

Man in court accused of the murder of Peter Wrighton - page 19



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YOU ARE NOT ALONE

A special Mental Health and Wellbeing takeover edition of the EDP



With guest editor **Natasha Devon MBE** and in association with UEA, OPEN Norwich and East Coast College



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Above, Natasha Devon, guest editor for the mental health takeover of the EDP. Right, Norwich MIND chief executive Amanda Hedley. Pictures: DENISE BRADLEY

Shining a light on an issue that affects all of us

Our guest editor for the day is **Natasha Devon MBE**, writer, campaigner, Times Education Supplement columnist and expert on mental health. Here she explains why she's supporting our special Mental Health and Wellbeing takeover edition.

If you are reading this it means you have a brain and therefore a mental health.

So often, we confine any discussion of mental health to the one in four people who will statistically experience mental illness during their lifetime, waiting until the symptoms of poor mental health arise before we give the subject any consideration.

Yet the truth is this is a topic that's universally relevant, not just because everyone exists somewhere on the spectrum of mental fitness, whether theirs is excellent, average or poor, but because, whether you're aware of it or not, you definitely know someone who is struggling.

Whether it's our friends, family or colleagues, we're all responsible for building a society in which people can talk about and seek help for their mental health without judgment.

There are lots of reasons I agreed to guest edit the EDP today. As someone who has a mental illness, I'm always looking for opportunities to smash stigma. As a campaigner and writer, I'm often frustrated by the ways the media can perpetuate unhelpful stereotypes.

That's why you won't find any "head clutcher" pictures on the pages that follow, any mention of



someone "committing" suicide (it's not a crime to take your own life and hasn't been since 1961 in the UK) or anything that people who are currently experiencing mental health difficulties might find triggering.

I also have a special relationship with Norfolk, both personally and professionally. My work in education and campus wellbeing has taken me to UEA, where my brother has just finished studying for his degree in maths. I know and hugely admire local MP Norman Lamb, who is tireless in his work to raise profile and parity for mental health issues. My Nan, aunt and cousin also live here and some of my fondest memories are of holidays in this beautiful county.

I know Norfolk and Suffolk struggle with mental health provision and, of course, we must never stop fighting for people to receive expedient access to the help they need. But I wanted to use these pages to shine a light on the often-untold stories of recovery and hope.

You are not alone.



What does the future hold for mental ill health treatment?

For far too long mental health provision in both our region and across the country is something which has been neglected in comparison to physical health.

And still today – although attitudes towards mental illness appear to have improved – we do not have equal provision between the two, something health chiefs tend to call parity of esteem.

But as more people have looked to address their mental wellbeing, strain on services has increased, leading to a need for a different approach to treating service users moving forward.

In a survey conducted by this newspaper, it was shown there was no age group which stood out as experiencing worse mental health than any other. Struggles can affect anyone of any age it would seem.

Of the 300 people who filled in our survey, some 78pc said they had taken a day off work due to their mental health.

Many people had told their manager it was because of mental health – perhaps indicating a lessening of the stigma which previously surrounded these problems.

Unfortunately, 65pc of people said their workplace would not understand the need of a sick day for their mental health.

Overwhelmingly, the advice given was to talk to someone. One respondent summed it up by saying: “Please, please talk to someone, anyone.”

GERALDINE SCOTT

geraldine.scott@archant.co.uk

Another added: “Be patient with yourself. Mental health is ill health, just as a broken leg is.

“If you had a broken leg, you’d take a step back and recover.

“If you have issues with your mental health, take a step back, be kind to yourself and recover.

“And do not suffer alone.

“Talking is hard, but it’ll be the best thing you ever do – it saved my life.”

Although this might be the best first step when your mental health is suffering, more work is now going on to try to stop people reaching a stage where they need specialist mental health care.

Some see that increasingly the third sector – such as charities – will have to pick up where NHS mental health services maybe cannot resource.

Michael Scott, chief executive of Norfolk and Suffolk Foundation Trust (NSFT), said more and more care would be provided in the community in the future.

It comes as demand on NHS mental health services continues to rise; our survey showed 75pc of people had accessed treatment via the NHS. On the whole, people rated this as varied, with some saying their experience was outstanding, others terrible.

“While many people still identify hospital beds as being

the place to receive care, outcomes show us that the vast majority of care is better delivered in the community by our community staff, social services and carers working together,” Mr Scott said.

And while this was a desire shared by others, such as chief executive of Norwich Mind, Amanda Hedley, the worry was the provision was not yet in place to allow that to happen.

Ms Hedley said: “People want to stay in their own homes. But I don’t think that provision is there at the moment; we need a 24/7 community response.”

And it is also predicted there will be a push on prevention and self-care, a theme seen across the NHS.

Ms Hedley added: “It’s about early on, helping people understand they can do a lot to keep themselves well and early intervention.

“But unfortunately a lot of the funding for early intervention support has been cut.”

Early intervention is on the agenda nationally too, as the government looks to bolster mental health services by 2021.

For Mr Scott, the future of mental health services in our region hinges on understanding that for very many people a mental health condition is something they will live with throughout their life.

“A good analogy would be to compare mental ill health with diabetes – there is no known ‘cure’ for diabetes but with the right education from professionals for effective self-care, the right medicines, and therapeutic support, people learn to live with and manage their condition,” he said.

“In mental health terms we refer to this as ‘recovery’ – a concept which starts with the premise that it is possible to live a full and meaningful life with or without symptoms of a mental health condition.

“And which begins by recognising the patient is the expert about their own mental health.

“The recovery concept therefore takes us from ‘what is the matter with you’ to ‘what matters to me’.”

It’s about time that attitudes towards mental health changed

Leading by example, chief executive of the region’s mental health trust **Michael Scott** talks of his own family’s struggles with mental health.



I have worked throughout the health and care system covering a wide range of roles; as a social worker, chief executive of a hospital, part of the Department of Health and running community services here in Norfolk.

However, there are personal as well as professional reasons why I’ve chosen to work in mental health and the lived experiences that I bring to my role which I keep firmly in mind to inform the decisions I make as chief executive of NSFT.

It’s still not easy for people to talk about mental health and its impact upon them or their loved ones.

Despite the change in some attitudes, we still find stigma surrounds mental ill health in a way we no longer see in relation to cancer. These misplaced attitudes of shame or embarrassment are, I believe, why mental health has historically been short of resources and why services had become the largely hidden part of the NHS.

It’s about time that changed and that’s why I welcome this special edition of the EDP and why I’m writing this piece. I’m always open with the staff I work with about why I do this job. But I’ve not tended to share my personal experiences in the public arena. But if I want to encourage others to talk more openly then I need to do the same.

Depression has always been a part of my family life; it would appear that the Scott’s have a genetic connection that has meant my father, sister, brother and uncle all had depression to varying degrees.

It is my fortune that this gene missed me, as my mother will often say.

As my father aged, his depression was replaced by dementia. The best place for him to be was at home, cared for with love and compassion by his family; no-one could understand and meet his needs better than my mother. But I also understand the enormous stresses this can create and the need for health and care services to be there in a supporting role.

It is these experiences that have shaped my attitude towards the work I do. So, let’s be open about our experiences and use them positively, and collaboratively campaign for a better future for all impacted by mental health issues.

Visit our website for more from Michael Scott.

Where to go for help

■ The Wellbeing Service is the first port of call for managing stress and symptoms of anxiety and depression. Contact 0300 123 1503 or visit www.wellbeingnands.co.uk

■ Charity Mind offers a whole host of services from a support line to low-cost counselling, for more information visit www.norwichmind.org.uk

■ Norwich-based Beat offers support for those living with eating disorders. They have a helpline available 365 days a

year from 3pm to 10pm on 0808 801 0677 or 0808 801 0711 for the youth line.

■ Those with pre- or post-natal depression can contact Time Norfolk on 0333 3058 552 or email info@timenorfolk.org.uk

■ Samaritans offer confidential and non-judgemental emotional support, call 08457 90 90 90

■ For help with drugs or alcohol, contact Norfolk Recovery Partnership on 0300 7900 227 or www.norfolkrecoverypartnership.org.uk

Real stories of living with daily trauma of mental ill-health



Ren Bezant

Ren Bezant, 22, had struggles with mental ill-health when she was at Framingham Earl High School taking her GCSEs six years ago.

But it was after she was diagnosed with agoraphobia that she said she increasingly struggled to cope.

Ren, from Stoke Holy Cross, said: "Being diagnosed with agoraphobia was both a shock to the system and a relief that what I was going through actually had a name.

"Often when you have a name for what you're experiencing, it should make it easier to find the specific help you need.

"I found that wasn't really the case when it came to anxiety centred around fear, which is really the way agoraphobia manifests itself. It made me feel completely out of touch with my peers, and what little confidence I had in myself all but disappeared."

She said she felt it was essential to remember to be kind to yourself when dealing with something so debilitating.

"Praising the good moments, no matter how small they are, can really help you get back onto the road to recovery," she said.

"Exposure therapy is also very important, but it can be one of the hardest things to do so starting with little steps is vital.



"Even walking down to the end of my road was a huge achievement, one I knew couldn't be taken for granted. That's why I want to help those who have gone or are going through something similar to me."

