

# REFLECTIONS

S U M M E R 2 0 1 1

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## Included in this issue...

### Recovery Narratives



Recovery is a deeply personal, courageous and unique process, as some of our readers explain in their own recovery stories.

### Recovery in Weymouth



Learn about some of the exciting recovery orientated initiatives that are happening within services and with people in Weymouth.

### WorkWise



The Forum's new peer led Employment Support Coordination project that puts the voice of lived experience at the heart of service delivery.

### No Health Without Mental Health



Read about the new cross government mental health strategy for people of all ages, that aims to improve the mental health and wellbeing of the nation.

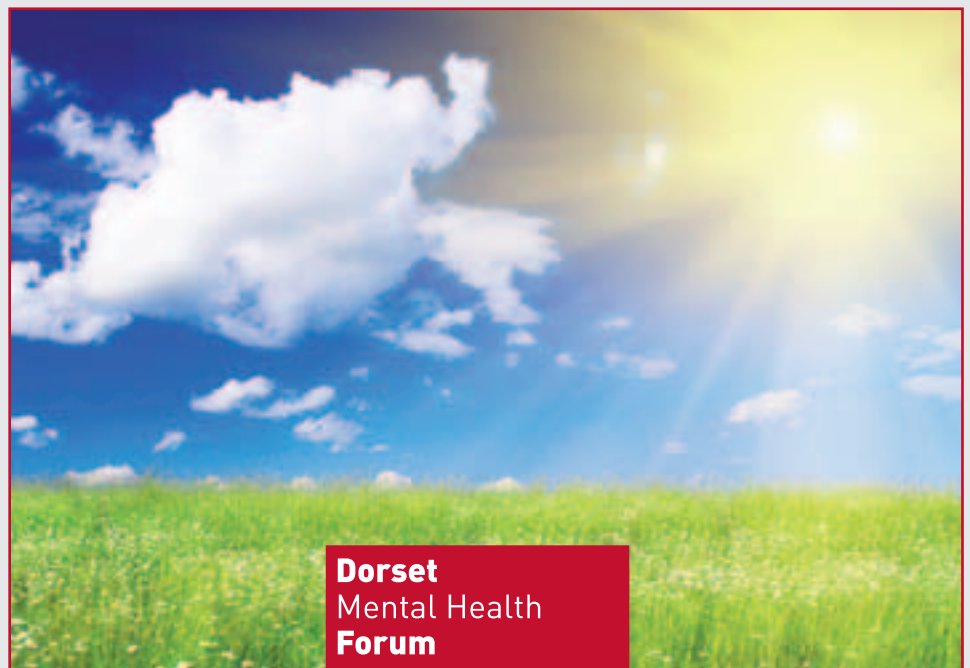
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**Dorset  
Mental Health  
Forum**

promoting wellbeing & recovery



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*Hello and welcome to the Summer 2011 issue of Reflections magazine.*

Similar to recent editions, our Reflections magazine continues to provide "Reflections on Recovery" and is dedicated to showing what recovery looks like in practice for people. In this issue, as well as people's own recovery stories, there are articles about things that are happening that have helped people in their recovery journey. We would like to thank contributors for sharing their personal narratives and we hope you will find people's stories hopeful and inspiring.

The Forum's work in the Dorset Wellbeing and Recovery Partnership (WaRP) remains integral to the Forum's activities and ethos. Read about our progress in 2010/11 and what we plan to do in the coming year, on pages 2 and 3. Also, Hannah's Chair's report on page 8 provides information about local changes, challenges and opportunities. The Forum's collective voice continues to grow, particularly now that we are working in East Dorset. Your views help to shape the delivery of local mental health services. If you would like to share your views or maybe get involved with the Forum's work, then download our leaflet from the Forum website or consider becoming a member of the Forum, see page 9.

In our next edition of Reflections we plan to share lived experience perspectives on using statutory Independent Mental Health Advocacy services (IMHA), as well as inpatient stays. If you would like to make a contribution to any future edition of Reflections, such as sharing your recovery story, or your views and experiences of services, please contact the Forum. Our readers have told us that they find people's views and narratives profoundly helpful. As well as helping to shape future service provision, they also raise awareness to combat stigma and discrimination.

**The Editorial Board**

# Dorset Mental Health Forum

promoting wellbeing & recovery



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# WaRP

## Annual report ...

In our last edition of Reflections, we talked about the work and progress of the Wellbeing and Recovery Partnership, since it started in May 2009. Much has happened in the last few months and we have now completed our second WaRP Annual Report, which provides a comprehensive review of all our work and achievements in the last year.

