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Autumn has a lot going for it. Early autumn landscapes are easy on the eye. Even the light is different. It’s a novelty to put some layers on and get out for a walk.

Granted when the clocks go back we all curl up and it’s much harder to motivate yourself to go outside. All the research shows it’s worth it, even for a short time. GPs are even prescribing walks and other outside activities.

Here at MC magazine we try to go for a lunchtime walk when we can, just short bursts, some of us counting our steps on our fit bits. We’re a competitive lot!

It can be hard though if you’re not feeling at your best, to motivate yourself. You can read inside what people have told us they look forward to in winter – curling up with a good book, letting your thoughts drift, to football and roast dinners. (We’d like to hear your winter ideas.)

Focus on what’s important and enjoy what’s around you.

It’s about focusing on what’s important and enjoying what’s around you. Our Stay Well Feel Great feature includes practising mindfulness, the art of enjoying the moment. There are ideas to keep your mind and body upbeat and healthy.

This issue also focuses on a topic that affects untold numbers of people – prescription drug addiction. A heartbreaking wonderful story of a woman who overcame her addiction to common over the counter drugs.

So let’s all prescribe ourselves a dose of willpower, a woolly jumper, gloves, sturdy shoes, friends and a destination (preferably with a healthy lunch on offer) and we should come home feeling tired but energised.

Here’s to rustling leaves and roaring fires!

The MC editorial team.
In a quiet Lancashire village Jim, a 25 year old from Blackpool arrives at Garth Prison to begin a two year stay. When he goes onto the prison wing he’s welcomed by a prison officer, a psychologist and a mental health nurse.
There are many **people** in prison who have a **Personality Disorder** yet we send them out the **same way** they came in. The chances are they’ll offend again because we haven’t addressed the underlying problems. Is that fair on them, their victims or the community?"

Wouldn’t it be cheaper to treat people within NHS units? Tony: “It’s much more cost effective to bring the treatment teams into the prison where the security is already there. We can spend more on the clinical support that’s key to the success of the programme.”

To be admitted to the Beacon a prisoner must demonstrate some personality related needs and/or be diagnosed with a Personality Disorder; personality needs must also play a part in his offending. It’s a psychologically led approach with a focus on relationships and a man having the ability to change and practice new learning and skills in a supportive therapeutic environment. A number of the first cohorts have just moved on after successfully completing their programmes.
CLOSE KNIT COMMUNITY

The prison wing that houses Beacon participants is like any other but that’s where the similarities end. In what is a close knit community up to 48 men live on a self contained landing. They sleep in cells but their days are spent undergoing individual and group therapies.

NHS mental health trust Mersey Care provides a highly specialised clinical team that works shoulder to shoulder with prison officers. The aesthetics of the wing shout ‘prison’ – but talk to those involved and the message is clear - they want to make people better.

Staff are hand picked for the qualities needed to cope with this intense programme. “We are changing people’s personalities. They need time to grow, to develop patience and resilience to knockbacks. It takes a special kind of person to fix them and in this team we have those people.

We make every contact count. Asking someone ‘are you ok’ is massive in here; they’ve never had that before.

SHOULD WE WASH OUR HANDS OF THESE PEOPLE?

Psychologist Simon Crowther believes it’s our duty as a society to provide services like the Beacon. “We have to ask who is responsible when a child has an unimaginably horrific life and goes on to become a perpetrator of crime? We know it’s not ok – but as a society should we wash our hands or try to help make them better?

He admires men who stick with the programme. “It’s the tough option. It would be easier to stay on a normal prison wing than to be in a group discussing your past; they really do put themselves through it.”

For Lynn Russell, 17 years a prison officer, the approach has its challenges. But she shares her colleagues’ belief that it works.

“It can be a juggling act. We have to follow prison procedures, but for many of these prisoners too much discipline can cause a setback in their progress. But our team instinctively knows what’s right for the situation. We exhaust every avenue. We don’t give up.”

PETER

Peter is from the North East. Well built and heavily tattooed he was just a month from parole.

“I’ve served eleven years and I was due for release, but I’d hit a brick wall. I knew if I left I’d be back in as a lifer. Both my parents were alcoholics and I’d been abused as a kid. I dealt with it all by hitting out, being violent, even in prison I was in segregation and I got kicked out at one point.

My probation officer told me therapy might be a good thing, but it wasn’t till I’d had the interview I realised how good it was. A prison officer had come in on his day off to meet me.

There isn’t anywhere else like it. I feel like I’m taking control, achieving something. I’m facing things head on, no-one’s ever told me I’ve done well. It feels strange but good.

I don’t want society to be frightened of me, if that means staying in prison two more years I’ll do it. I can’t keep running for ever. I’m making a flyer to tell people in here who’ve been sexually abused how to get help. Everyone should have the support I’ve had.

I was a weird kid. I was kicked out of home, lost my family and friends and my mind. I ended up doing something silly and going to Lancaster Farms Prison then here. The group sessions are good, you don’t feel alone, and you’re not the only one. I’ve got a better relationship with my family now. Going out will be hard but I’ll get a place to live and a dog...I think I can be happy.
SHAUN
My mum had agoraphobia and I had ADHD and when I was 16 I got social anxiety – I couldn’t get on a bus. I self medicated with Diazepam and cannabis. When I came into prison in 2011 I was in shock. Being on the Beacon’s made me realise I struggled with relationships and anything unfamiliar. I hide from change, being here has helped me to balance it with how much better things could be.