Ren added: "I don't personally believe there is a miracle cure; there is just hard work, and I set up my Facebook group Back On The Radar with the aim of it being a support network for all young people who are experiencing loneliness and/or isolation perhaps for the first time in their lives, because it can be very frightening indeed.

"I feel like we youngsters need to stick together and help each other out of difficulties that we should not feel ashamed of."

Sarah Booton

Sarah Booton, 34, from Norwich, was diagnosed with depression when she was 15.

She was prescribed antidepressants but was not diagnosed with emotionally unstable personality disorder/borderline personality disorder (BPD) until she was 30.

As well as this, in her late 20s she developed an eating disorder and she has lived with severe anxiety for most of her life.

She said: "For me BPD made sense and answered a lot of questions, giving a reason to a lot of my thoughts and behaviours. Not an excuse, but a reason.

"As a lot of people with BPD will understand it also gave me an identity, but it's the symptoms that need to be treated and not the label.

"My condition fluctuates but most of the time my mood is low which affects every aspect of my life and the symptoms of my BPD. At times I do hate that my BPD has played a part in every decision I have made in life - good and bad - and I wonder 'why me?' Why did I get lumped with a disorder that affects everything that is me?"

Sarah went through various departments of the mental health service - some she found helpful, others she did not. Most recently she's been part

of the region's mental health trust's Recovery College.

"Being honest and open about my struggles has really helped me," she said.

"I have never felt any shame or embarrassment and speaking out helps keep me well. Identifying what I value in life helps me cope, like education - I love learning and will keep on learning. Being outside in nature walking my dog, crafting, I've tried so many crafts and even held a fund-raising 'Crafternoon' for Mind.

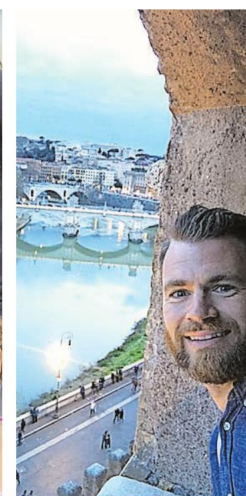
"There is a lot of stigma attached to medication which I don't understand - meds have saved me from myself and allowed me to engage in therapy and other recovery methods. I have literally lost years to my illnesses but I have come to accept who I am now and my experiences have shaped the person I have become which is someone I am proud to be."

Sarah's message to others would be not to be afraid of how other people will react when you speak up.

"I definitely encourage people to connect with others that have experienced difficulties - I get a lot out of spending time with others that have experienced mental illness, be it themselves or as a carer," she said.

'At times I do hate that my BPD has played a part in every decision I have made in life - good and bad - and I wonder 'why me?'

Simon Taylor



Your tweets
#YouAreNotAlone

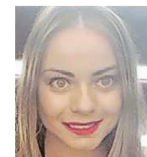
@NecFenn "Don't be hard on yourself. When overwhelmed by it all, close your eyes, take a few deep breaths, think of a happy memory, you are not alone."



@Maria_M80 "Don't forget singing in choirs etc music really helps get everything of your chest! It helped me get through PTSD with severe depression."



@JessCiara "Exercising and playing sport to clear your head and focus on something different."



@BethLodgel "Take some time to 'switch off' every day, be it reading a book, cooking or taking a walk outside."



disorder **connect**
 stigma therapy
 cope recovery
 shame

Photo: ANTONY KELLY

A self-employed roofing contractor from Attleborough almost lost his business after suffering with mental ill health.

Simon Taylor, 33, started having problems in October 2015, and said it seemed like a physical health issue.

Simon said: "Whilst at work and under a lot of stress I collapsed and suffered a seizure on site.

"I was rushed to hospital but released the following morning - only for the same thing to happen a few days later at home. I was taken in again and kept in for two weeks for, to be released with medication, no driving

licence and told not to step on a roof again."

Simon managed to go back to work in a managerial role. "But I remained to feel a burden," he said. "And this still proved too stressful as work was not being done how I liked and I was frustrated that I couldn't do it all myself, as I had worked hard to gain a good reputation for my business."

For two years Simon said it wore him down, mentally and financially. In March this year he was given the all-clear from epilepsy - but doctors said his seizures were due to stress and depression.

He has since been referred

to the Wellbeing service and has been taking part in group sessions of cognitive behavioural therapy.

"After the first two sessions I realised I was struggling as every symptom they described, I had," he said. But he said he struggled with the group setting, and had asked for one to one sessions.

Simon said he had found strength in his fiancée, Jodie. "She has been an absolute rock and strong beside me over the last two years," he said.

Simon said the best advice he could give to others was to be open and honest with loved ones.

Exploding the myths about mental illness

Before I was diagnosed with it, I knew a few facts about depression.

I knew, for example, that theoretically it can happen to anyone (although not to me, obviously).

I knew fresh air and exercise and surrounding yourself with friends are the best cure. And I knew that although antidepressants can be effective, it's better to avoid them - because even if they work, you're not really you anymore, are you?

As then-features editor at Cosmopolitan magazine, I'd interviewed lots of women who'd experienced depression. But even with what I thought was a pretty good handle on things, a lot of what I 'knew' about depression was absolute rubbish.

Four years ago, I fell into a black hole. It had been a long time coming: self-harm as a teenager and a bereavement in my early 30s had nudged me close to the edge, only to be pushed in by the ultimate cliché: heartbreak.

Even though I'd read loads about depression, I wasn't prepared for it. It was far, far worse than I'd ever imagined. It's not like that time you felt a bit down and didn't fancy going out for a few weeks. Depression consumes you, until you can barely remember the person you were before. And despite the warning signs, I was shocked it had happened to me.

My life was almost embarrassingly like a rom-com about a ditz, shoe-obsessed magazine columnist, yet that didn't protect me from suddenly finding myself in daily, grinding despair: I literally couldn't concentrate on anything else other than how I was feeling from one moment to the next. 'How bad is it right now? How about now? Is it getting worse?' was my constant mental soundtrack.

Naturally, I turned to Dr Google for advice, who told me to socialise with friends and get some exercise. But just the thought of finding the energy to buy running gear and then to actually go running was ridiculous, and even a brisk walk meant coming face-to-face with far too many people who appeared to be coping with life better than me. Social invitations dried up a bit too, when it became clear that I'd almost definitely start crying after a single glass of wine.

I was in a bad way, and needed help. Yet asking my GP for antidepressants meant facing the biggest myth-mountain of all. The stigma attached to using

Former features editor at Cosmopolitan **Rosie Mullender** says there should be no stigma around taking antidepressants.



antidepressants, so often painted as emotional fillers used to artificially plump up your happiness, was too strong. Sadly (and, I'm sure, tragically in the case of some people) they can feel like a last resort rather than a first port of call.

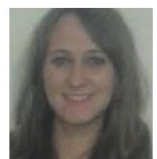
When I finally asked my GP for help and was put on a low-ish dose of Citalopram, I waited for a fug of fake joy to envelop me. But instead, after a couple of weeks, I woke up feeling like the corner of a heavy dust sheet had been lifted up. And there I still was, hiding underneath.

Gradually, the whole sheet peeled away, and although it was hard, I wanted to be open about it (as an editor on a women's magazine, paid to extract confessions from people, I felt more than a small obligation to put my money where my mouth was).

My reward was finding a hidden swathe of friends who were only able to be their sunny, funny selves thanks to antidepressants. One friend even shrieked, "Pram buddies!" when she found out we were on the same prescription.

I was lucky in another way, too: antidepressants don't work for everyone, but after about eight months I was able to gradually reduce my dose to nothing, with only one relapse.

The realities of depression are more frightening than the myths, and it's understandable that anyone who hasn't glimpsed behind that curtain wouldn't want to peer too closely at it. But when the myths stop people getting the help they need, it means a lot of people suffering needlessly. I learnt the truth about depression the hard way - but I'm hoping that as talking about it becomes more accepted, other people won't have to.



@GeorgeMRyan

"Be mindful on way to work. Focus on breathing as you walk or take the bus, let thoughts come and go but come back to breath."



Your tweets
 #YouAreNotAlone

'No one chooses an eating disorder'

As eating disorder admissions rise, Beat chief executive **Andrew Radford** tells how early treatment is vital.



At least 1.6million people in the UK of all ages, genders and backgrounds have an eating disorder. They can have a devastating impact, but recovery is possible, especially if treated early.

This isn't always easy – people with eating disorders are often dismissed as vain, attention-seeking, or lacking willpower. No one chooses an eating disorder, their relationship with food is often a way to cope with difficult thoughts or feelings, or to feel in control.

The thoughts that fuel the illness differ, and treatment should address this as well as any physical issues. Eating disorders can be difficult to understand even for those experiencing them.

One person in recovery said: "I knew logically that I couldn't survive on what I was eating but my disorder kept telling me [...] to eat less and less."

Others may not realise there's something wrong. Often, it's someone else who notices they're ill, so awareness of early signs and willingness to give support is vital.

A problem people with an eating disorder often face is people expect to see severe weight loss. Actually, someone's weight might not change, or may increase – and the aim should always be to get treatment before the illness affects their physical health.

The first signs relate to thoughts and behaviour – you might notice things like increased focus on food, social withdrawal and secrecy, difficulty focusing, tiredness, mood swings, and anxiety about eating around others. Someone may start exercising more, have beliefs about their size that don't match what others see, or disappear to the bathroom after meal times.

