will also be earlier referral to Mental Health Review Tribunals by hospital Managers—especially important to those on long term sections.

Similarly, there will be extra safeguards around the use of Electroconvulsive Therapy (ECT).

For those under 18 there must be ‘age appropriate services’, recognizing that in the past children have been inappropriately placed on adult psychiatric wards.

Broadly speaking, the new Act introduces a number of rights and safeguards for patients that many users will welcome. The real test, though, is how the new SCT works out in practice - watch this space for further news.

“The new Act introduces a number of rights and safeguards for patients that many users will welcome. The real test, though, is how the new SCT works out in practice.”



“Art therapy, according to the British Association of Art Therapists is ‘a form of psychotherapy that uses art media as its primary mode of communication’”



Art Therapies and Therapeutic Art Activities

By Edit Szarvas

I have started a series of articles in the iBUG Newsletter to inform you about Alternative Therapies available to you. In the Spring Newsletter you could read about herbal remedies and complementary therapies. We have published an article in the Summer Newsletter on how you can benefit from attending a Therapeutic Dance or Movement session in the community.

This article is about **Art Therapies** and the way they helped (and continue to help) thousands of people to learn more about their inner issues, to bring their pains to surface but also to express their positive emotions.

It is important to understand that **there is a difference between art therapy and therapeutic art**. Art therapy, according to the British Association of Art Therapists is “a form of psychotherapy that uses art media as its primary mode of communication”.

It differs from other psychological therapies “in that it is a three way process between the client, the therapist and the image or artefact. Thus it offers the opportunity for expression and communication and can be particularly helpful to people who find it hard to express their thoughts and feelings ver-

bally” (www.baat.org)

Therapeutic art sessions however, are facilitated by a mentor who is an experienced artist, but not a mental health professional (!) and who is there to support you in your artistic development and to teach you methods of expressing your emotions and thoughts in any form of art.

Art therapies and therapeutic art are **extremely beneficial** to anyone who would like to break through an emotional block or negative experience or would like to overcome an addiction or bad habit. By working ourselves through these emotions, and by materialising them in a creative way we gradually become aware of what we really carry deep inside of us. We will be standing face to face with our greatest fears; we dig out all our anger and negative emotions; we become aware of our shadow selves.

On the other hand we realise hidden agendas to a problem; we learn how to build up coping mechanisms to deal with challenges in our lives; we will be surprised to see how “artistic” we all can be and how talented we are (regardless of the fact that in school we only had horrible marks for any artistic activity).

So what do we call an artistic activity?

In my understanding an artistic activity can be anything from painting and drawing to batik, collage, clay or woodwork. It can also be any sort of craft activity: such as decoupage, beading, glass decoration or creating any kind of decorative object with your own hand, your own way. Drama and spoken word as a mean of expression is also art. Creative writing and poetry is also art.

A piece of art is something that has never been created before and will be never be created again. It is unique. It is yours. You can try yourself to create exactly the same piece of work again but it will not be exactly the same. The material will be different, the temperature of the room will be different and YOU will be different, as your state of mind, mood, the smallest cell in your body will be different.

So please, don't be afraid of calling your work art and don't be afraid of calling yourself an artist! If you decide to improve your emotional, spiritual and physical well being by starting an artistic activity, even if you only call it a hobby, you will be creating something extraordinary that no one has seen before, so be proud of it!

Let me prove this to you by

bringing you the **definition of art:**

“Art is the process or product of deliberately and creatively arranging elements in a way that appeals to the senses or emotions. In its narrow sense, the word art most often refers specifically to the visual arts, including media such as painting, sculpture, and printmaking. However, “the arts” may also encompass a diverse range of human activities, creations, and modes of expression, including music and literature.” (www.wikipedia.org)

The latest research shows that artistic activities do improve the wellbeing of people with mental health problems. However, instead of publishing these researches I would rather like to demonstrate the benefits of art activities by providing you with examples of “success stories”. **The Other Side Gallery** is supporting over two hundred artists (including those with mental health issues, substance misuse problems, learning and physical disabilities). In order to promote and sell artists’ work they host and manage a virtual gallery. They also organise regular exhibitions, and offer opportunities for mentoring, volunteering, networking and professional development.

Do not think that artistic activity is only for those who have an extreme talent in painting, drawing or

sculpting!