There isn’t anywhere else like it. I feel like I’m taking control.

They sometimes struggle with someone asking how they feel, they’ve never had that, and they need to feel ready. We’re changing their identities, but when they do it’s very powerful.

WHAT IS PERSONALITY DISORDER?
Personality disorders are conditions in which an individual differs significantly from an average person, in terms of how they think, perceive, feel or relate to others.

Changes in how a person feels and distorted beliefs about other people can lead to odd behaviour, which can be distressing and may upset others.

Common features include:

• being overwhelmed by negative feelings such as distress, anxiety, worthlessness or anger
• avoiding other people and feeling empty and emotionally disconnected
• difficulty managing negative feelings without self harming (for example, abusing drugs and alcohol, or taking overdoses) or, in rare cases, threatening other people
• odd behaviour
• difficulty maintaining stable and close relationships, especially with partners, children and professional carers
• sometimes, periods of losing contact with reality.

Source: NHS Choices

The group sessions are good, you don’t feel alone, and you’re not the only one.

If you would like help for you or someone else contact your GP or other health professional.

MIND mind.org.uk
NHS Choices nhs.uk
Royal College of Psychiatrists rcppsych.ac.uk
Rethink mental Illness rethink.org
Rory Bremner talks to *MC magazine* about living with ADHD, why he’s in good company – and the secrets behind his Strictly dance moves.

Rory Bremner is fresh back from a hectic Edinburgh festival and about to embark on a short tour, performing with the likes of John Cleese and Barry Cryer. He’s busy and could well be forgiven for momentarily taking his foot off the pedal and taking a well earned rest.

But he can’t. It’s one of the bits he hates most about having Attention Deficit Hyperactivity Disorder. He’s made time for our interview but it overruns and he’s left rushing to pick up his daughter from school.

“I take on too many things; over commit myself without properly planning. I don’t fully appreciate that until I’m doing it. But I have to remind myself of what it’s given me.”

Bremner, once famous for ‘being’ other people, is now on TV and radio in his own right and is as entertaining as ever. But there are no quips during this interview, no random impressions of Tony Blair. Rory Bremner is talking to *MC Magazine* on a topic that’s seriously close to his heart.
YOU DON’T KNOW WHAT IT IS THAT MAKES YOU DIFFERENT

The condition he describes as both best friend and worst enemy first came to light – to him at least – during a ‘chaotic’ childhood. Bremner realised what it was when a relative was diagnosed and who has had many years of therapy.

“There’s a fear. You don’t know what it is that makes you different. The best description was told to me by Dr Hyatt Williams, an eminent counsellor. He said it’s like being made up of patchwork – lots of small bits stuck together.”

The love hate relationship with his condition hasn’t changed with age. “I don’t like being disorganised and losing concentration. I wonder sometimes that it’s getting worse. But it’s given me the ability to make leaps and bounds out of the ordinary.”

He’s proud to go public alongside an elite group of writers, artists, musicians and others. Robbie Williams, Michael Phelps and most recently gymnast Simone Biles, who took to twitter during the Olympics after her medical records were exposed showing her medications.

“They’re pathfinders, the ones that eat poisoned fruit. You want people like that on your team.”

YOU CAN’T STEP OUT OF YOUR HEAD

He’s patron of the ADHD Foundation, speaking at its annual symposium last year and is worried that the education system, rather than allowing children with the condition to flourish, simply labels them as disruptive.

“Imagine an open plan office, on a busy day, big TV screens blaring out, music playing, and a football commentary. Could any of us produce good work in that environment? That’s what it’s like for a child with ADHD in a classroom. And you can step out of an office – you can’t step out of your head.

I MADE UP PHRASES FOR MY STRICTLY ROUTINES

His own coping strategies were never more called into play than on Strictly (Come Dancing) back in 2011 with partner Erin Boag.

“As we put the sequence of steps together I’d come up with a phrase that fitted with the tune. It’s similar to using mnemonics to remember things at school. One phrase I dreamed up was ‘Everybody Loves Bruce Forsyth’. (At this point he starts singing the words to the tune of the Nutcracker Sugar Plum Fairy dance – better known to over 50s as the Cadbury’s Fruit and Nut advert.)

Order and sequence still catch him out. “I was making a cake for my wife for our wedding anniversary the other week but I’d agreed to help my daughter with her homework. I’ve made the cake before but I wasn’t concentrating and got the ingredients mixed up. It was ok and I got to the homework, but that’s the sort of thing you know that causes problems. They call it attention deficit but in fact it’s attention surplus, hyper enthusiasm.”

WE JUST NEED TO BE UNDERSTOOD

Would he change anything? Not at all.

“It helps to have an overactive imagination. It’s not always fun living with it but like most ADHD’ers, I’d rather have it than not. People with this condition are special - we just need to be understood.”
Sheldon Cooper. Cult figure. Highly irritating and simultaneously hilarious. The quirky housemate whose mannerisms and scientific rants have become a trademark in Channel 4’s Big Bang Theory.

His propensity to stop just short of spontaneous combustion if it’s not the right day to wash clothes, his preoccupation with a certain seat in his flat and his door knocking ritual (knock three times quickly, say the person’s name – then repeat) make us simultaneously chuckle and grit our teeth.

It’s great television. But living with Obsessive Compulsive Disorder is no laughing matter. It’s not that brief panic that you’ve left the iron on, or a tap running. OCD brings intrusive thoughts combined with an exaggerated sense of responsibility should things go wrong.