If you're worried about yourself or someone you know, make a GP appointment. Beat's Helpline is open from 3pm-10pm on 0808 801 0677 or at help@b-eat.co.uk

'Never lose hope': Advice on

Health Correspondent Geraldine Scott hears how three people cope with their mental ill-health.

It was a few days before her 16th birthday when Fiona Waters was admitted to an adolescent psychiatric unit.

Fiona, 20, had been struggling with her mental health since the age of 11, and was diagnosed with depression and anxiety at 15.

Fiona, who is studying English at the University of Suffolk, said: "I hated attending school and felt completely unsupported there, and I became more and more withdrawn and isolated. I remember feeling there was no point in being alive, and that nobody cared about me except my mum."

"I remember that back then I felt exhausted all the time; depression had manifested itself very physically and I had stopped eating regularly and lost a lot of weight."

"None of my friends at school were very sympathetic at all, they stopped wanting to spend time with me. Feeling rejected by my peers was awful. Being a teenager is hard for everyone, but my confidence was so low that I believed it impossible that anyone could want to spend time with me."

For three months, Fiona was in hospital alongside other young people - an experience she said

changed her life. "It was an intense environment to be in," she said.

"But realising that there were other people with similar stories and feelings to me made me much more accepting of myself, and going through the highs and lows with them made me determined to get better."

"People find this hard to believe, but we often had a lot of fun in hospital, playing games, doing each others' hair, and watching films made me feel like a normal human again. Most of the staff were great too, I still think about them a lot."

Fiona added: "For me, getting myself into a really regular sleep cycle has been very beneficial. As has going out of the house everyday, even just for a short walk."

"It's a hard road to recovery, and the path is often bumpy, but you must never lose hope for a brighter future. Five years ago I never would have thought I could be a full time student, living independently, in a happy relationship and with so many reasons to live."

She said friends and family had a role to play, saying: "Knocking on their door, sending them a text, taking them out for a coffee, or just being there if they want to talk you is so important."

Fiona Waters



'You must never lose hope for a brighter future'

Picture: FIONA WATERS

Thomas Colley



'You are not an illness, you are a strong human being'

Picture: ANTONY KELLY

Thomas Colley was eight years old when he started to have mental health problems - something he did not understand at the time.

By the age of 13 Thomas, now 28, recognised he was depressed.

Thomas, who lives in Stalham, said: "I was sad all of the time, I had no life in me, the sort of life a child should have at that age."

"This quickly developed into paranoia. I started thinking very unusual things, things other people would think were ridiculous."

"And as I've grown up my illness has developed into something called schizoaffective disorder, which is where strong emotion can turn my psychotic symptoms on, such as delusional thoughts, voices, and hallucinations."

Thomas said his life with mental ill health began as a "complete mess. I didn't know what was wrong with me, denied it for years, and never told anyone of my condition."

But after a breakdown he was encouraged to get help from his doctor, which he said was the best move he ever made.

"I was treated with compassion,

people listened, and after a little while I didn't feel like an oddball," he said.

"I've had extremely difficult times in my life, times where I've been pushed over the edge by my delusional thoughts, my hallucinations and voices. Sometimes it's still hard to get out of bed in the morning, but I try and look at my illness as proactively as possible. I look at every step I take as a massive achievement."

"In a few days I'm off to Birmingham for a huge gaming tournament with thousands of people, and I'm competing. This will be the biggest step socially I have ever taken in combatting my illness. I'm scared, but I will have a friend with me, and I will get through it, and I will come out of it another point up against my illness."

Thomas added: "My message to others going through mental ill health would be to fight it. Don't let the illness eclipse who you are. You are not an illness, you are a strong human being. If you haven't sought help, please do, please tell someone close to you, and you might just be surprised as to just how compassionate that person can be."

how to cope

Kimberly Myhill, 27, has had depression for as long as she can remember, but was not diagnosed until she was 22.

The illness led to her losing jobs when employers did not recognise mental health issues as a genuine illness, and last year she tried to take her own life.

She said: "I didn't seek medical help until I was 22, and I have always had issues with sleep, been on and off various medications and had problems with drugs and alcohol."

"I have lost jobs due to being sacked by employers who do not consider mental health issues a genuine sickness. I have literally had bosses and employers tell me I just need to 'sort my life out'."

Kimberly said she used to cover up her illness and try and blame physical things. "I always saw myself as a screw up, someone who just wouldn't get better and someone who brought these feelings onto myself," she said.

"When I was 23 I lost one of my closest friends to suicide. This was a huge loss and something I found extremely difficult to cope with. I had attempted in the past myself and it was a bit of a wake-up call. Why can't we just talk about it? Why is such shame associated with mental health?"

Kimberly started working for Equal Lives when she was 26 and was off sick for four months with her most recent bout of depression.

She said: "2016 was the worst relapse I have ever had, and I attempted suicide in the July."

"My manager at the time Sarah, who was and still is an incredible friend and supportive

Kimberly Myhill



Picture: KIMBERLY MYHILL.

'Learn to trust your instincts'

force, really helped to get me back on track. She kept in touch while I was off, we agreed a phased return in hours and lighter duties until I was ready to be back at work properly.

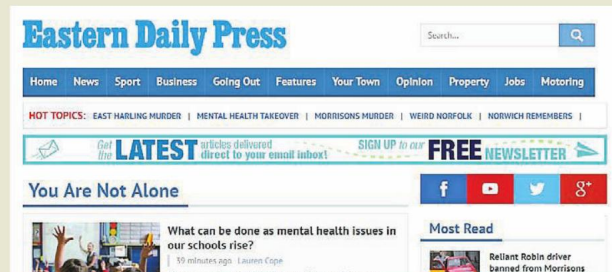
"She asked me questions that no one had ever asked, and answering her made me realise how unwell I had really been over the years. I was able to have a frank and open conversation that has ultimately led to my recovery."

Now, Kimberly has been back at work for nearly a year and has increased her hours to full time.

She said: "You have to be prepared to be honest to get the best results for yourself. Learn to trust your instincts."



We will run more mental health and wellbeing takeover stories through the coming week.



For more articles visit edp24.co.uk

Mental ill health is barrier for young people to ask for help

YMCA Norfolk CEO **Tim Sweeting** looks at the importance of remaining focussed on mental health

Mental health is talked about but there's no time for complacency.

YMCA Norfolk has been a constant in the life of the county since 1856 because it has listened to the voices of each generation of Norfolk's young people. What they are saying today is clear - mental health is their biggest concern.

So this EDP special is timely.

We believe it is vital to raise public awareness; but importantly, also give people tools to do something about it.

A campaign we are running to do that is I AM WHOLE, the first ever YMCA and NHS campaign.

This began after young people told us mental health stigma creates barriers to asking for help.

Of those who felt stigmatised, 70pc said it made them less willing to talk about their difficulties and 56pc said it made them less willing to seek help from a professional.

IAMWHOLE started off in Brighton, and has reached over 120m people through media coverage proving that we need to continue the conversation.



YMCA Norfolk chief executive Tim Sweeting and mental health engagement worker Charlie Smith.

Picture: NORFOLK YMCA

Locally, we are partnering with schools and leadership organisation nelsonspirit, empowering young people to raise awareness amongst their peers and training them to respond.

It's comforting to see that mental health has taken centre stage recently, but there's no time for complacency, so join us in getting the word out there.

open

- Bullied • Isolated • Withdrawn
- Lack of confidence • Low self-esteem

YOU ARE NOT ALONE

open can help YOU take a positive step towards your mental wellbeing.

Drop in to our social hub open to 11-19 year olds
3.00pm - 7.00pm Tuesday to Friday
10.00am - 6.00pm Saturday

ALSO ON OFFER ARE THE FOLLOWING ACTIVITIES:

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- Mixed Martial Arts • Eat Well
- Life Skills • Volunteering
- Work Experience • Youth Forum

28 Castle Meadow, Norwich, NR1 3DS

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This is not a battle to be fought alone

Amanda Hedley, CEO of Norwich and Central Norfolk Mind, on why communities have to play an increasing role in tackling mental health issues.



We know from the people we come into contact with and contemporary research that one of the most important factors in the recovery from experiences like depression, anxiety or psychosis is the relationships we have with those close to us, the services we connect with and the communities we live in.

The process of recovery, creating a meaningful life regardless of the presence of 'symptoms,' is deeply personal and needs these connections with others so that we can begin to make sense of our experiences and how to move forward.

Statutory mental health services play a vital role in this process, but with funding issues and overwhelmed services, it is increasingly falling on us, our communities and local charities and organisations to support people.

In order to cope with this added complexity it seems essential, more so now than ever before, to learn as much as we can about mental health, share our experiences and campaign for properly funded services.

Locally we will continue to partner with statutory services, peer organisations, schools and businesses to help them support people in compassionate and recovery focused ways.

We also rely heavily on donations to develop and implement innovative new services that reflect the needs of the people living in Norwich and Central Norfolk.

Our charity is built on the shoulders of people with lived experience of mental health problems, the kindness and charity of the community, volunteers and the people who work for us.