An artistic activity is fun, helps you get back your self-confidence and is a very good opportunity for socialising.

Art therapy in its strict sense is not only for those with a special talent either. “Clients who are referred to an art therapist need not have previous experience or skill in art, the art therapist is not primarily concerned with making an aesthetic or diagnostic assessment of the client's image. The overall aim of its practitioners is to enable a client to effect change and growth on a personal level through the use of art materials in a safe and facilitating environment.” (www.baat.org)

I wanted to make sure that this works in practice. **Suzy Lee told me** “I did art therapy at the day hospital. I cannot draw for toffee so I draw lots of people like stick insects, but I found it a very useful way to represent and then to talk about my feelings.”

So where can you go if you would like to do some artistic activity?

I would advise you to visit the following organisations. (For addresses and contact numbers please call the iBUG office on 0207 561 4140.)

We recommend you contacting The Other Side Gallery (project manager: Karin), they are based at

Isledon Road Resource Centre.
(www.theothersidegallery.org).

Another great place to start exercising your wings in the air of artistic freedom is Studio Upstairs. Studio Upstairs is a unique therapeutic community for people whose interests, abilities and talents can be expressed through the arts, yet are for various reasons unable, or actively choose not to participate in the already existing institutions – with particular focus on those who have suffered from mental health difficulties.

(www.studioupstairs.org.uk/london)

Unfortunately, I am not aware of art therapy being available for outpatients provided by the Trust with a registered art therapist. (Art therapy is available for inpatients at HMHC.)

I hope you found this article useful as an introduction to art therapies, therapeutic arts and artistic activities.

I also hope you will start exploring your artistic talents and will benefit from an artistic activity that is suitable for your interest and needs.

Next time I will write about music therapy.

“So please, don’t be afraid of calling your work art and don’t be afraid of calling yourself an artist! If you decide to improve your emotional, spiritual and physical well being by starting an artistic activity, even if you only call it a hobby, you will be creating something extraordinary that no one has seen before, so be proud of it!”



“We
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Poetry Corner

We have decided to try out something new in the iBUG newsletter: a poetry corner. We would welcome your poems, so please send them in and we will print what we have room to print. To start things off I am presenting a poem of my own, written a long time ago. But please remember, it is your own personally written poems we want.

Thanking you

Margaret Newton

As I walked through the park late one summer's evening

In the stillness and the cool,

With the gentle cooing sounds of people in the distance,

I was carried way back to summers long since past,

And down into the indescribable anguish and mystery

Of those unanswerable questions of childhood:

The inflamed bewilderment then, and *the terror*

That would last for months at a time, without reprieve.....

How I used to sit, thinking, in my bedroom at home

And watch the dusk encroaching slowly outside.

I would hear the birds in the

gardens at the back

Twittering remorselessly and hitting me harshly

With a puzzling nostalgia

For another world that I couldn't name.

Those ceaseless birds, evening after evening, all summer long,

How they would cry out so insistently

As if to appeal to some secret enclave in me,

Piercing the pit of my soul

With an awareness and dread of my *absolute* loneliness

That they somehow echoed back at me

As if they knew and understood,

At times almost soothed,

Yet just as often seemed to reproach me, bitterly imploring me,

Tearing my heart apart

Until I couldn't bear it anymore.

Yes! My questionings about everything:

The universe, eternity, nature and its cruelty,

Myself and my origins, and my ultimate destination-

Was death *really* the end?....

All these things rebounded on

me, almost cutting into me.

It was all too alarming for my mind to fully take in:

That birds and trees like these had been around for millions of years

And would carry on for many millions of years to come,

Whilst all this time no-one had ever known the answers,

And probably never would for sure,

Not till the end of time- if there ever was an end to time.

Yet at such moments—as I looked out of the window,

Saw the fading trees, the darkening skies,

And heard that invisible chorus of the birds

The pain in me found a release and a discharge

By being drawn, almost sucked out of me like poison

Into some vaster, if inexplicable, living pattern.....

But how I could have cried out!

How I could have screamed!

Yet who would have listened?

Just who would have understood,

Except the birds?

RiO—the new electronic care records system

Helen Brownridge

Connecting the Dots - a change for Camden and Islington NHS Foundation Trust Care Records

Camden and NHS Islington Foundation Trust is connecting the dots. The way we store service user care records is changing from Trust healthcare staff using different recording methods, and information being recorded at multiple sites (dots) to all staff using one single, secure computer system to record service user details (connected!).