RESISTING IS MORE PAINFUL THAN CHECKING

It could be repeated checking or obsessive cleaning. Or feeling you may have said or done something that will hurt someone, or worse. Once the thought is there a person with OCD is forced to give it their attention – or agonise to the point where resisting is more painful than giving in and checking.

RESOURCES

OCD Action: ocdaction.org.uk
OCD –UK: ocduk.org
Mental Health Foundation: mentalhealth.org.uk
What is Cognitive Behaviour Therapy? nhs.uk

If you would like help for you or someone else and you are registered with a Liverpool GP or studying at Liverpool University or John Moores University, you can self-refer to Talk Liverpool directly by completing the self-referral form online on the Talk Liverpool website tal.liverpool.nhs.uk or telephoning on 0151 228 2300.

You can also be referred to the service by any of the following:

Your GP or any health or social care professional.
Any voluntary or third sector organisation.
Job Centre Plus.
Alison, an OCD therapist with Talk Liverpool explains:

“OCD tends to start in teens and early 20s. It’s characterised by obsessions - recurring intrusive thoughts, impulses or images - and compulsions, which are repetitive urges to counteract the obsession, for example checking or washing. People with OCD over estimate the importance and threat of these thoughts, and also have an over-inflated sense of responsibility to prevent harm. The result is intense feelings of anxiety, and the only relief from the anxiety is to carry out the compulsion, for example checking or washing. A vicious cycle is created and the rituals consume large amounts of time, stopping people doing the things they value and enjoy.”

HOW DOES THE THERAPY WORK?

“People can come to one of our venues or we can see them at home. It’s very collaborative, we work with them at their pace. The aim is to break the cycle, to help them to manage their response when they are very gradually exposed to the situations that bring on the thoughts and anxieties. By rating their response they can see their progress and their confidence increases. It’s using small steps that will give people hope – it’s very effective.”
Telling people’s stories through theatre comes naturally to Anthony Richardson. With a Masters in Creative Practice he’s writer, director and cast member – the one story he’s never told was his own.
After graduating, taking a job and signing up for a Master's degree Anthony found his symptoms intolerable. I went back to my parents and signed up for therapy. Alison was great. She said ‘prepare yourself go into the kitchen, do what you would normally do, feel the anxiety but put up with it and let the thoughts happen. It works, I rate how I feel – I’m on 8/10 – you can see how much control you have. I held down a job for two years and I’ve just completed my Masters. I’ve got my life back.”

The play is semi biographical but with some twists. “It’s harsh at times – it shows the trauma of fighting battles, finding someone who understands you, and learning to be your own therapist. Alison has taught me these thoughts aren’t real, they don’t mean anything – it’s not what I’ve got it’s who I am that matters.”

Until now. His struggle with OCD has been played out before a theatre audience in Chester and he hopes to show it further afield to give people hope.

My parents brought me up to be a good person, but I took rules and regulations too literally. I started dwelling on things and developing rituals. I became obsessed with checking and cleaning, and worrying what people thought of me. I felt stuck.
The NHS is undergoing radical changes in care for those with learning disabilities, so that people receive the right care in the right place. We take a look at the service that is preparing some of the most vulnerable people within the mental health system to move forward.

Mersey Care’s Specialist Learning Disability Services, based in Whalley, Lancashire cares for adults with a learning disability or other developmental disorder, who have complex needs. Many have committed an offence, some have come from prison. All are vulnerable individuals.

TRANSFORMING CARE

The new clinical model being proposed by experts in forensic learning disability care aims to prevent offending behaviour and support people at risk to live in the community and not fall into the need for detention.

Services in the future for people with a learning disability or autism (or both) will include things like significantly improving community services so that people can live near their family and friends; and making sure that the right staff with the right skills are in place to support and care for people.

Deputy Chief Operating Officer Susan Wrathall says there are particular challenges to caring for this group. Many of the people the service supports support have committed criminal offences or are a risk to themselves or others. They need highly specialised rehabilitation and recovery programmes if they are to gain the skills and support networks to cope in society in the future.

A SPECIAL TYPE OF CARE

The table is set with pretzels, frankfurter sausages, maps and flags. A group of young women gather for a session on German culture. All have a learning disability. Their therapists make sure the therapies are personalised. The atmosphere is upbeat and happy. These are life skills but not as we know it.
GETTING INTO TROUBLE

“We care for people who have found difficulty in fitting into society. They have a learning disability, but many also have a mental illness or a personality disorder. They’ve almost all been excluded, often abused and bullied. Some become involved with criminals because they are vulnerable and they may not have had support or guidance in making choices. They could be a risk to themselves, or have committed a crime.

“But often it’s not the person that’s the problem it’s the situation; the lack of preventative support, social isolation and poor decision making that often leads to a person getting into trouble. Prison is not the answer - most people with learning disabilities and mental health problems need therapeutic support.”

“In the past people with learning disability would be left to fend for themselves or they’d live out their life in institutions. Our service is very successful and we’re working hard with our partners to transform care for people with a learning disability so they are cared for in homes not hospitals.”

IT’S HARDER FOR SOME TO GRASP COPING SKILLS

Medium Secure Unit Clinical Nurse Manager Julia Musker says service users who come from prison are particularly vulnerable. “A sex offender with a learning disability, for example, will need a carefully adapted treatment programme.

Some people don’t have the ability to control their emotions or problem solve. Their disability makes it harder for them to grasp the coping skills that will prevent them being in situations; programmes in prison don’t work for them.”