We want to provide people with a platform to share their ideas, experiences and voice so that no one in central Norfolk and Norwich experiences mental health problems alone.

Mum: I began thinking my baby had been switched at the hospital

Norfolk charity founder Naomi Farrow speaks to **Eleanor Pringle** on life with post-natal depression

Becoming a mother. It can be the most exciting and terrifying moment of a person's life.

However, most mums-to-be go into the experience hoping that once the birth is over only happy days will follow. Sadly, sometimes the opposite can actually be true, as a Norfolk mum who suffered post-natal depression and is now giving something back, knows only too well.

Three years ago, already mother-of-one Naomi Farrow, gave birth to twin daughters Erin and Tess.

Having only expected to have one child, Mrs Farrow immediately began to struggle with having had two.

She said: "I instantly connected with one of my daughters, and because I'd only expected one I felt like the other wasn't mine.

"I convinced myself she wasn't. She looked different to her twin sister, who looked more like me and I began thinking that she wasn't my daughter; there had been a mix up, she'd been changed at the hospital."

Mrs Farrow, now 32, began to feel increasingly isolated as she spent more time at home with her twins and her daughter Fern, who at the time was three.

She explained: "The moment I realised I needed help was when both the twins were in their bouncers at about four months old and they were both screaming and crying.

"And I just couldn't handle it. I left the room and went into my bedroom and closed the door and just broke down. I composed myself after about five minutes and opened the door and watched my then three-year-old try to put dummies into the twins' mouths to stop them crying, like she'd seen me do.

"That was the point when I realised I needed help, because I could try and hide how I felt from my partner and my friends but this wasn't just affecting my life anymore, if my three-year-old child was trying to look after them."

Mrs Farrow immediately contacted her GP and was put on

medication having been told she was suffering with post-natal depression.

Mrs Farrow, who lives near Holt, said: "I wouldn't have got the help I needed if that hadn't have happened in the first place. I did some research to find charities or support groups to help other women like myself and was shocked when I couldn't find anything. So I decided to start my own group on Facebook, just to see who else wanted to go out and meet up. Something I struggled with was getting out of the house and going to playgroup, because it was all so cliquey."

Mrs Farrow began her group Get Me Out The 4 Walls, which has rapidly expanded to 3,900 members since starting in November, 2015.

In April 2016, Mrs Farrow took the step of turning a group into a charity, which focuses on three main areas.

She said: "The first thing we do is preventative. This means the group is for any mums, whether they are suffering with a mental illness or not. The next thing is the post-natal depression groups, of which we have about 400 members. It's a place where these women can come and talk without being judged. A lot of women are scared if they speak they'll lose their children who will be taken away, although we know this is not likely.

"The last thing is raising funds to help women in hospital suffering, or to get women the treatment they need within seven working days of being diagnosed. The NHS counselling service takes a long time, so we try and privately get women the help they need."

Looking back on her journey, Mrs Farrow said: "I'll tell my girls about my illness. And I'll tell my daughter how I struggled when she's old enough to understand and that it was not because I didn't love her, but because I was ill."

To find out more about Get Me Out The 4 Walls, visit their Facebook page.

Naomi Farrow of Holt, with twin daughters Erin and Tess.





Naomi Farrow and Andrea Bell who were behind a new community cafe is set to open in the old railway station in Corpusty for people with ADHD and mums suffering with post-natal depression. Picture: MARK BULLIMORE

Journey: From supportee to supporter

Hannah Loveless is Naomi's right hand woman, working one day a week as administration assistant, Mrs Loveless didn't first join the organisation as an employee but as a member, after her struggle with bipolar came to a head after giving birth

to son Arthur, three and a half years ago. The 31-year-old said: "The only way I can describe it is feeling like I was in 'Alice in Wonderland.' It was just so isolating but with massive lows and then such highs when I felt invincible."

The Aylsham resident added: "Being part of GMOT4W and now having a job has given me my identity back, and I can see women that come to us as a shell of themselves and then leave these blooming, flourishing mothers. I think it almost makes them better mothers, because if they can do this they can do anything."



Hannah Loveless and her son. Picture: HANNAH LOVELESS

Meet: Carrie Dagraca, a GMOT4W Team Leader

Carrie Dagraca joined Get Me Out the 4 Walls before she was diagnosed with post-natal depression and has now gone on to be one of the charity's team leaders.

Mrs Dagraca said: "I joined just because I was feeling isolated at home by myself. I was going to nurseries and so on with Daniel who's now two, and it can be really cliquey.

"At GMOT4W there's no judgement. If you want to breastfeed your child fine, bottle feed? Fine. We just want people to know that whatever your parenting style your child will be fine and you will be fine."

The mum-of-two continued: "My experience really helped me with the ladies that come to the group, just because I know how they're feeling.

"As a team leader my role is to chat to the ambassadors who set up their own meet ups and if they have any concerns about ladies in their groups they can refer them to me so that we can get them the help they need."

How UEA student healthcare professionals take a 'whole person' approach to care

Jane Blowers, Professional Lead Pre-registration Nursing, School of Health Sciences, University of East Anglia

Mental health and wellbeing are intrinsic to every UEA Health Sciences programme – not only to equip our students to deal with the needs of their future patients or clients, but also to help ensure they have the tools to handle the personal demands they'll face during their careers.

As undergraduates entering a profession where they'll encounter many stressful situations, healthcare students require resilience to be effective practitioners, which means that developing coping strategies and having the ability to self-reflect are essential qualities. Through a combination of modules, reflection exercises, self-help tools and support networks, we enable students to develop these skills throughout their undergraduate careers.

All healthcare professionals, whether mental health nurses or paramedics, adult nurses or occupational therapists,



will support people with mental health issues on an almost daily basis.

While we're all used to being encouraged to look after our physical health through diet and exercise, mental health is equally important to our overall wellbeing. It's why we teach students to look at the "whole person" by examining the potential psychological and social causes of any symptoms a patient presents with to ensure that they find the root cause of the issue.

Mental health plays an important role in many conditions, such as musculoskeletal, cardiovascular and digestive

problems, and that's something you wouldn't discover without asking the right questions, leading to long-term illness and potentially devastating effects.

This holistic approach is fundamental to delivering excellent, compassionate care, even in pressurised environments. Sadly there can still be a reluctance to seek help for mental health problems so it's important to encourage people to talk – a challenge when the time with each patient is limited.

At a time when more and more people are facing problems relating to their mental health, healthcare professionals must be able to meet the needs of everyone, whether that's a teenager with severe anxiety or an older person with dementia – and to ensure that they can cope with the emotional challenges that presents. Being in a position to make a difference to people's lives is what makes healthcare such a rewarding career.

UEA launches 'stepped care' approach to student mental health and wellbeing

Dr Jon Sharp, Director of Student Services, University of East Anglia

While many students enjoy the time of their lives at university, increasing numbers are struggling with mental health issues in what's sometimes been described as a "crisis".

There's strong evidence that undergraduates experience lower wellbeing than the population in general and it's certainly true that, here at UEA, we're seeing more students joining us with pre-existing mental health conditions and rising numbers are developing issues during their studies.

This, along with the broad range of conditions they're presenting with, has increased demand for our services. As a result, we're launching a new "stepped care" approach from the 2017/18 academic year to ensure we'll continue to offer appropriate support to every student who needs it.

It's important to note that there's a clear difference between experiencing shifts in our mental wellbeing – which applies to us all – and having a mental health



condition. We prioritise both, not just because wellbeing is closely linked with strong academic performance, but because we want our students to thrive during their time with us.

Some anxiety is part of student life – living independently, academic pressures and forming new social connections for example – and can affect students' sense of wellbeing and ability to cope. Our aim is to help students understand that this is entirely normal and enable them to develop their resilience and self-reliance with self-assessment tools and peer support groups.

Avoiding loneliness is also vital, so we encourage students to participate in social and sporting activities and are working with the Students' Union to create more links with the wider Norwich community.

The Students' Union is a key partner in developing and delivering this approach and, led by Welfare, Community and Diversity Officer India Edwards, focus on peer support, buddying schemes and friendships to ensure that students have a strong support network to turn to whenever they need it.

Where students have more serious conditions, we offer a higher level of support, including online, group or one-to-one counselling, and referrals to appropriate external providers.

Removing the stigma that still prevents many people from seeking support is also a priority, so we work hard to show students that it's OK to ask for help and to support academic staff in recognising when a student might be struggling

It's never too early to talk

Our guest editor for the day is **Natasha Devon** MBE, writer, campaigner and expert on mental health.



Today, we know that eight in 10 children going to their school nurse with stomach pains are experiencing anxiety. Back in 1991, when I first started having panic attacks, the condition was relatively unheard of. In fact, I was given an inhaler because my GP assumed my difficulties breathing were due to asthma.

By the time I went to university, my anxiety had reached such chronic levels I had developed bulimia as a (very counterproductive) coping strategy. After I recovered with the help of therapy, I started to reflect on my mental health education.

At school, we had assemblies which tried to shock us with extreme testimonials of depression, eating disorders and drug addiction. They were interesting and important stories, but not something we ever applied to ourselves. In 2007, I interviewed hundreds of teenagers and was shocked when they told me there were still the same problems with PHSE (personal, health and social education).