### What is Recovery?

*"Probably the most useful way of understanding recovery is linking it to our own experience because it is something that is common to all of us; it is not specific to mental health problems. Any of us, who have been through a divorce, being made unemployed, a major illness or bereavement, know that that changes us; there is no way to going back to how we were before that event. We have to incorporate that into our way of living and we learn from that and move on with that, which is exactly what we are talking about in terms of recovery from mental health problems.*

*Very importantly, recovery is about taking back control over your own life and your own problems, about not seeing your problems as being uncontrollable, or that their control is just the province of experts. It is about understanding yourself what is possible and what you can do to help yourself."*

### Dr Julie Repper

from *An independent investigation into the care and treatment of Daniel Gonzales* (January 2009) p. 124.

This has been an extremely exciting year for the WaRP, above all because the WaRP is now operating across the whole of Dorset. In October 2010 Dorset Healthcare University NHS Foundation Trust (DHUFT) formally joined the existing partnership between Dorset Mental Health Forum (DMHF) and NHS Dorset: Community Health Services (DCHS), so bringing into being a pan-Dorset Partnership.

Our aim is change the culture of mental health services and people's attitudes to mental health and wellbeing in Dorset. We plan to do this through promoting the principles of wellbeing and the philosophy of recovery. Central to this is the sharing of expertise and partnership between people with lived experience, their supporters, and mental health professionals.

We are entering a period of rapid change within health and social care services. This, whilst creating some challenges, gives us opportunities to be innovative and to do things differently. We see the WaRP as having a key role to play, both now and in the future, in the development and delivery of mental health services, which in turn will allow us to transform services and enable meaningful changes to people's lives.

Please refer to our Annual Report 2010/11 and Strategy 2011/12 for full details of our work to date and plans for the coming year.

We have been recognised nationally for our approach to implementing recovery by the Centre for Mental Health, NHS Confederation and National Mental Health Development Units' *Implementing Recovery for Organisational Change* (ImROC) programme. We take great pride in having been awarded the status of being a Demonstration Site. However, we also believe this comes with great responsibility. We feel that it is our potential which has been recognised and that we are only at the beginning of our journey. We have a long way to go before our services are truly recovery orientated.

# ... Executive Summary

The progress so far has been achieved by the hard work, support and willingness to take positive risks by a range of people. We are extremely grateful for the commitment and inspiration of the people who have helped us over the past two years. These include people with lived experience, their supporters, clinical staff, managers, administrative staff, commissioners and members of the public. We look forward to the continuation of this project, transforming experience and unlocking potential of all those involved in mental health services in Dorset.

## Key Achievements So Far

The remit of the WaRP has expanded to cover the whole of Dorset. The work of the WaRP has been recognised nationally by ImROC and they identified the following key areas of strength:

- **Partnership working:** We have increased the scope and levels of sophistication of our partnership working between people with lived experience and professional staff. There is an increasing understanding of the importance of expertise by experience.
- **Hidden Talents:** A project for statutory staff who have lived experience, which was started in DCHS and is shortly to become pan-Dorset, is working at challenging stigma and looking at how people can use their experiences within their work.
- **Lived experience mentors for psychiatrists:** We have a pilot project where people who have accessed the service are coaching psychiatrists on how to work in more recovery orientated ways.
- **Peer specialists:** We are continuing to develop our peer specialist posts (people with lived experience working in NHS teams modelling recovery) and the initial pilot projects have given positive results.



**Phil Morgan, Jackie Lawson and Becky Aldridge.**  
*Report Summary Authors*

## Future Directions

The WaRP Strategy 2011/12 has been launched and it details how we are planning to build on our achievements. The Strategy includes:

- Establishing a **Recovery Education Centre** to co-ordinate and develop learning and training packages for people who access the service, their supporters and staff.
- Running a number of **pilot projects** together with mental health teams **to promote recovery orientated practice** and partnership working with those with lived experience.
- **Engaging with commissioners and GPs** to promote the work of the WaRP.
- Expanding our **Recovery Leadership Programme**.
- Further developing **peer specialist posts** and accredited training.
- Developing the **Hidden Talents** project .
- Developing the **Lived Experience Mentoring for psychiatrists**.
- Developing stronger **partnership working with supporters (carers)** of those with lived experience.
- **Transforming acute services** through the aspiration toward Zero Restraint.
- Developing a pan-Dorset **social inclusion and vocational strategy**.