You need to learn to recognise the early warning signs; but once you have trust it’s a real breakthrough.

Damian nurse

Nurse Damian Entwistle cares for women with a learning disability who require medium security. Most have been in abusive relationships, mainly with men. How does that impact on him providing care?

“They need to develop relationships with men that are positive and non exploitative. A woman in crisis can seem unreachable but they’re expressive. You need to learn to recognise the early warning signs; but once you have trust it’s a real breakthrough. It’s so rewarding. I like being part of the plans to get people back out there, with support when they need it.”

I’m really looking forward to being close to my family and having my own furniture.

Nurse Rachel Stott leads the team that is helping Paul move on.

Paul has been in hospital since 2001. He’s about to move to a house where he’ll be supported by the Trust’s specialist learning disabilities community team. His room at Whalley is cozy and welcoming. Paul is excited to add the same touches to his new home. He smiles as he shows off an almost professional level painting he’s done of his new place. “I’m really looking forward to being close to my family and having my own furniture.”
Ken is 52. He was a carer for his mum. He went into prison for an offence but didn’t fare well. “Different people would beat me up, I ended up in hospital and I was diagnosed with personality disorder.

18 months later, with the right medication and therapy, Ken is about to move on to a unit within the community. “Now if I get angry or I have bad thoughts I’ll go to my room, play music, meditate. I do breathing exercises – I’ve learnt to chill out. I know there are ways I can help myself. I’ve got unescorted leave around the grounds, it’s giving me freedom. I’m feeling a lot better.”
John was first admitted to a secure hospital back in the 1970s. “I was living in a big city on my own. I knew what was going through my mind was not right. I contacted doctors and told them there were horrible thoughts going through my mind. A doctor came, picked me up and I went to hospital and was put on medication.”

But that was all and it wasn’t enough. John’s sad that support wasn’t there for him as a vulnerable young man.

“If people had taken me on board, there’d have been a less chance that I wouldn’t have offended. The way things are changing there’s going to be someone there to give that support: a social worker, a duty nurse…”

John is enthusiastic about his new placement. “My life is still going. My doctor said to me: ‘You know what you need to do’ and I took notice of him.”

Those with a learning disability don’t always realise. They often endure appalling treatment by other people – it’s not hard to see why they end up committing offences. We look at the whole person and help them develop ways to have to self control so they can have a better life.

Dr Paul Withers
Head of Psychological Treatment Service

Transforming Care will give people with learning disabilities the same level of care as people without a learning disability.

Psychologist Lianne Franks

They are the same as everyone else, they just have cognitive issues. Our job is to help them with coping strategies to deal with life.

Ward manager Stephanie Phillips
Deaths involving prescription or over the counter medications is on the increase, even though the number of people using these drugs has stayed the same.

To clinical psychiatrist Yasir Abbasi that means one thing – more people are addicted.

**IT’S A DANGEROUS SITUATION**

“It’s a dangerous situation. There’s a whole parallel economy out there based on prescribed and over the counter drug abuse. The most common are opioid painkillers such as tramadol, oxycodone and dihydروcodeine. But street sellers offer poor quality tablets and if they’re not prepared in the right way, it could end up being lethal.”

At the same time the people who buy drugs from pharmacies, online or on the streets don’t see themselves as addicts in the way that illegal drug misusers might. They’re less likely to seek help from their GP even though the North West has the second highest regional rate of primary care opiate analgesic prescribing in the country.

**THE HIDDEN EPIDEMIC**

Ten million prescriptions for the most common painkillers are issued each year. Only one million of those are for cancer.

**STEPPING STONE TO HARD DRUGS**

Dr Abbasi, Clinical Director of addictions services at mental health trust Mersey Care, is worried that people who have never touched street drugs could be introduced by dealers. “The same people who sell street cocodamol and tramadol are selling heroin and cocaine. It can be a stepping stone to hard drugs.”

Habits almost always start out as a medical remedy. In a study published in the British Medical Journal participants told researchers that the drugs were taken originally for genuine medical reasons rather than experimentation, blaming themselves for losing control over their medicine use. The study also revealed that going to different pharmacies and buying from internet suppliers made getting supplies easy. In 2014 the number of deaths involving tramadol increased by 9% to a new peak of 240.

While pharmacists are alert to the signs: frequent prescription requests, excuses of ‘lost’ prescriptions and people becoming aggressive when medication isn’t available, they don’t feel confident to challenge the person.

Almost half of GPs and pharmacists who took part in a survey in Cheshire and Merseyside say treatment options for this type of addiction are not meeting patient need, especially for those patients who don’t identify themselves as having a drug-related problem.

**I WAS TAKING THIRTY COCODAMOL A DAY**

Businesswoman Natalie became hooked on painkillers after being prescribed cocodamol for a dental problem. The 31 year old mother of three found it lifted her mood and helped her cope with daily life. “I was rushing round running my business and looking after the kids including lots of hospital visits for my eldest son. The drugs gave me a sense of wellbeing. I could run my life better.”
Four doses a day turned into eight and Natalie would go from one pharmacy to the next buying top up supplies. “If the kids passed a pharmacy they’d stop waiting for me to go in. I told my GP about it but only because I was worried about liver damage.”

She agreed to a reduced dose but couldn’t keep to it. “I’m allergic to anti inflammatory medication so I felt there was no alternative. I was in a corner. I was also buying online and getting through 100 tablets in three days. My partner and family knew - I’d have terrible flu like withdrawal symptoms every morning. I needed 12 tablets with 30mg of codeine in each table just to be able to get going each day and look after the kids properly. I was using my mum’s arthritis medication. I was constantly worrying where the next tablet was coming from.