Most children are told at an early age about the importance of healthy eating and exercise. Later, they're warned about things which might do their bodies' harm, like smoking. We acknowledge that physical wellbeing is something relevant to everyone - mental health shouldn't be any different. Mental illness is only part of the conversation, in the same way that learning about symptoms of diabetes or cancer is only part of physical health education.

That's why I've been visiting schools throughout Britain for the past decade addressing topics young people told me they wanted guidance on like body image, social media and healthy coping with stress.

As well as PHSE, schools would ideally have a counsellor and staff trained in mental health first aid. Some schools have also introduced a daily jog (physical activity is great for mental wellbeing), 'screen free days' to give pupils a break from technology, 'chill out zones' where pupils can go if they feel overwhelmed and even a school pet (animals are scientifically proven to improve your state of mind).

Schools shouldn't be expected to plug the gaps in funding or services, but they are a place where, with the right resources, mental health can be nurtured and discussed.

To find out more about Natasha's work in schools visit www.natashadevon.com

What can be done as mental health issues in our schools rise?

Schools and colleges are caught in a perfect storm of falling funds, creeping costs and mounting pressure to get those all-important grades.

It's seen many come under fire for narrowing their focus - looking at exams, Ofsted and core subjects, and letting everything else slip.

While it's an accusation most headteachers would deny, many would be likely to admit the lack of funding makes things difficult.

Mental health has repeatedly been raised as an area of concern, and parents, pupils and school leaders in our region have called for more cash and better provision.

But, in the meantime, plenty of schools and colleges are doing more with less, stretching their pennies to make it a priority.

David Day, senior director at Sewell Park Academy, said new measures had been introduced at the school to deal with a rise in need.

He said: "We have seen quite a dramatic increase in the number of cases of mental health problems with students, both boys and girls, over the last year."

"We've been dealing with those in school and one of the biggest issues has been the lack of capacity for referring pupils on."

He said the school dedicated a staff training day to mental health at the start of the year and funded a counsellor to work with struggling pupils.

But he said the school's "superb" support staff were its strength, with its pastoral and raising achievement team a real success story.

Elsewhere, 28 students at Cromer Academy are now

LAUREN COPE

lauren.cope@archant.co.uk

training to become mental health ambassadors as part of a YMCA Norfolk drive.

The ambassadors will give support, mentoring and buddying to students who experience mental health problems, working with another 12 who have recently become anti-bullying ambassadors.

Many schools are thinking outside of the box - Sir Isaac Newton Sixth Form, in Norwich, is one of those which has employed the help of a Pets as Therapy dog for anxious students.

The sixth form, which last December won an award for how it looks after the emotional wellbeing of pupils, said Lionel had been particularly helpful around the stress of exam time.

Wymondham High Academy has appointed a new wellbeing officer to join its full-time counsellor in a bid to manage the increase in the number of pupils requiring support.

While good mental health support is vital in schools, it has been identified as a key issue in post-16 education. In February, Stuart Rimmer, principal at East Coast College, revealed a 156pc rise in referrals to mental health services for pupils at the college.

Meanwhile, City College Norwich has its own wellbeing team, which offers a variety of schemes and support from a team of counsellors and advisors.

Jock Downie, who leads the team, said: "When students come to us at 16, sometimes schools haven't been able to identify problems or those problems are only really starting to emerge. We've particularly seen a big rise in anxiety and depression and we've seen the impact of that."

The team's initiatives include encouraging students to play college musical instruments, which they say has a relaxing and positive impact on anxiety, as well as work with the Mancroft Advice Project (MAP) on a summer holiday scheme, intended to make sure students with mental health problems return after the break.

"Sometimes that long break isn't good for students who may not have the confidence to go out and enjoy the summer," he said. "We give them summer projects and support, and it's been a real success."



Teaching and practising wellbeing in education

Research shows that the levels of engagement are directly affected by wellbeing - not just at work but in every aspect of life and at all ages and life stages.



Stuart Rimmer, CEO at East Coast College (formerly Great Yarmouth and Lowestoft Colleges), pictured, believes leaders at schools and colleges have an important role to play in championing wellbeing.

He said: "Building capacity in our young people to become more aware of their own mental health, understand interventions to improve resilience, alongside the promotion of positive mental health and the ability to facilitate practical approaches to end stigma is one of the most vital things our college does." East Coast College has three key ambitions for its students: firstly, that they leave with the skills and qualifications they need, secondly they leave with a secured and supported progression (university, apprenticeship or employment), thirdly that through their time at college they develop their character, resilience and overall wellbeing.

Mr Rimmer said: "We want our young people to be higher in the happiness tables, achieve better academically (based on their potential and not where they are born), and enjoy economic prosperity in meaningful and varied life-long work."

"To do this, the answer is simple - let's bring back a balance between skills and education in our colleges and let us ensure that sufficient attention and acknowledgment is given to individuals finding their "happy balance":"

East Coast College has pioneered a "Happy Balance" programme for its students and staff. It addresses the three key areas of wellbeing - physical, social and mental and offers a host of activities and resources in support of these areas to help staff and students achieve their "Happy Balance".

Mr Rimmer also spearheaded an initiative with the Association of Colleges Eastern Region including a self-assessment tool for colleges which was later presented nationally at the Association of Colleges conference.

The "Wellbeing in Further Education" publication and self-assessment is available free at www.acer.ac.uk/



Twenty-eight students at Cromer Academy are now training to become mental health ambassadors



Above, Neatherd deputy head Nick O'Brien. Picture: IAN BURT

The school attracting praise for its approach

While plenty of schools do their best to help students, one in Dereham has attracted praise for its supportive community. Dereham Neatherd High School has long made inclusiveness and wellbeing its priority, and this year even plans to produce a short film on its approach to mental health, assistant head Nick O'Brien said. The school is signed up to the Time to Change movement, which sees every student complete at least one activity around mental health a month, in assemblies or form time, for example. It also boasts a full-time nurse who is trained in mental health aid, and voluntary mindfulness sessions are held at lunchtime. Three part-time members of staff offer counselling, and parents are invited to a community mental health event every December. In 2015, Ofsted praised the school for "celebrating difference and diversity within the student body", which creates a "community characterised by tolerance and mutual respect".

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They're in pain. So what can I do?

It can be hard to know what to say and how to help if you're close to, or caring for, someone with a mental illness.

Sheena Grant gets some advice from the experts and hears some first-hand experiences.



It's long been recognised that physical illness can have a real impact on the lives of a sufferer's loved ones, and the same is true of mental ill health.

Seeing someone you love in turmoil, and not knowing how to help, is utterly devastating. Add to that the fact that you may feel unable to talk openly to friends or colleagues about the problems your family is facing and it's easy to see how isolating the situation can become.

"I felt I'd failed as a parent when my daughter became ill," says Karen, a mother of four from Diss, whose youngest child spiralled into depression after leaving university. "To hear her say she felt she had nothing to live for broke my heart. I didn't really know how to help her, other than letting her know how loved she was. Sometimes, everything I said seemed to be wrong.

"There were days when I struggled to get into work because I didn't want to leave her and I would have to say I was ill myself. I didn't feel my boss or work colleagues would understand. And my daughter wouldn't have wanted them to know anyway." Her



Sue Pooley. Picture: NORFOLK CARERS



People looking after someone with mental health problems can worry about the stigma. This might mean they don't reach out for support. Pictures: DAVID DE LOSSY/ GETTY IMAGES/ANNA GOWTHORPE/PA WIRE

daughter recovered. But it took time. For others, it's a case of learning to cope with long term illness.

Sue Pooley, 59, from Gorleston, cares for her husband, who has bipolar depression with psychosis.

"It can be really frustrating," she says. "It affects whether we can go out. My husband is no good in crowds. Trains are out. Going to London is a complete no-no and we can't go anywhere that's too busy. You have to plan trips and he doesn't like going out on his own.

"I'm used to it now; it's been going on for about 13 years. The only time I struggle is when he's having an episode. That can be really hard. My Norfolk Carers support worker, Julie, really helps. My advice to anyone in the same position would be to take one day at a time and don't expect too much from your loved one. Doing things for myself has helped, otherwise you're stuck indoors and in a bit of a rut."

David, who lives near Halesworth and has suffered bouts of anxiety and panic attacks at challenging times in his life, says his mother has been pivotal to his recovery several times over the years.

"Just knowing that I didn't have



to pretend around her made a huge difference to me," he says. "My family has always supported me but I have had to cope with some thoughtless comments over the years, sometimes from medical professionals. A GP once told me I should realise I had a lot to be grateful for, as though my illness was an indulgence.

"Having said that, one of the most helpful things anyone has ever said to me was a psychiatrist who told me I wouldn't expect to be able to heal a broken leg with willpower, so why should I think I could use it to fix mental ill health?"

"There is a lot of misunderstanding, though. A friend once told me she'd had dark times in her life too but had been able to overcome them because of her upbringing and the no-nonsense approach of her parents. I let it pass but it still rankles that anyone can think it's as simple as that."

Diane Steels is carer's assessor

and assistant practitioner for mental health social care east in Norfolk. She agrees that mental health problems are still not well understood by the public and can present unique challenges for carers.

"People looking after someone with mental health problems can worry about the stigma," she says. "This might mean they don't reach out for support."