The change is part of our participation in the NHS National Programme for IT. Other London Trusts, such as South West London St Georges Mental Health and North East London Mental Health have already successfully made this change and are reaping the benefits of an integrated record system.

Our new electronic care records system - RiO - will provide a faster and easier way to get important information about your care to the healthcare professionals treating you. Healthcare staff will all be using the same computer system so they can share information instantly, in a safe and secure way, and will have quicker access to a more complete picture of your

health care. Strict access rights restrict staff access to only those parts of your record that they need to access, which will improve data security. The system also has built-in checks, so that every time someone looks at a record, their details are logged.

This is different from our current system where if a care record is needed by a health care professional elsewhere within the Trust, it can usually only be shared by letter, email, fax or phone. This is because care records are held in different forms at different Trust sites and teams - whether it is on paper or on a computer.

Sometimes having appointments in different departments can mean having to wait for large paper records to be transferred from one place to another. Also, doctors may have to take up valuable time asking service users questions which have already been answered elsewhere. With RiO, healthcare staff within the Trust will be able to access up to date, live information instantly from a central location when it is needed.

RiO will greatly reduce the reliance on paper documents and will standardise the method of recording information across all areas

of the Trust.

So, the change to RiO is very much like connecting the dots. It is the joining together of all of the care records from our different health care providers under one care records system to improve communication, which will improve the standard of care received by service users.

This connection will enable us to streamline our care records process, and allow us to provide faster, better care to more service users in the future.

Our Trust will be making the move to RiO in three stages:

- Islington Adult Mental Health Services 8 December 2008
- Camden Adult Mental Health and Cross Borough Services - Spring 2009

MHCOP and Substance Misuse Services - Summer 2009

Further information will be available soon, in the meantime if you would like to find out more about RiO please contact the Patient Advice and Liaison Service (PALS) on 020 7530 3001 or PALS@candi.nhs.uk.

“The way we store service user care records is changing from Trust healthcare staff using different recording methods, and information being recorded at multiple sites (dots) to all staff using one single, secure computer system to record service user details (connected!).”



“Some women complained that gender issues were not linked to with the mental health signs and symptoms and hence diagnosis, and felt that they received a non gender specific, half accurate diagnosis, as a consequence.”

Do Women get a raw deal in psychiatric care?

by Marcia McPh-Barrett

I attended a meeting recently and I raised an issue which some women service users in the mental health system, in Islington have concerns about, and have discussed their concerns with me and asked that I ask for changes to be made. They are concerned about access to gender appropriate / sensitive M.H. Services, in Islington.

It is noted that the ratio of female psychiatrists, to male psychiatrists in Islington is disproportionate and indeed low. The points of concern are that, some female MH clients feel, that they cannot readily access a female psychiatrist when they

need one.

The other point of concern is that some women complain that they do not feel understood by male psychiatrists when their mental illness is associated with gender specific problems e.g. Postnatal Mental Illness, Peri or Post Menopausal symptoms, affecting their Mental Health.

Women complained that they did not feel that a male Dr always understood their mental health problem from a female point of view, or from a maternal point of view. Some women complained that gender issues were not linked to the mental health signs and symptoms and hence diagnosis, and felt that they received a non gender— specific, half—

accurate diagnosis, as a consequence.

These matters were put to the Director of Adult Mental Health Services in Islington, Ms Jackie Dury, and she recommended that, women who want to see a female psychiatric Dr, can request to do so, via their treating psychiatrist. In addition, Jackie said she would clarify whether or not females who have Postnatal psychiatric illness, can in fact, be referred to Hackney's Homerton Hospital's special unit, for Postnatal Psychiatric Consultation, therapy and care.

Irish Tax and Marriage

By Gerard Greene

In Ireland, my brother was summoned to the local tax office and wondered what was the best approach – to dress shabbily or smartly.

So he decided to seek the advice of the venerable local parish priest, Father

Murphy, often compared to the wise King Solomon for his judgment.

“Well now,” he told my brother, “an anxious bride— to— be visited me for advice just the other day. She was nervous about the wedding Night – didn't know whether to wear a

throat to ankle negligée or a baby doll nightie. So I'll give you the same advice I gave her; no matter what you wear, the end result will be exactly the same.”