Persuaded by her family to seek help, Natalie was referred to the DART team at Windsor House. “I was lucky I got an appointment the next day. They were lovely but I was so embarrassed. They offered me methadone, but I was so horrified at the idea. I tried to go ‘cold turkey’ but it was too severe – ten minutes felt like a day; so I took their help and accepted buprenorphine which acts as a substitute and stops withdrawal, they then wean you down.”

Nine months on Natalie is in recovery and feeling positive. “I know it’s not over but I have a supportive partner. I do think about the drugs, but it’s a psychological need. I’m a strong person and I want to stay well for my kids. I’ve lost three years - I don’t want to lose any more.”
The same people who sell cocodamol and tramadol are selling heroin and cocaine. It can be a stepping stone to hard drugs.

**CHALLENGE FOR SERVICES**

Dr Abbasi agrees. “It’s a real challenge for addiction services, because we don’t know the extent of the problem and there’s little information to advise people. We can treat them on an ad hoc basis, but we need to develop a strategy and clearer understanding among clinicians and the public of the problem and solutions.”

Background Information source: Mersey Care NHS Foundation Trust Knowledge and review Service based on review of literature.

**THE FACTS**

- People often think that prescription and OTC drugs are safer than illicit drugs. But they can be as addictive and dangerous and put users at risk for other adverse health effects, including overdose, especially when taken along with other drugs or alcohol.
- The most commonly misused drugs are opioid painkillers. Others include sedatives and anti-anxiety medications, stimulants used to treat ADHD and certain sleep disorders, and anticonvulsants and mood stabilising drugs such as gabapentin and pregabalin.
- Most teenagers who abuse prescription drugs are given to them for free by a friend or relative.
- Many people are abusing legal and illegal drugs at the same time. However many others do not identify with illegal drug misusers.

**SIGNS**

Signs that someone is misusing or dependent on prescription or over the counter medicines may include:

- Running out of medication before expected or ‘losing’ medication
- Seeking prescriptions from more than one healthcare professional
- Requesting a specific drug, claiming that other medications don’t work for them
- Appearing intoxicated, sedated or experiencing withdrawal symptoms
- Having mood swings
- Making poor judgements, getting into debt, relationship troubles.


If you think you or someone you know may be affected by prescription or over the counter drug misuse contact your GP or other health professional.

You can find information and advice at: National Institute on Drug Abuse: drugabuse.gov
Danish people say hygge (pronounced “hue-guh and translated as cosiness) is the overlooked ingredient in the recipe for happiness. Could this be the reason why Danes are ranked as the world’s most contented people? You can’t fake it – it’s either there or it isn’t, in cafes, bars, open spaces and homes. It’s a sense of safe space and boundaries.

They’ve even written about it in books. The Little Book of Hygge by Meik Wiking (subtitled “The Danish way to live well”) has just been published by Penguin. penguin.co.uk

Mindful eating is good for you

Are you often caught up in your thoughts, living your life in your head? Mindfulness might help. There’s scientific evidence that it not only improves mental and physical wellbeing, it can boost our immune system and reduce chronic pain.

O ccupational therapist Lyndsey Sumner runs courses for mental health NHS Trust Mersey Care. “Life is fast paced. Mindfulness opens us to notice the small pleasurable moments we can often miss.

HOW DOES IT WORK? “It teaches us to become aware of our present moment by moment experience, our thoughts, feelings and sensations. Mindfulness won’t change life situations but it can help you learn to change the way you react and relate by being more aware of what’s happening, even to eating a piece of food.

DOES IT WORK FOR EVERYONE? “It may be more suitable for some people than others. It’s not always instant and people tell us they’ve felt like giving up but then it just clicks. During our courses we bring attention and awareness to everything and this includes unpleasant and difficult things. We’d always give people information help them decide if it’s right for them at that time.”

To find out more about Mersey Care mindfulness courses go to liferooms.org

I get through winter by trying to see every day as another chance to achieve something or take one step closer to where I want to be. That mind-set energises me even on the chilliest of days!

Heavenly Cunliffe support assistant
STAY WELL FEEL GREAT

COOKING UP A HEALTHY MINDSET

Recipes to feed your mind and body through the cold months.
**TANDOORI CHICKEN & VEGETABLE FRIED RICE**

**INGREDIENTS**
- Chicken breast 500g
- Diced red onions 100g
- Rice 250g
- Frozen peas 100g
- Sweet corn 100g
- Diced pepper 100g
- Green chillies 1 or 2
- Chicken stock (Celery) 200ml
- Masala
  - Garlic puree 2 tsps
  - Chilli powder ½ tsp
  - Turmeric ½ tsp
  - Coriander powder ½ tsp
  - Garam Masala ½ tsp
  - Chopped coriander 1 bunch/100g
- Yoghurt 150g
- Lemon juice ½ lemon
- Cumin ½ tsp

**METHOD**
- Boil the rice until al dente, refresh and drain well
- Combine all the ingredients for the masala
- Cut the chicken into 2 cm dice and add to the masala (leave chilled for at least 6 hours)
- Heat some vegetable oil and sweat off the onions and the chillies
- Add the marinated chicken, turning frequently
- Add the peppers and stir in the rice
- When the chicken reaches a core temperature of 75°C and the rice is heated through add the peas, corn and chicken stock