Norfolk Carers Advice Line (0808 808 9876, 9am-5pm Monday to Friday and 10am-2pm on Saturdays) can offer a listening ear or put carers in touch with support groups. There is also a one-to-one support service for carers and short breaks for eligible carers.

Practical information drop-in sessions are held at Northgate Hospital in Great Yarmouth on the first Monday of every month. Suffolk Family Carers also has a mental health and wellbeing service, providing support to those who care for someone with a mental health condition. Call 01473 835455 or email MH@suffolkfamilycarers.org to find out more.

(Some names have been changed.)

How: to help

The charity Rethink Mental Illness has put together some tips for those who support someone with a mental illness. Here they are

1 There is no 'one size fits all' model for supporting someone with a mental illness.

2 It can help to understand the diagnosis and how it affects the person you care for. Setting out roles and responsibilities together can be useful.

3 Be patient - getting better can take time.

4 The person you care for may have very challenging and complex behaviour. This can cause a lot of stress. There will be help available.

5 Encourage the person you're supporting to be independent and take part in everyday activities.

6 If you live together, setting out house rules can help.

7 Make a crisis or emergency plan.

8 Remember that you are not to blame if things get difficult.

9 Make sure you look after yourself and your own wellbeing.

10 Offer to listen to the person you are supporting. Listening to someone does not mean you have to say much back to them. Sometimes they may find it helpful to just talk to you about their problems, and to know that you are there to listen. Do not be afraid to ask them questions about how they are feeling, and listen to their answers. If they are not feeling great, ask if you can do anything to help. Make sure you do not take on too much or that they aren't overwhelmed.



Lifting the lid on living with OCD

What is it like living with obsessive-compulsive disorder? A Suffolk woman shares her experience.

Since early childhood I have always felt plagued with anxiety. At primary school, I recall discreetly covering my hands with my own spit as if it were soap and water, thinking it had the magic ability to wash away the notion that something disastrous might happen otherwise.

This same intrusive thought occurred when myself or others touched used items, mainly clothes and furniture, and would result in me carrying out other ridiculous actions, like soaking a saddle with buckets of water to override my feeling of impending doom.

OCD was relatively unheard of at that time and quite often misunderstood.

Loved ones teased and simply labelled me 'nutty', though I think it's important to never hold that against them. Luckily, by the time my OCD had really escalated into the debilitating illness it can all too often be, my family had realised the severity of it and tried their absolute best to support me.

Nearing the usually exciting milestone age of 18, I was so worried for myself and family. My only coping mechanism was to keep things spotless and locked up, there was no room for error.

I spent endless hours checking, securing and wiping down everything imaginable. I would buy so many baby wipes, one local shop worker assumed I had a baby.

I showered on repeat, watched many whole washing machine cycles on repeat, any spare time was spent on self-doubt and rumination.

Meltdowns were frequent, weekend binge drinking provided temporary relief but soon induced OCD related panic in its aftermath.

General mistrust meant I stopped all human contact where possible, particularly with my family who'd already been heavily impacted by my peculiar behaviour.

Latex and plastic gloves came in handy, and when walking into a garage with my pockets brimming with my shop bought ones I probably looked like I loved freebies or had sticky fingers.

Over time, every aspect of my life had become so ritualised it was a relief to go to sleep, mornings could only be compared to what it must feel like waking up as a world leader in our current climate.

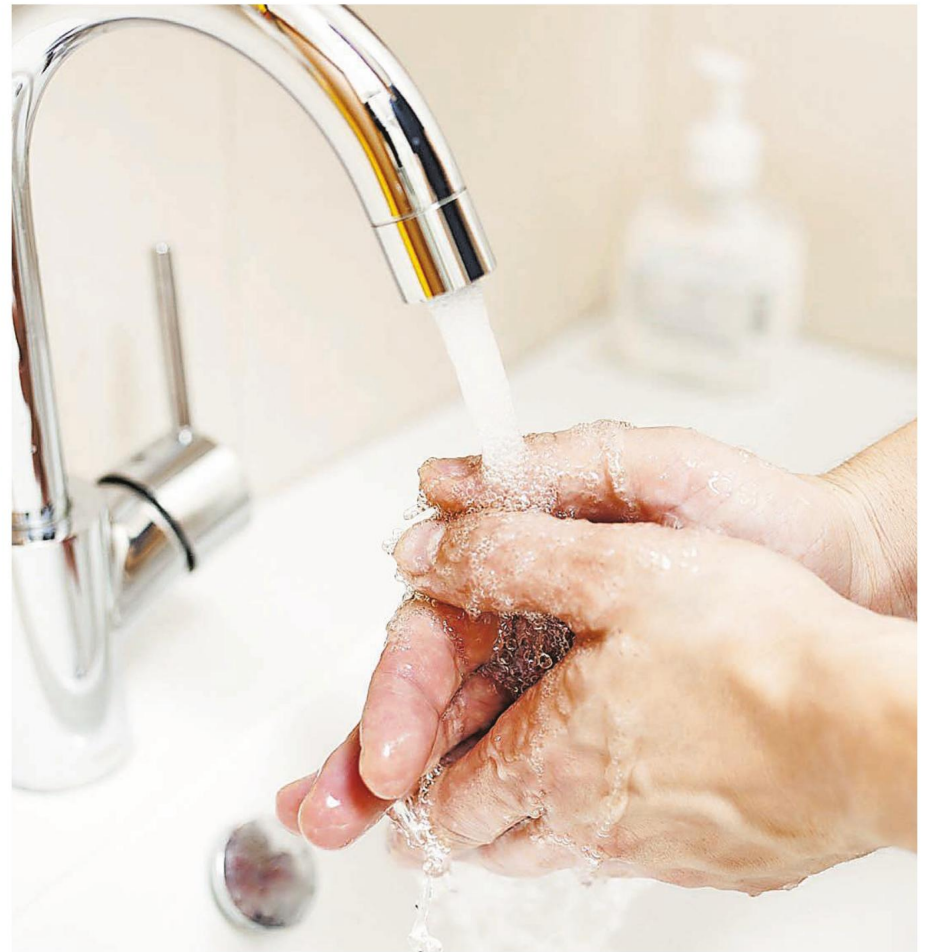
All sense of perspective had left me and everyday life, school attendance, jobs, a social life, became barely manageable, tipping me a little to the other side of the spectrum. At one point I'd pretty much given up on self-hygiene completely, opting to save on toothpaste and don a greasy mop of hair, yet I still continued in my quest to protect everyone, which now included the general public.

Before long I had reached 25, some issues had worsened, others improved, probably due to me trying to salvage my six-year relationship with my kind, patient boyfriend... Towards the end I didn't trust him in doing any activity right by my OCD's standards.

It took my boyfriend splitting up with me in the hope I would see the light to get me where I ought to be, sitting at a Norwich and Norfolk OCD Voluntary Support Group meeting and talking regularly with a Cognitive Behavioural Therapy therapist.

Approaching 30, I'm totally unrecognisable in comparison to the person I was a few years ago, my family see the positive difference it continually makes to my wellbeing.

There is no better reward than regaining the ability to easily open a window, leave my four brightly coloured walls for a day out, or to enter a loving embrace, stroke my furry canines and kiss my gorgeous little nephew.



Obsessive-compulsive disorder is often misunderstood.

Picture: GETTY IMAGES/ISTOCKPHOTO

william h brown

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Living with a mental health condition can feel lonely, isolating and sometimes faceless.

In this special edition of the EDP, we hoped to show those with mental ill health are not alone. Here, photographer **Antony Kelly** captures those who both live with mental ill health, as well as those who work in the system which supports recovery.



Michael Scott, CEO of Norfolk and Suffolk NHS Foundation Trust.



Beatrice Websdale with Ian, her husband and carer.



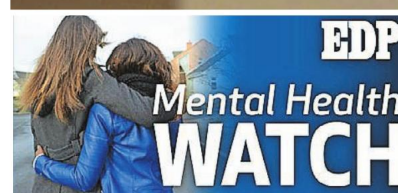
Thomas Colley, from Stalham, who has schizoaffective disorder.



Dr Andrew Emerson at Bungay Medical Practice.



Sarah Booton, from Norwich, who has borderline personality disorder.



Mental Health & Wellbeing Takeover



Above, NHS charge nurses Debbie Chowns, left, and Kate Stelling.

Left, Martin Anderton, who was diagnosed with posterior cortical atrophy dementia.



Wicked The Musical



Wednesday 20th September
£62pp (includes entry ticket & luxury coach travel)

Winner of 90 international awards, Wicked the Musical has cast its magical spell over audiences of all ages across the world for a decade.

Based on the novel by Gregory Maguire the musical features a score by multi Grammy® and Academy Award® winner Stephen Schwartz (Godspell, Pippin, The Baker's Wife) and a book by Winnie Holzman. Packed with thrilling technical wizardry, dazzling costumes, an ingenious and witty story and show-stopping songs, Wicked is an unforgettable, enchanting experience that is not to be missed.

The original Broadway production continues to play to packed houses having open almost 14 years ago,

redefining modern musical theatre for an entire generation.