### Contact Details:

If you would like a copy of the WaRP Strategy 2011/12 or the full Annual Report 2010/11, please contact Denise Bilton on 01305 361371 or e-mail: [denise.bilton@dorset-pct.nhs.uk](mailto:denise.bilton@dorset-pct.nhs.uk)

**Executive Summary (July 2011)** . Dorset Wellbeing and Recovery Partnership - Annual Report 2010/11

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# East Dorset Launch Event

Forum staff, who are all people with lived experience of mental health problems and services, have been working in partnership with statutory staff in West Dorset for many years now. The work of the Dorset Wellbeing and Recovery Partnership (WaRP) has enabled the Forum to begin to work in a similar way in East Dorset and we are in the process of growing and developing a team of people wanting to take part in this exciting work.

An initial part of this was our recent first internal launch and training event, held in May at the WaRP shop premises in Boscombe. Around fifteen people joined Becky, Jackie and Phil to hear about the Forum and the work of the WaRP, as well as share experiences and find out about ways for people to get involved and utilise their experience and expertise to shape services. An essential part of the WaRP work is the development of peer initiatives such as Nick and Terry's Wellness Workshop and also our Peer Specialist training programme, which were presented to the group.



Jackie

It was an inspiring and enjoyable day, with lots of contagious energy and enthusiasm, which we are looking forward to incorporating within our work in East Dorset. This was the first of many such events that we are planning and we are looking forward to growing a team of people in the coming months and years that will be able to take part in the many areas of our work.

These areas include incorporating people and their experiences and views about services in the following settings:

- **Adult Community Mental Health Teams (CMHT's)**  
in Bournemouth (x3), Poole (x2), Christchurch, Wimborne and Purbeck.
- **Inpatient wards & services at St Ann's Hospital:**  
Merley = Acute Assessment Unit  
Branksome = Male Treatment  
Dudsbury = Female Treatment  
Haven = Psychiatric Intensive Care Unit (PICU)  
Alumhurst = Older People's 'functional' ward (not dementia)  
Twynham = Low secure, forensic unit  
Kimmeridge = Eating Disorders  
Pine Cottage = Child and Adolescent Unit
- **Special services such as:**  
Early Intervention Service (EIS)  
Assertive Outreach Team (AOT)  
Eating Disorder Service  
Nightingale House = Complex Care/Rehab  
Nightingale Court = Complex Care/Rehab  
Florence House = Perinatal Unit  
Community Recovery service (CRS)  
Intensive Psychological Therapies (IPTs)  
Improved Access to Psychological Therapies (IAPT)  
Dorset Forensic Team (DFT) and the  
Community Forensic Team



Terry and Becky make a presentation at the East Dorset Launch Event

- **Older People's Services:**

CMHT's  
Day Hospital at Haymoor and Kings Park  
Organic Wards at Alderney and Kings Park

We are also involved in meetings to discuss how services are planned and delivered, such as the Acute Care Forum, the Recovery Network, management and inclusion meetings, commissioning meetings and much more, including getting involved with research opportunities.

Alongside this, our work also includes developing, helping to run and taking part in peer led initiatives and projects such as:

- Wellbeing Workshops
- Wellbeing Toolkit Workshops
- Recovery narrative workshops
- Sports & Leisure Activities Programme (SLAP)
- Peer support groups
- Design and delivery of packages for peers, carers, staff and others
- Community Partnerships



Phil

There are many ways that people can become involved with the Forums' consultation, representation and partnership work throughout Dorset. We believe in creating opportunities for people to reframe their experience in an empowering and meaningful way that makes a difference to everyone. An important part of the Forum's work is building a constituency of lived experience views, as well as teams of people to represent them, which involves gathering views and ongoing consultation.

**For further information about how to get involved with the work of the Forum and the WaRP and to share your views, please visit the Forum's website: [www.dorsetmentalhealthforum.org.uk](http://www.dorsetmentalhealthforum.org.uk) or contact the Forum's office in Dorchester on 01305 257172**

# Bournemouth University Mental Health Conference, June 2011

The University Department of Mental Health at Bournemouth University organised a conference which took place in June, entitled "Engagement in life: promoting wellbeing in mental health". The conference celebrated and communicated the innovative, skilled and accomplished research that is carried out in the Department.

Part of the conference was chaired by Hannah Walker, Chairperson of the Forum, following the release of "Our Encounters with Madness" a collection of narratives, co edited by Hannah Walker from the Dorset Mental Health Forum, Dr Alec Grant from Brighton University and Dr Fran Biley from Bournemouth University.

The keynote speakers included the Forum's Terry Bowyer, whose talk was entitled "From Discovery to Recovery", which was very well received.

Terry talked about his life with a diagnosis of schizophrenia and how he made it back from the edge. He particularly commented on keeping himself fit and believes in "healthy body, healthy mind". Terry's presentation was fantastic and the audience asked a number of questions afterwards.