**QUORN BOLOGNESE PASTA BAKE**

**INGREDIENTS**
- Quorn mince 500g
- Pasta twists 500g
- Grated cheddar 250g
- Tomato puree 150g
- Vegetable stock 750ml
- Caraway seeds ½ tsp
- Tinned chopped tomatoes 200g
- Oregano ½ tsp
- Chopped garlic 2 cloves
- Olive oil 1 tblspn

**METHOD**
- Cook off the pasta in boiling salted water (al dente)
- In the olive oil sweat off the garlic, add the caraway seeds
- Stir in the tomato puree and cook out, add the tomatoes
- Add vegetable stock to correct the consistency
- Check the seasoning, add the Quorn pieces, pasta and oregano
- Transfer into an oven dish, top with cheese
- Bake for 20 minutes until a core temperature of 75°C is reached
**TIPS FOR BEING MINDFUL**

- Try to see something as if it was for the first time.
- Do it with no purpose but to carefully see what is happening and accept it.
- Try to be aware of one routine activity such as having a cup of tea or brushing your teeth.
- Try not to multi task – see what it feels like to do one thing at a time.

**WALK THE WALK...**

Greg Whyte, Professor in Applied Sport and Exercise Science and Sport Relief celebrity trainer has done endless studies on the effects of being active. His advice is:

- **Make a habit of it**: habitual physical activity such as walking as part of your normal every day routine.
- **Small steps**: set several small goals rather than one big one; you’re more likely to keep your resolution to be more active as it reinforces your sense of achievement as you hit a small target.
- **But more of them**: cleaning the house, taking the kids to school or going to work or shopping – it all counts.

**Playing sports**, especially football, keeps me motivated and happy in winter. It means I always have something to do even on cold wet winter days, then I like to go home and spend time with the family round a Sunday roast.

Antonio Ditri Occupational therapy assistant

**On a winter’s day, I like to curl up on the sofa with a good book and forget about the world for a bit**

Claire Rotheram mental health social worker

Summarised from an interview in the Sunday Times
SCIENCE SAYS...

The act of smiling makes you feel happy and alleviate pain. It’s even more effective when we back it up with positive thoughts, according to an American study by a Michigan State University. But the smile can’t be fake. You won’t get the effects and others can tell!

Study after study shows that time spent with friends and family makes a big difference to how happy we feel, generally.

Scientists have found that helping others makes you feel happier. Two hours is the optimal time we should dedicate to helping others in order to enrich our own lives.
Being outside is so good for you that GPs are prescribing it! A shift toward promoting wellness - is the latest approach to getting more people better for longer and reducing illness that come from staying indoors and being inactive.

Natural England found that for every £1 spent on establishing healthy walking schemes, the NHS could save £7.18 in the cost of treating conditions such as heart disease, stroke and diabetes.

Unlike the gym based exercise on prescription programme which didn’t work for lots of people, there are lots of ways to do your green prescription, from organised walks to a Sunday afternoon stroll with family or friends. So next time you go to your surgery you may well leave with a prescription for a stroll along the canal or the beach, with a pub lunch at the end of it – raise a glass to good health!

FREE INTERNET FREE COURSES MANAGING ANXIETY, SELF ESTEEM, UNDERSTANDING OCD, CONFIDENCE BUILDING AND MUCH MORE CAFE, LIBRARY
One in three of us has a bad night’s sleep once in a while… one on ten sleeps badly every night. It’s now being recognised as a major health risk.

Running out of steam and struggling to concentrate as the day goes on is not great, but poor sleep is also linked to obesity, heart disease and cancer.

How you sleep has a major impact on your life...

FUNDAMENTAL

Sleep isn’t an optional extra in life – it’s a fundamental. How you sleep has a major impact on your life and your health. Your mental wellbeing suffers through low mood. You may become lethargic, your concentration and memory often worsen and you may become irritable.

So what can you do? Here are some hints and tips and links to online resources. If you think your sleep problems are related to health conditions or pain get in touch with your GP. Depending on where you live you can also be referred for sleep therapy including online therapies.

Sleep therapist Amanda runs Sleepio, a digital self help programme to help people overcome sleep problems.

She explains: “Although it’s online you get lots of support. When you sign up you are allocated a therapist who will call you to welcome you to the programme then ring you each week to see how you are doing and make suggestions. In between you can talk to ‘The Prof’ a virtual psychologist.

Your GP will tell you whether Sleepio is available in your area. In Liverpool the service is offered through Talk Liverpool. Anyone registered with a Liverpool GP or studying in the city can be referred or self refer by going along to a Talk Liverpool venue. For more information visit talkliverpool.com or call 0151 228 2300.

“IT’s easy to feel overwhelmed, lack of sleep impacts on your wellbeing. Sleepio helps you set your own goals in your own time. You complete an online diary which your therapist can use to give you guidance. There are video files, expert articles on sleep disorders and a forum so you can share experiences if you wish. Your weekly telephone call allows you to off load and ask questions.”
Lack of support from a mattress reinforces poor sleeping posture and can prevent you from getting a good night’s sleep. There’s no golden rule on how often – if it’s becoming uncomfortable or looking worn, change it!

READY FOR BED?
Experts say you should go to bed at the same time each day and spend the two hours before you go to sleep preparing and winding down. Here are some tips:

A warm (not hot) bath will help your body reach the right temperature for rest
- Writing “to do” lists for tomorrow can organise your thoughts and clear your mind of distractions
- Relaxation exercises are great muscle relaxants
- Playlists of relaxation music distract you and make you more sleepy
- Reading is an age old but proven relaxation method.