Wicked the Musical lifts the curtain on one of the most popular stories of all time, to show an alternative reading of 'The Wizard of Oz' that challenges our preconceptions of what is 'good' and what is considered 'wicked'. The unlikely friendship of Elphaba and Galinda at Shiz University leads to a powerful tale of love, acceptance and friendship that will speak to audiences of all ages and delight those familiar with the original wonderful story.

Excursion joining points: Eastons Depot Stratton Strawless (free parking), Hellesdon, Norwich Castle Meadow, Harford Park & Ride (free parking), Attleborough & Thetford



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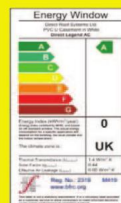
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Progress? Yes, but much more is still needed

North Norfolk MP and former health minister **Norman Lamb** says while much has been achieved in mental health, there is still a long way to go.



First, the good news – and there is plenty of it. Over the last 10 years we have witnessed a revolution in society's attitude toward mental health. We have moved from a conspiracy of silence – a hidden disease – to much greater openness and acceptance.

Shame and stigma made life a misery for so many people. Now, whilst we still have a long way to go, the situation has improved dramatically.

Brave people in the public eye have talked movingly about their experience of mental ill health. Every time someone speaks out, it makes it a little easier for a teenager to open up and seek help.

There are also amazing people working in mental health, changing the culture, focusing on prevention and on recovery, moving away from awful institutional care.

I have witnessed inspiring work in Norfolk and in many other places.

Fantastic community initiatives using social media are also making a difference.

My constituent, Naomi Farrow, has created a Facebook network of 1,000 mums who have suffered post-natal depression. They help each other. It's called "Get me out of the four walls" and it does exactly that.

And yet, at the same time, still, so many families are horribly let down by failures in the system.

A constituent came to see me recently about his seriously ill 17-year-old daughter who was told she would have to wait six to nine months to start treatment. This sort of delay is routine in too many parts of the country.

Still the death toll from suicide doesn't shift. It simply has not been given the attention it desperately deserves.

Neglecting those with mental ill health is economically stupid. But there is also a moral imperative to address the awful failures of the system that too many people experience.

Calmness: It's what I seek with Nicole and Gwyneth

Meditation has moved from hippiedom to the mainstream – even the NHS recognises its benefits for mental wellbeing. But courses can be expensive. With the help of a book from her local library, **Sheena Grant** had a go at learning some of the techniques herself



Usually, my day starts with a cup of tea and a bowl of porridge. But, just lately, you're more likely to find me sitting in an armchair, visualising roots growing from my feet into the floor and inwardly chanting a mantra as I breathe – trying, very hard, to think of nothing at all.

Why, you may ask. I blame Katy Perry, Hugh Jackman, Nicole Kidman... I could go on, but it would get tedious. Suffice to say, lots of celebrities meditate. Some have done it for years, others have taken it up more recently. Actress Gwyneth Paltrow started in 2010, saying friends told her it was the way to peace, awareness and contentment.

But it's not just the rich and famous who are channelling their inner maharishi. Meditation apps are one of the current top health trends. MPs even sampled the benefits at the 2014 launch of an all-party group to explore the potential for mindfulness-based

meditation in health, education and criminal justice.

Lord Andrew Stone told the meeting he had even used meditation to steady himself after he became "scared" when he was dispatched to Cairo for meetings with Egypt's military leadership.

Increasing numbers of schoolchildren, too, have been learning mindfulness, which encourages "in the moment", non-judgemental attention to avoid becoming caught up in anxious or depressive thoughts. Some went to Parliament to tell MPs how it had helped them. One said it helped her remain calm when her granddad died.

I've always liked the idea of meditation but thought it sounded too esoteric (and expensive to learn). My mind has a mind of its own. How could I ever stop it going off at one of its many tangents? And there are so many different types of meditation – transcendental, mindfulness, zen, loving kindness... it's enough to



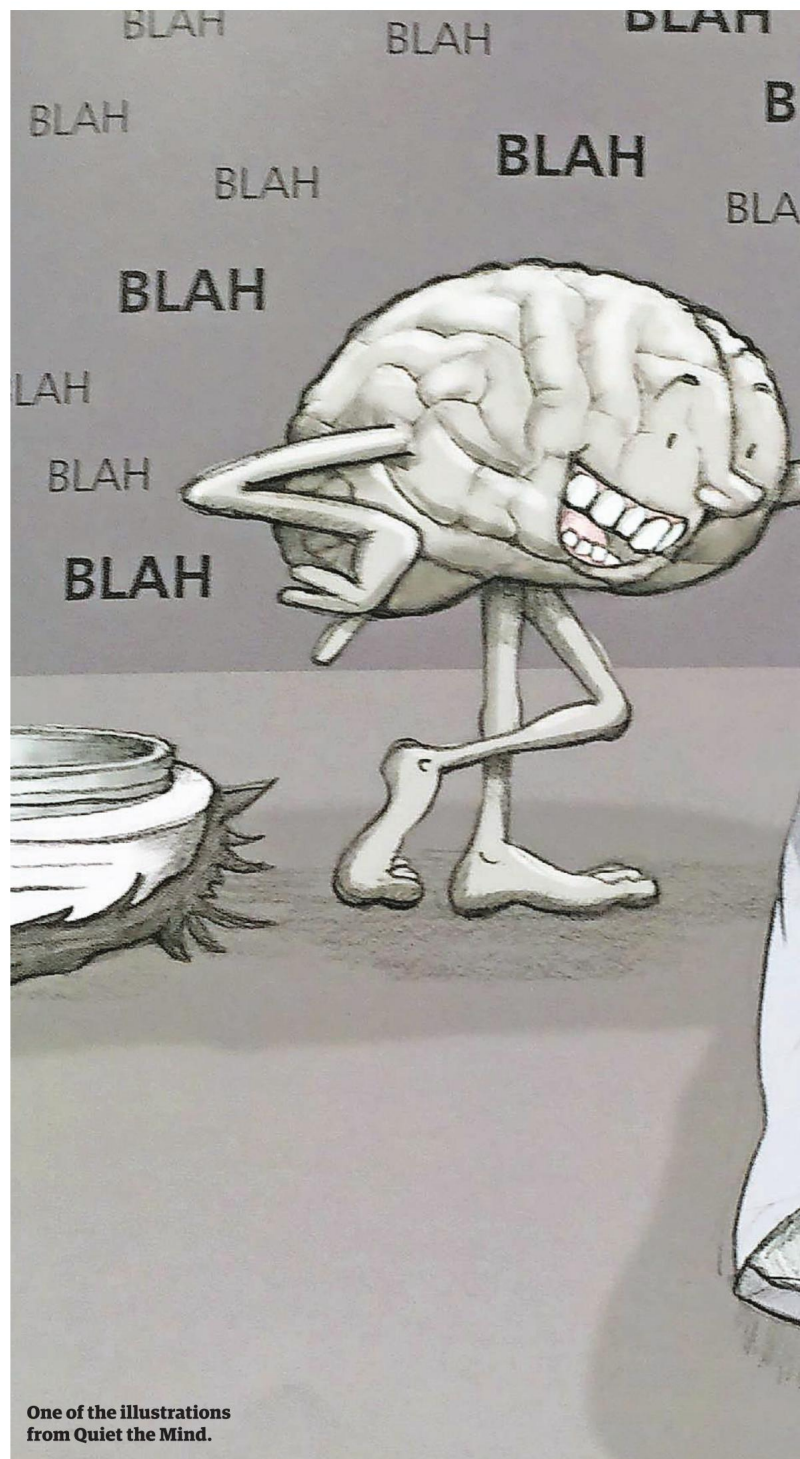
Actor Hugh Jackman.



Nicole Kidman also meditates.

Picture: PA

Picture: AP PHOTO/NBC, PETER KRAMER



One of the illustrations from *Quiet the Mind*.



make anyone feel anxious, even if they weren't before.

But then I came across a beautiful book called *Quiet the Mind*, by Matthew Johnstone, in my local library. It was in the teen section but I didn't let that stop me from leafing through this illustrated guide on how to meditate. I was captivated by its simplicity, illustrations and humour. But most of all I was won over by its promise that meditation was as easy as sitting down and focusing on breathing. It would open my time, clear clutter and make room for

creativity and productivity.

According to *Quiet the Mind*, over a 24-hour period we can process up to 70,000 thoughts. Basically, says Matthew Johnstone, who has suffered from depression himself, the brain never shuts up.

Unfortunately, though, lots of those thoughts are negative internal dialogue that can make it difficult to concentrate and lead to anxiety, depression and burnout.

"There is a simple solution that can make you calmer, more focused, more present and happier," he writes. "It has been proven to reduce stress, improve metabolism, reduce pain, lower blood pressure, improve respiration and enhance brain function. It costs nothing and all you have to do is nothing."

The book suggests 20 minutes



in the early morning, late afternoon or early evening as good times to meditate. Find a quiet spot in a firm, comfortable, upright chair and focus on your breath. Think of your nose as a lighthouse. If you get lost in the sea of thought, come back to your breath.

My first morning was challenging. I found it hard to block out external sounds (passing cars, singing birds) and to stop my thoughts wandering. The book says this is normal. Acknowledge these sounds and thoughts, let them go, and bring your attention back to the breath. It suggests lots of visualisation strategies to help too, such as thinking of those roots growing into the floor as you breathe. The deeper the roots, the deeper the meditation. Or think of errant thoughts as fish you need

to catch and release.