Next to speak was Dr Mike Slade, Reader in Health Services at King's College London, and Consultant Clinical Psychologist in South London. The author of "Personal Recovery and Mental Illness: A Guide for Mental Health Professionals" and recognised as a world expert in Recovery, he spoke about "learning from recovery and well-being research" and was a most entertaining speaker. Dr Slade particularly emphasised the differing perspectives between the patient and the professional view of interventions.

One of the smaller groups at the conference celebrated "Hidden Talents". This is an initiative started by Dorset Community Health Services as part of the work of the Dorset Wellbeing and Recovery Partnership, where mental health professionals are encouraged to declare their own mental health

issues. Two staff members explained what the "Hidden Talents" group had done for them, particularly how admitting to a mental health problem had enhanced their own practice.

The keynote speaker for the afternoon session was Professor Tom Lynch from Southampton University. His talk was entitled "Self-control – can you have too much of a good thing?" Professor Lynch is the world's leading expert on Dialectical Behavioural Therapy and has been the recipient of a number of research grants.

His talk brought the conference up to date with a cutting edge lecture on Emotional Over Control, which has been the result of 16 years' work. His view was that we are well aware of the effects of emotional lack of control – mania, for example – but not so aware of people whose self control can be so rigid as to cause mental health problems, such as depression.



For further information about Expert Mentoring Contact the Forum on 01305 257172



The plenary session at the end of the conference chaired by Professor Sue Clarke with Mike Slade, Terry Bowyer and Tom Lynch

# My Recovery Story



*“Hope is ...  
central to recovery  
but it also  
recognises that  
sometimes  
you relapse ...  
I think the  
challenge is  
to learn to avoid  
the mistakes  
and pitfalls  
that lead to this.”*

I have been a user of MH services for 20 years. I have a diagnosis of Clinical Depression and I am one of those *1 in 4 people* who experience mental illness in their lifetime.

My first exposure happened when I was living in Lancashire. I suddenly realised I was becoming very unwell indeed. I could not sleep, I didn't want to eat and drink and I became extremely tearful. My head was filled with negative thoughts and I couldn't concentrate on anything.

After a few days of this I ended up in a local old 'Victorian-style' psychiatric hospital – an experience which I found very frightening. I didn't want to cooperate with anyone and I cannot remember any staff showing any real interest in me or trying to engage with me. My condition deteriorated, I refused to eat and drink anything and I didn't really care what was happening to me.

After several transfers I began to get the help I really needed. I began to eat and drink again, largely thanks to a great nurse who kept persevering with me by talking and encouraging me. I can still remember his name after all these years. I started on some medication and attended OT classes. I slowly started feeling well again. After 8 weeks I was discharged and only 4 months after that I returned to work.

My second episode happened after I retired and was living in Poole in Dorset. This time I was sectioned under the Mental Health Act. It was again very frightening but also felt like being a criminal even though I had not done anything wrong. I was being detained and had few rights. I also felt very unsafe as many of the patients exhibited some bizarre and strange behaviour that I was not ready for – psychiatric hospitals are not particularly friendly places to be in.

I hated the lack of privacy on the ward and again very few of the staff made any attempt to interact or communicate with me so I wasn't co-operating. Again I declined to eat and drink because the situation felt so hopeless. I was put back on medication then given ECT treatment.

The days dragged by dreadfully slowly but eventually I was discharged back into the community.

I have now learnt to live with my Clinical Depression. I can usually operate and perform normally the majority of the time. I realise I need to take my medication and after a long struggle I am now relatively stable but I'm also aware I could relapse again. I now have an excellent consultant and Community Psychiatric Nurse who have really helped my recovery by treating me as an 'equal partner' in my route to wellness. They have shown me genuine concern and care because they see me as a person not a patient. We are people, not objects, and we do have feelings – the right words and actions mean a lot when you are unwell. The importance of caring staff cannot be over emphasised as it was mainly through their compassion and support that I became well.

Many people do not understand the term 'recovery' thinking it means the complete cessation of symptoms or no re-occurrence of the illness. To me it means I can lead a meaningful and satisfying life again - even though it may remain with me for life.

Hope is also central to recovery but it also recognises that sometimes you relapse and I think the challenge is to learn to avoid the mistakes and pitfalls that lead to this.

There is so much stigma and discrimination around mental illness but I have always taken the view that if we want to overcome prejudice we need to discuss it openly. Luckily, I have never felt the need to hide mine. I look upon it as a journey but one I cannot always manage on my own without the support of family, friends, and mental health professionals.

**NP**

**“Go out on a limb, that's where the fruit is.” Jimmy Carter**

# Enjoyment begins ...

It is spring 2011 and still very much to my surprise I am a Dorset County Councillor and the County Council's first ever member champion for mental health issues. I have real opportunities to help the cause of mental health and work towards the demolition of stigma and create a better understanding in the public perception of mental health problems as they affect individuals.