WHAT’S IN YOUR BEDROOM?
A bed? wardrobes? television? computer? It seems electronic gadgets can get in the way of you and your sleep – along with light and noise. Phones and laptop screens produce “blue light” - visible light with relatively short wavelengths known to suppress our natural sleep hormones. Using them for games or movies keeps you awake and alert. If you need to use your phone as an alarm clock switch it onto airplane mode. Keep your bedroom dark, quiet and tidy.

AVOID...
- Tea, coffee and energy drinks after lunchtime and eat your evening meal a few hours before heading to bed
- Alcohol. It’s a sedative so you can get off to sleep, but it also tends to create a more broken up and unsatisfying sleep
- Exercise late in the day. It can elevate our alertness for several hours; ideally exercise no later than late afternoon.

IF YOU REALLY CAN’T SLEEP...
- Turn your alarm clock toward the wall so you’re less aware of the time. Try a simple relaxation technique while in bed. If you’re still awake after twenty minutes, get out of bed, read a book or magazine or listen to soothing music then go back to bed.

Experts say you should go to bed at the same time each day and spend the two hours before you go to sleep preparing and winding down.

• You can survive three times as long without food as you could without sleep. The average adult sleeps between seven to eight hours, but the amount of sleep we need varies depending on our age and our lives. Some people can survive on as little as four hours a night, others 10 hours.

• Websites for sleep and sleep related conditions:
  Royal College of Psychiatrists: rcppsych.ac.uk
  NHS Choices: nhs.uk
  Mind: mind.org.uk
  Sleep Council (for advice on beds): sleepcouncil.org.uk
Having trouble sleeping?

Talk to us

We offer access to talking therapies, practical support and employment advice quickly and easily and help with a variety of problems.

You must be 16+ and registered with a Liverpool city GP.
At 20 living in supported accommodation and attempting suicide Derek Goodwin was a broken young man. He was helped to take part in an unusual early intervention service in Liverpool and has just come back from Portugal after representing England in the international street football tournament Futebol de Rua. He talked to *MC magazine* about the experience and what led him to street football.
WHAT IS STREET FOOTBALL?
It’s a four-a-side fast paced game played over two halves of seven minutes. It was developed in Argentina and spread across South America and is now popular worldwide.

HOW DID YOU GET INTO IT?
I qualified for nomination for trials because I’m a participant and volunteer with a football based charity for people with mental health issues on Merseyside.

WHAT HAPPENED TO YOU?
I first suffered psychosis when I was 20 and living with my parents. I had a high pitched voice; I’d cry when I would hear my own voice on video it caused me so much upset. I got told I could have an operation on my throat, but by then my confidence was already very low, when I was told I was unable to have the operation I became suicidal and ended up in a mental health inpatient unit. I didn’t want to be alive; I thought ‘it’s time to go.’ I ended up in and out of hospital seven times.

WHAT HAPPENED TO YOU?
After I came out I lived in supported accommodation. This still stays with me – I find it difficult to settle in one place. I was referred to the Liverpool Early Intervention service who saw I liked football and suggested the Imagine Your Goals programme run by Mersey Care NHS Foundation Trust and Everton Football Club.

HOW DO YOU HELP?
I was really low, talking to myself, hearing voices telling me life wasn’t worth living, and I was a failure I was reliant on medication, a voice was telling me to store up my tablets and end it – it was evil.

ARE YOU OK NOW?
I’m stable, but I have good and bad days. My care co-ordinator was amazing. I’d ring her at stupid times, she saved my life. She doesn’t understand how much she helped. The people at Imagine Your Goals are like a family. We’re all there for a reason. Johnny who is the mental health co-ordinator is incredible, he’s stuck with me. A few months ago I was having bad thoughts. He got me the help I needed and was always ringing to see how I was doing.

HOW DOES FOOTBALL HELP?
I love football and I’m determined to use it to help people like me because I know what they’re going through.

HOW EXCITING TO BE NOMINATED TO PLAY FOR ENGLAND. WHAT WERE THE TRIALS LIKE?
We had to do “football tango” where a professional dance teacher taught us dance steps to practice with a ball between their feet – it improves co-ordination and communication between players.

AND THE EXPERIENCE OF PLAYING FOR ENGLAND?
The experience was amazing. It’s not often you get to represent your country abroad but it’s not just about football it’s about so much more things you can take into your future. We won the tournament but I came back a more positive and confident person which to me means a lot more than any medal.
X FACTOR’S GOT NOTHING ON MY JOURNEY

NHS volunteer Danny Ward, talks frankly about the desperation of depression, soppy films…and how life often mimics reality television.

I’m the laid back one. Up for anything, not easily hurt. But it was a mask. I’m good at bottling up my feelings, papering over the cracks.

I’m 35 married with three kids. During my 20s I’d lost my sister, my child and my beloved grandmother who was like a mum. Losing someone is still my greatest fear. I was diagnosed with depression two years ago but I think I’ve suffered a lot longer.

My life spiralled out of control, I hurt people I loved. I tried to end things but survived. I acted like nothing had happened. It took a second attempt for me to ask for help.

The staff at Clock View Hospital were amazing; it was the thought of leaving that scared me most. They talked a lot about a thing called the Recovery College. They run courses… not ones where you’re nodding off half way through, but where everyone thinks and feels the same as you and the subject matter is something that will genuinely help you with your life. Oh and no-one cuts you off because they have a slide set to get through.