Highlights of the IMF and the 'Key Changes' Gig

By Marcia McPh-Barrett

Being a service user isn't just about attending day services, medication and hospitals. Service users can be productive and can achieve. IMF (Islington Music Forum), along with Key Changes, proved this, when they arranged and put on a splendid showcase at 'The Round House' in Camden Town on 30th July 2008.

The evening showed off gifted singing and musician talents, of 'Mental Health Survivors /Service Users' from a diverse multi-ethnic background, of Caribbean, Black African, Arab, European, and Chinese communities, from Camden and Islington, Hackney and South London. They performed a multi-cultural array of songs from various genres.

The groups have been formed from a plethora of MH Service Users, who attend various Mental Health Services.

The evening was opened and compared by Leah Ankrah, (Service User). The first group on stage were singers who practice at The Highgate Unit, called "Tune in Music Group". They performed a melodious array of A capella, European style songs. Next "The Singing Group", also based at the Highgate Unit,

performed accompanied by their musicians. Walton, from the groups, sang some Bob Marley songs, whilst playing the guitar.

Any Camden and Islington MH service User, can join those singing groups, by contacting the co-ordinator at the Highgate MH Unit, Dartmouth Park Hill, N19.

The next Group on stage were "The Light Sleepers" band. They are not based in Camden and Islington, but are a Black Ethnic Group. Their songs had flavours of what appeared to be Punk mixed with Arabic rhythm, Rock, Rap and Reggae. The crowd was dancing when they rocked the house with their uplifting vibes.

"Dave Elvis" did Islington proud, as one of the oldest performers and a longstanding member of I.M.F.. He got the crowd rocking as he sang and rock and rolled to songs by Elvis Presley. Boy did he dress like Elvis would too.

"Tairona" sang some soothing songs of her own, which had soulful, Ethiopian and pop influences.

The band called "Beat Zen" of Camden and Islington, performed Rock / Pop songs. It was fascinating to see that an electric cello was also

played to give off rock music effects.

Singer "Marcy Heights" was in the house. Marcy has sung with the Islington's very own, Black Afro and Carib band "Lambo Band" in the past. She says "Although I did not perform tonight, I have been recording some more songs, and I hope to perform at the next IMF gig."

After performances, Islington MP Jeremy Corbyn, said a few words in acknowledging the importance and achievements of M.H. He praised and encouraged, all those involved in the Mental Health Services.

There was nice buffet spread for the evening and drinks available from the venue's bar.

The evening was finished off by compere, Leah Ankrah, and DJ Russell T (of the Key Changes Project's DJ workshop.) spinning tunes which people danced to in merriment.

Any musical person or singer, can enrol for and join "The Key changes Project", which is taking enrolments from August 2008. All interested persons can contact 0207 561 4151 or email info@keychanges.org.uk for an enrolment and information pack.

*"Being a
service
user is not
just about
attending
day
services..."*

”





Highgate Mental Health Centre
Dartmouth Park Hill
London
N19 5NX

Phone: 020 7561 4140

E-mail: ibug@hotmail.co.uk

I was recently sent some information by John Banks about a new website, *Maria's a bit of voluntary*, which can be found at <http://breakout.890.com>. The website holds details and links to a number of organizations where you can volunteer, from Turning Point to Stuart Low and all sorts of interesting sites. You can also add websites of your choice, which will be moderated before going live to filter out any inappropriate material.

There is also an extension to the main site at <http://890m.com/down/> where you can browse a diverse selection of information and articles in pdf format from subjects such as the Mental Capacity Act, DLA and domestic violence. A request can be sent if a user would like to add something to the site index, the URL is <http://parentalquest.net46.net/phMailer.php>

Happy surfing!



iBUG Diary

9/12/2008 2-5pm	16/12/2008 2-5pm	Open to all service users.
Patients Council	iBUG Business meeting and CHRISTMAS PARTY!!!	
Highgate Mental Health Centre, Dartmouth Park Hill, N19 5NX	Hanley Road Education and Employment Centre, 75 Hanley Road, N4 3DY	If professionals wish to attend one of the iBUG Business Meetings, please ring Edit on 0207 561 4140.
Contact iBUG 0207 561 4140 Members from Camden and Islington may attend	Contact iBUG 0207 561 4140	