To turn the clock back ten years is to tell a different story. My personal life was in crisis. I was married with two stepchildren I had brought up from the ages of three and five. I had a well-paid job in the private sector and a nice house. My marriage was disintegrating. I was being systematically bullied at work by a senior executive. I was experiencing financial difficulties. In my in-turned world I thought I was the only living person with such problems – no one to confide in, elderly parents who needed to be sheltered from knowing my pain at their time of life, no sympathy or understanding from senior executives at work, and friends who had their own preoccupations.

It was a long, drawn out process, months of mental anguish. My world was collapsing and darkness was closing in. I went about daily life automatically and robot-like but there came a point where utter despair took control so I wandered from chemist to chemist buying the permissible number of pain killer tablets from each, until I acquired enough tablets. One morning after a particularly harrowing domestic confrontation I travelled to work, snapped, stopped in a solitary countryside lay-by and systematically swallowed those tablets. I simply wanted to die. I had written letters to family and parents.

**How did I survive?** I wanted to thank my best friend for all his support over the years. I called him and told him what I had done. I ignored his impassioned appeals to halt and switched off without telling him where I was. His immediate reaction was to call out emergency services which found me within the hour. He knew the route I took to work. I was later told that if I had not made that call I would have been dead within an hour of making it. He is still my best friend.

It remains with me today the experience of that basic hospital room, lying on a makeshift bed, mentally bereft, violently sick

but asking, pleading with the doctor “why don't you let me die” and his memorable response “because it's my job to save you”. At times it was touch and go but the fact that I was a non-smoker with clear lungs was a vital factor. After eight days I was discharged into the care of NHS Mental Health Services. But that is another story.

I was now on my own. In a number of circles I was a nutcase, a social embarrassment. Despite all of that, I realised I could not do it again. I thought of my elderly parents – how could I be so selfish? Did they deserve such pain? I returned to work – reality set in and the root cause of my agony there was subsequently dismissed. My wife had left, the house was sold, my finances were sorted and I started a new life away from the area in which I had lived for the past 27 years. I had no regret at leaving.

In my new environment I threw myself into village community life taking on voluntary work. I was alone but found a new purpose. Living alone I found no time to brood for I engaged in many causes. If I had found time to brood I knew depression would set in. I fought it and won.

I am grateful to have spared my parents anguish. I have neither seen nor heard of my step-children for five years despite sending letters, messages and cards. I was upset about this for ages but I was consoled by the unanimous opinion of others who said I had been a good dad. I had to move on. There are times when memories of the past make me mildly depressed and when that happens I think of the positive things I do like helping others who have gone through, and go through, similar experiences. Then life is so rewarding and worthwhile. When I'm not asleep, every waking moment counts.

I am not a nutcase or an oddity. I am a living person with experience of mental health issues. **MB**

*“Life begins*

*at birth*

*and ends*

*at death.*

*That is to state*

*the obvious.*

*But when does*

*the enjoyment*

*of life*

*really begin -*

*with purpose*

*and achievement?”*



# Changes and Challenges ...

## Report from the Chair

### Dorset Mental Health Forum

promoting wellbeing & recovery



Hannah Walker

*“ ... it is a time  
for individuals,  
organisations  
and communities  
to be hopeful,  
strengths focused  
and creative.”*

Hello and Welcome to this new edition of Reflections. I hope you find it interesting and useful. In my last report, I made reference to changing and challenging times, both politically and economically. These changes are now being realised in Dorset.

As well as economic pressures and funding cuts to many services in Dorset in the last few months, there are other significant changes occurring. With effect from 1<sup>st</sup> July 2011, Community Health Services previously provided by NHS Dorset and NHS Bournemouth and Poole will become part of Dorset Healthcare University NHS Foundation Trust. This is a major event that will inevitably present challenges and opportunities for everyone in Dorset. Trust acting Chief Executive, Roy Jackson, explains: “We believe this will result in wide ranging benefits for both patients and our newly combined staff. It will enable us to develop the concept of ‘whole person’ care, responding to both the physical and mental health needs of individuals.”

Whilst being challenging, we believe these changes also present opportunities for transformation. In the spirit of the philosophy of recovery, we feel it is a time for individuals, organisations and communities to be hopeful, strengths focused and creative.

This issue of Reflections provides news of some exciting initiatives that we are involved with locally, as well as some of the broader initiatives and drivers that we hope will contribute to positive changes for people within Dorset.