HOW COULD A MOVIE MAKE ME BETTER?

I did the Journeys through Film course but being honest I couldn’t see how watching a movie would help me get better. Nevertheless, I turned up at FACT cinema and waited for the lights to go down so I could kick off the shoes and put my feet up.

It was Christmas. The movie was It’s a Wonderful Life. I was hooked! I found other courses, comedy, drama. Courses to help you understand why you feel like you do.

I’m good at bottling up my feelings, papering over the cracks.

Run by people who understand you, who really care. It’s not a ‘bums on seats’ tick box exercise. There’s a raw honesty, they understand how you feel.

It was a revelation. To be able to be truly honest with a group of people and see the recognition in their faces. To hear their stories and to work together to make sense of it. I found my contributions actually helped people. I grew.

It’s been quite a journey. In X Factor terms I got through the audition, went to boot camp and judges’ homes - I won the live shows! I’m now a volunteer at the Life Rooms in Liverpool, running courses, talking to people about mental health - for the first time in my life I feel I’m making a difference. I’m still the clown but with confidence.

I’VE LEARNT SELF BELIEF

Am I better? It’s a journey, but thanks to the Recovery College I recognise when things are going down, and how to cope. Where do I go from here? Hopefully forward helping others as they have helped me, and hopefully into paid employment. I’ve learned self belief, the value of family and the importance of asking for help. For the first time in a long time I’m looking to the future, and I can see a light at the end of the tunnel.
Find out what’s on at Mersey Care Recovery College call 0151 330 4140 or email: recovery.college@merseycare.nhs.uk

@RC_MerseyCare merseycare.nhs.uk

“THE RECOVERY COLLEGE GIVES YOU A CHANCE TO REDISCOVER YOUR POTENTIAL”

Morgan, Mersey Care Recovery College student

Mersey Care NHS Foundation Trust

Find out what’s on at Mersey Care Recovery College call 0151 330 4140 or email: recovery.college@merseycare.nhs.uk

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Mersey Care Recovery College
My day begins walking my dog Bert through Whalley village and along the river. After the devastation of the Boxing Day floods, community spirit shone through and it’s uplifting to see flowers rather than skips in front gardens. I support people in the community. I’ve spent the morning with a young man who, at 18, has already experienced so much chaos and upheaval. He greeted me with a home made bun and was eager to start work but he’s often anxious in social situations and his learning disability makes it hard to convey his thoughts. He’s not missed a single appointment, a triumph in itself for someone with so many anxieties and many hurdles to overcome.

Sadly events in his life brought him into the criminal justice system. The complex processes can be incredibly confusing for someone who has difficulty understanding and processing information and can often exasperate the situation; I’ve supported him through court appearances and now work with him, his mum and his care team to help him through his probation.

I visited with a young lady today who has faced so many challenges in her young life. She’s at high risk of harming herself and those around her, and she’s now in prison, but because I know her I’ve been able to design a care plan that will help prison officers keep her safe. I look forward to our weekly team meeting. It gives a much welcome opportunity to talk about how best to support our patients - and each other. My adage is that of the air stewardess ‘always put on your own mask before helping others’, in other words make sure you look after yourself so you can help those we serve.

I leave work happy that’s it’s been a productive day which has seen positive progress for those I support.
YOU’RE A CHAPLAIN BUT YOU WORK FOR THE NHS?
Yes, I support men at Ashworth High Secure Hospital in Merseyside, which cares for some of the most mentally unwell men in the country.

WHY DID YOU GO TO NEPAL?
The British Methodist Church wanted someone to attend a conference and explore ways to help improve services for people with mental illness. It was an opportunity for us to learn from each other.

WHAT’S DIFFERENT?
Mental health is the same, people want the same things. The difference is the care. It’s desperate there. If you’re mentally ill there there’s very little chance you’ll get treatment. If you do it’s unlikely to be by a nurse with specialist training.

WHAT DID YOU SEE?
I visited the Koshish NGO programme (Nepali for ‘making an effort’) where a group of staff provide residential care for 60 patients, and advocate for better services and mental health education. Many are not trained and they experience stigma from the communities for the work they’re doing. Yet their passion was inspirational. They are so determined to make a difference and refuse to be overwhelmed by the task.

HOW DID YOU FEEL?
It was incredibly moving. I was reminded of the power of individuals to make a difference – just like at home. A young man who had lived on the streets for more than 17 years until Koshish found him sang for us. Many of my patients could have written the same words about just wanting to live a normal life - mental illness is a universal experience.

NHS chaplain Karen Jobson swapped her dog collar for a backpack, travelling to share her knowledge about mental health with health workers in Nepal. We asked her how mental health care differs between the UK and one of the world’s poorest countries.

Karen with Matrika Devkota, the staff of the House of Peace and the House of Hope, Koshish’s short term residential centres.
Suicide.
Someone close to you could be about to snap...

Suicide. It's a hard topic to talk about.
Which is why so many people in desperate need of help, don't seek it. For fear of being shunned, discriminated against, ridiculed or even worse. Worried that there's no one out there that cares.

Friends, family members, neighbours and colleagues may appear to be strong on the outside but they may be crumbling within.

Desperate for help but afraid to come forward due to fear, discrimination or ridicule.

The aim of our Big Brew campaign is to shatter the stigma of suicide. By arranging your own Big Brew event and talking openly, candidly about mental health and depression, we can help people open up, sharing thoughts and showing support is available.

For more information and your FREE BIG BREW pack go to www.merseycare.nhs.uk