With practice over several days it did become easier and I started to add in my own visualisations: lying on a beach, my breath keeping time with the ebb and flow of the waves lapping the sand. There have been fleeting moments of mental stillness. I'm hoping they will increase over time. And since I've started meditating, if my mind is racing during a hectic day I've focussed on the moment and my breath within in it, which seems to bring calmness.

I'm not expecting to find nirvana but I do hanker for the place of incredible stillness described in *Quiet the Mind*. It is, writes Matthew Johnstone, like being in a room with nothing in it, including yourself. That's something many of us may feel we need occasionally.

'I made peace with the workings of my mind. I was no longer afraid of myself'

Author Julie Myerson, who has a home in Southwold, was dogged by anxiety and has spoken about how her life was changed after her GP got her a place on a six-week NHS-funded mindfulness-based cognitive therapy (MBCT) course.

MBCT combines meditation techniques with breathing exercises, stretching and elements of cognitive therapy to help break negative thought patterns. It teaches people to pay attention to the present moment, let go of unhelpful thoughts and increase awareness to identify and ward off the signs of impending mental ill health. It is recommended by the National Institute for Health and Care Excellence as treatment for recurrent depression - evidence suggests it can reduce the risk of relapse by 43%.

Writing in 2014, Julie Myerson described increasing episodes of panic, loss of confidence and tachycardia (an abnormally-fast heart rate) before the transformational MBCT course she attended four years earlier.

The first session was "excruciating" as she tried, unsuccessfully, to meditate with 20 others, although the sense of kindness, openness and acceptance in the room was inspiring. Despite doing the course "homework" diligently, she started to think meditation wouldn't work for her, but somewhere over the six weeks, something changed.

"Sitting still became a boon and a comfort, even a luxury, rather than a threat or an irritation," she wrote. "And the present moment, right here, right now, began to seem a very comfortable (and comforting)



Author Julie Myerson at Southwold.

Picture: ANDY DARNELL

place to be, bereft of dread and full of the possibility of peace and calm.

"Most importantly, I seemed to be developing a whole new relationship with my thoughts. They did not, as I'd previously imagined, have the power to undo me. I had made peace with the workings of my mind. I was no longer afraid of myself.

"Once the course was over, I continued to meditate. Every day, without fail (after coffee but before getting dressed), I sit, usually for 10 minutes, or if I can, for 20. Sometimes I love it. Other times it feels harder. But the point is that it doesn't matter. Mindfulness is not about trying to change things, but accepting them as they are, non-judgementally, with as much kindness and gentleness as possible."

National Guide Dog Breeding Centre Tour



Wednesday 20th September
£28pp (includes entry ticket & luxury coach travel)

We spend time in Hatton Country World, a unique blend of factory shopping bargains, traditional crafts, antiques and speciality food shops, all housed in converted Victorian farm buildings, set in rolling Warwickshire countryside. The village is regarded as the largest collection of craft shops in the country. We then travel to Leamington Spa, where we visit the National Guide Dog Breeding Centre. The tour will give you the chance to see the puppies as they socialise and grow, gaining experience of everyday sights and sounds which will help them develop the skills they need as guide dogs.

The guides will take you along the specially built walkways which

enable you to view without disturbing either the dogs or staff. Take our Sensory Tunnel experience to get a brief insight into living with sight loss, and learn how people with sight loss get about.

Towards the end of the tour you'll have the opportunity to purchase gifts and pet products from the shop, where tea & coffee will also be served.

Importantly, you'll have the opportunity to meet some of the dogs, who will accompany Centre Guides on the tour.

Excursion joining points: Eastons Depot Stratton Strawless (free parking), Hellesdon, Norwich Castle Meadow, Harford Park & Ride (free parking), Attleborough & Thetford

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Veterans' mental health so much more than PTSD

Chief executive of the Walnut Tree Health and Wellbeing CIC

LUKE WOODLEY

talks about the kind of support veterans need.



When you think of military veterans' mental health – if you think about it at all – it's likely that Post Traumatic Stress (PTSD) is the first thing that springs to mind. That's understandable, it gets the headlines. But that's not the whole story.

Military personnel are twice as likely to suffer depression and/or anxiety than civilians. And while you might assume mental ill health is combat related, its source is often childhood issues, exacerbated by military service.

At The Walnut Tree Project, we work with veterans with a wide range of issues including depression, anxiety, adjustment disorders and substance abuse as well as those with clinically diagnosed PTSD. Did you know the percentage of military veterans with PTSD is about the same as the general population? It affects about 5pc of individuals. The figure jumps to 7pc for those who served in the frontline infantry, as medics or as reservists.

Behind those numbers there are human beings with complex needs. We run two unique services: The Veterans Stabilisation Programme (a 16-week treatment programme in partnership with Norfolk and Suffolk NHS Foundation Trust) and the Veterans Response Partnership (two cars operating across Norfolk and Waveney, delivering specialist crisis support directly to veterans). In the nine months since the Response Service launched, we've responded to 88 call-outs and directly saved 12 lives. I'm proud of that but with greater funding, we could do so much more.

Our services are underpinned by the Veterans Drop-in Session. Every Thursday, from 10am to 13:30, veterans and their families meet at Bowthorpe Community Hub in Norwich. There's coffee, the opportunity to speak to our staff without an appointment and, most importantly, the chance to make friends and feel less isolated.

Helping our young people

One of our takeover sponsors, OPEN Norwich, on what they are doing to help young people with mental health issues.

With cuts to children's services, charities like OPEN are in the front line, seeing an increasing number of young people with mental health issues.

Our youth team are not trained counsellors but young people have positive relationships with them and feel able to open up to someone they trust.

Over the past year, OPEN has engaged with over 5,000 young people between the age of 11 and 19, either through our drop-in youth hub on Castle Meadow or through attendance on Your Life, a programme of workshops designed to give them the life-skills and confidence to find their own path in life.

Drop-in creates a safe environment run by a youth team that is non-judgmental. Most young people are just happy to be there with their friends, but they help to create a self-support system for others who may not have fully developed social, emotional or physical skills. For this latter group, life can be tough.

Suffering from low self-esteem, being bullied at school or falling out with their parents can lead to disengagement and OPEN gives those struggling with life a feeling of belonging and self-worth.

Michaela first came to OPEN aged 15. She had severe social anxiety often leading to panic attacks, making her short journey from home very difficult. However,



Chief executive officer of OPEN Norwich John Gordon-Saker.

Picture: ANTONY KELLY

with encouragement from the Youth Team she tried dance classes and, realizing this was a real passion, her confidence and self-esteem flourished.

Michaela started to volunteer at OPEN, leading dance sessions or helping during drop in. She attained Level 2 & 3 Diplomas in Performing and Production Arts, helping her into her first job – as an apprentice dance teacher at OPEN and, now aged 19, a highly

valued member of the team.

Is it right that charities whose funding is already at critical levels are subsidising the government? Of course not but, if this is the future, then OPEN must make the best of it because we cannot let young people down, especially with a mission to make a positive difference to their lives, regardless of their situation or background.

We must become self-sustainable, with every penny of profit made

from the venue – climbing wall, café, gym, conferences, banquets, public events and more – directly benefitting young people.

It's a compelling proposition for any organisation looking for a corporate social responsibility strategy that improves the lives of thousands of children in Norfolk, just like Michaela.

For more on Open visit opennorwich.org.uk

Risk of depression and suicide high for those involved in farming

A life on the land brings particular pressures for those working in isolated rural surroundings, says **JO HOEY** of farming's mental health charity YANA (You Are Not Alone).



For those not involved with agriculture there is probably an idyllic idea of farming life – four-wheel drive vehicles, good income, rolling acres, charming farmhouses and maybe the view of attractive livestock from the window. The reality is very different.

One of the harsh facts of farming, horticulture and rural trades is that the group is at high risk of depression and suicide.

Between 2006 and 2015, Public Health Norfolk recorded 35 deaths by suicide from this cohort – nearly twice the rate for the

general population.

For those in farming this is easily understood, with some of the main issues being increasingly erratic weather patterns, animal diseases such as the recent bird flu, stresses with marketing produce, workplace isolation, lack of respite, increasing regulation, poor financial returns (a recent study shows the farmers' average income is under £20,000) and, no doubt, uncertainty with Brexit is yet another factor, as well as an historical reluctance to discuss mental health.

It was one such farming tragedy

that prompted a Norfolk charity to launch the YANA (You Are Not Alone) project in 2008.

The website and informative leaflets describe the symptoms of depression and action to take, while YANA's presence at every agricultural event in Norfolk and Suffolk throughout the year has successfully raised the profile of mental health, highlighting that it is "OK not to feel OK", and encouraging those who are suffering from depression, stress or anxiety to visit their GP promptly or contact the YANA confidential helpline.

The project can fund up to six

sessions of counselling, either via its helpline or a patient's GP, and can put that in place within days – a real lifeline when waiting lists for counselling with the NHS can be months.

At a time when the NHS is experiencing enormous pressures, it is good to know that the farming and rural communities in our areas are reaching out and supporting their own.

For confidential advice and support see www.yanahelp.org, email johoey@yanahelp.org or call the helpline on 0300 323 0400.