Significant things are happening on a national level too. The government is currently testing personal budgets in the NHS and in certain areas where budgets are being piloted, people who use mental health services are being offered the opportunity to have more choice and control over the support they receive. An independent evaluation of the personal health budgets pilot will report to the government in 2012.

A personal health budget allows people to have more choice, flexibility and control over the health services and care they receive. We do know that people with lived experience of mental health

issues, who have personal budgets, have been proven to stay well and have better psychological health. They can use the budget for social care, housing and employment support.

These budgets offer people a greater range and flexibility of support arrangements than conventional services or direct payments, and a more holistic, person-centred service. In line with how personal budgets have worked in other areas, personal health budgets connect people who use mental health services with health care professionals, to design the support that best meets their needs. This planning can be a positive experience for people and help them take more control over their life – and complements the recovery approach to mental health. Individuals can use their budget in flexible, innovative ways to meet agreed outcomes. They can also use them on services and resources not traditionally provided by the NHS.

As an organisation, we are often asked to promote information regarding services and products that individuals can access and purchase for themselves. If you are a service provider or organisation that would be interested in the Forum advertising your services to potential customers in the future, please contact me at the Forum office to discuss further.

We are greatly encouraged by the inspirational and innovative work that is happening in Dorset, which we believe will go some way towards overcoming inequalities, barriers of stigma and discrimination so often experienced by people with mental health problems in our society.

I would personally like to thank and commend all those involved with the Forum in creating the vision and undertaking the often challenging work of implementing these changes in Dorset.

# No Health Without Mental Health

In February this year, the Government published its new mental health strategy. This new strategy replaces and builds on principles outlined in *New Horizons: a shared vision for mental health*.

“The strategy’s theme is that mental health is everyone’s business, whether employers, education, third sector or criminal justice and it takes a life course approach covering children and young people, young adults to older people, in order to:

- improve the mental health and wellbeing of the population and keep people well, and
- improve outcomes for people with mental health problems through high quality services accessible to all.

The aim is to mainstream mental health so that it becomes as important to people as their physical health. This strategy sets out six shared objectives to improve the mental health and well-being of the nation. It supports the Government’s aim of achieving parity of esteem between physical and mental health. The interconnections between mental health, housing, employment and the criminal justice system are stressed “ (*Department of Health, 2012*)

To read the strategy and associated documents, go to the Department of Health website [www.dh.gov.uk](http://www.dh.gov.uk) and search for *No health without mental health*.

The six shared objectives outlined in the strategy are:

1. More people will have good mental health
2. More people with mental health problems will recover
3. More people with mental health problems will have good physical health
4. More people will have a positive experience of care and support
5. Fewer people will suffer avoidable harm
6. Fewer people will experience stigma and discrimination

## Conference Plans

Statutory and third sector agencies in Dorset welcome and support the objectives of the strategy, which provide the focus for a conference being organised for Thursday 20th October this year.

The conference will be addressed by Andrew Lansley, Secretary of State for Health, and Rachel Perkins, member of the *Implementing Recovery — Organisational Change* project team (a programme to help organizations to develop recovery-focused practice commissioned by the Department of Health and delivered by a partnership between the NHS Confederation and Centre for Mental Health) among others.

The objective of the conference is to engage with representatives from a broad range of agencies, organisations, employers and groups in the areas of Dorset, as well as individual members of the public, to identify how the six shared objectives outlined in the strategy could be met, thus improving the mental health and wellbeing of people in Dorset.

**If you would be interested in taking part or attending this conference on Thursday 20th October 2011, please contact the Forum office for further information.**

**“If you have an important point to make, don’t try to be subtle or clever. Use a pile driver. Hit the point once. Then come back and hit it again. Then hit it a third time — a tremendous whack”  
Winston Churchill**

## Membership of the Forum — Your Voice Counts



You can become a member of the Dorset Mental Health Forum, free of charge. It is open to anyone who wishes to join. Members are entitled to take part fully and have voting rights. They are informed of meetings and relevant events taking place in and around Dorset. Members also receive a copy of our Reflections magazine regularly. There is a twenty-four hour telephone answering service available when the office is not staffed.

There are many ways in which people can get involved in the Forum’s work and you can find further information about options available on the website: [www.dorsetmentalhealthforum.org.uk](http://www.dorsetmentalhealthforum.org.uk)

To apply for your free Membership card and to receive Reflections, complete the form on the back of this page. The information you send in will be completely confidential at all times and will be subject to the 1998 Data Protection Act.

Please cut out and complete this form and return it to the Forum at: 29-29A Durngate Street, Dorchester, Dorset DT1 1JP

# Cracking The Code...



*“By solving the conundrum of mental illness its possible to unlock your recovery potential ...”*

For 13 years I've been battling the spectre of Paranoid Schizophrenia and been dealing with a complex combination of adverse effects which have always seemed impossible to solve. Extreme paranoia, mania and depression, delusional thoughts, medication with awful side-effects, severe drug addiction, bouts in hospital under section, and even prison. After years of relentless punishment I hit rock bottom – in an abyss of sorrow with no hope of escape or chance of recovery.

In 2006 I reached a vital turning point as I began to confront my problems one-by-one and enter a period of stability. As I found the solutions I needed I was able to build on this foundation and regain quality of life and a life worth living.

Looking back it seems obvious to me now that finding these answers, or cracking my code, has enabled my route to wellness – and I believe many others can achieve this too if they search hard enough.

For me it started with accepting my illness and my need for help. This led to compliance with treatment and finding the most effective medication to combat my psychosis. I gave up drink and drugs and started looking after my body with exercise/diet. I began developing hope and a belief in better days ahead. I took responsibility for my condition and learned how to self-manage it which helped me become self-reliant. I began to regain control over my life and became the driving force again.

By realising the power of talking I was able to establish important new friendships and through involvement with Dorset Mental Health Forum I was able to return to employment. All of which has led to the final outcome:

***Getting back into the world.***

By solving the conundrum of mental illness it's possible to unlock your recovery potential. Symptoms can be vastly reduced and manageable. You can live independently in the community with minimal support. You can make new friends and return to the world of work. More importantly you can live your life again- not necessarily through cure but by learning to live with it. And you can find happiness.

This has been my solution to serious mental illness - it has opened a new life for me. Although mine is very personal to me I believe everyone has this within them. It can be solved through experience, self-discovery, and hard work.

**So... what is your code? TB**

## Forum Membership: Please complete and return this form to the Forum

Title:  Forename:  Surname:

Address:   
Telephone Number:  Email address:

Would you like to be involved in the work of the Forum? Yes .....

Signature: ..... Date: .....



# The Self-Help Page

## Help/Support/Information Lines

**Cruse-Bereavement Care:** 0844 477 9400  
(Mon-Fri, 9.30am-5pm). (Dorset) 01305 260216

**Carers UK:** (Formerly Carers National Assoc.) 0207 378 4999

**Dorset Carers Forum:** 01305 257172

**Depression Alliance:** 0845 123 2320 (Info. pack request line)

**East Dorset Mental Health Carers Forum:** 01202 481730

**Eating Disorders Association:** 0845 634 1414 (Helpline)  
0845 634 7650 (Youthline)

**First Step to Freedom:** 01926 851608

**Hearing Voices Network:** 0845 122 8642  
(Helpline) Tues 1—4pm (Enquiries) 0845 122 8641

**Help & Care:** (Help for the Elderly) 0300 111 3303

**MDF – The Bi-polar Association:**  
(Formerly Manic Depression Fellowship) 08456 340 540

**Mindline (Bristol):** 0117 983 0330.

**Mindline (Somerset):** 01823 276892  
(Wed, Fri and Sat 8pm to midnight)

**MIND Helpline:** 08457 766 0163

**NHS Direct:** 0845 4647

**National Self Harm Network:**  
PO Box 16190, London NW1 3WW

**No Panic:** 01952 590545 (Recorded message gives numbers)

**OCD-UK:** 0845 120 3778 (Enquiries)

**ParentLine Plus:** 0808 800 2222

**Prisoners Advice Service:** 0845 430 8923, or 020 7253 3323

**Relate:** 0300 100 1234 (To find your nearest Relate)

**Relate:** (Dorset ) 01305 262285. (Mon 9am — 9pm,  
Tues -Thur 9am — 9.30 pm, Fri 9am — 5pm)

**Relate:** (Yeovil & District) 01935 472485

**RETHINK:** (Helpline) 0207 840 3188  
(Mon, Wed, Fri 10am—3pm. Tues & Thur 10am—1 pm )

**RETHINK:** (Dorset ) 01308 459762

**Samaritans:** (National) 08457 90 90 90.  
(Weymouth) 01305 771777 (Yeovil) 01935 476455

**SaneLine:** 0845 767 8000 (6 pm—11 pm)

**Shelter:** 0808 800 4444 (Free Housing advice)

**Triumph Over Phobia:** 0845 600 9601

**Victim Support:** 0845 30 30 900

**Wand Support Line:** 0808 800 0312  
(Mon, Wed, Fri & Sun 8pm—11pm)

**Youngminds:** 0207 336 8445 (Enquiries)

## Domestic Violence

**Dorset Women's Outreach Project:** 0800 5877480  
(9am -1pm weekdays. Answering machine at other times)

**North Dorset Domestic Violence Helpline:** 01747 858555

**Christchurch & East Dorset Domestic Violence Outreach:**  
0800 328 4457 (Mon to Wed 10-12noon)  
or in an emergency 01202 547755

**National Domestic Violence Helpline:** 0808 2000 247

**Police:** (in an emergency dial 999)

**Police East Dorset Domestic Violence Officer:** 01202 226089

**Police West Dorset Domestic Violence Officer:** 01305 226547

**Women's Aid Advice Line:** 01305 226444

**Women's Refuges:** Bournemouth 01202 547755  
North Dorset 01747 858555  
West Dorset 01305 262444  
Weymouth 01305 772295  
Yeovil 01935 427594

**Rape Crisis Line:** 01202 547 445 (Mon 1-3pm, Tues 10-2pm,  
Wed, Thur, Fri 8 -10pm, Sat 4-6pm)

**Elder Abuse Response:** 0808 808 8141

## Drugs & Alcohol

**Alcoholics Anonymous:** 0845 769 7555 (National Helpline)  
01904 644026 (to find local group)

**Al-Anon Family Groups:** 0207 430 0888 (10am — 10pm)

**Battle Against Tranquillisers:** 01179 663629

**CADAS:** 01305 265635  
(Community Alcohol & Drug Advisory Service)

**Dorset Drug Intervention Programme:** (DIP Team)  
01305 780087 (24/7 advice & info.)

**Drinkline:** 0800 917 8282

**National Drugs Helpline:** 0800 77 66 00

**PADA:** (Parents Against Drug Addiction) 08457 023867

## Advocacy / Mediation / Advice

**Citizen's Advice Adviceguide:** [www.adviceguide.org.uk](http://www.adviceguide.org.uk)

**Bridport CAB:** 01308 456594

**Dorchester CAB:** 0845 231 0400

**Gillingham CAB:** 01747 822117

**North Dorset CAB:** 01747 822117

**Sherborne CAB:** 0844 8487939

**Weymouth & Portland CAB:** 01305 782798

**Consumer Credit Counselling Service:** 0800 138 111

**Dorset Advocacy:** (For people with Learning Disabilities)  
01305 251033

**Dorset Mental Health Advocacy:** 01305 261483

**Dorset Family Mediation:** 01305 751781

**Mediation Dorset:** 01305 257717

**Shaftesbury Advice Centre:** 01747 855822

## Children

**Childline:** 0800 1111

**Children's Legal Centre Advice Line:** 01206 873820

**Children's Society Waves:** 01305 768768  
(Advice and information for young people under 25)

**Connexions (Dorchester):** 01305 260600

**Kidscape:** 0845 1205 204

**National Youth Advocacy Service:** 0151 342 7852

**Outlooks – NCH Action for Children:** 01303 823794

**Routes (Dorchester):** 01305 261318

**The Shaftesbury Young People's Project (TOBYS):**  
01747 850860

**Tides (Weymouth):** 01305 780563

**Treads (Young People):** 01258 455449

## Local Authority Services

**Community Mental Health Teams (CMHTs):**

**Blandford:** 01258 450610

**Bridport:** 01308 421236

**Dorchester:** 01305 367000

**Shaftesbury:** 01747 856711

**Sherborne:** 01935 816552

**Weymouth & Portland:** 01305 786905

**Dorset Social Care and Health:** (Out of Hours)  
01202 657279

**Dorset PCT Crisis Response:** 01305 361269

# WorkWise - the Forum's Employment Support Coordination Project



Dawn Bennett, Alisa Miller, Sue Forber  
and Steven Walbridge — The ESC Team

One of the Forum's new and exciting initiatives this year is our WorkWise project. This is an employment support coordination service delivered by a team of peer specialists that works with primary care mental health services, employers and individuals throughout Dorset, providing education, information and support with employment issues.

"I have never had a career as such. I've always worked and have done a variety of very interesting jobs. These include working in haulage and shipping; in a college, setting up distance learning courses; in market research interviewing the public; as a fully qualified funeral director and finally (or so I thought) for the Department of Work and Pensions (DWP) in a job centre as an adviser for 19 years.

I retired from the Department on my 60<sup>th</sup> birthday and returned to Dorset where I had lived for nine years, some time ago. I was ready to settle down to retirement, pottery classes, glass fusing and generally having a relaxed time of it! Quite by chance I saw an advert for a job with the Dorset Mental Health Forum as an Employment Support Co-ordinator and I just knew I had to apply. The rest as they say is history.

*"I spent 19 years knowing that I was not using my talents to the best ... not truly giving service ...*

*I am now able to flourish and grow.*

*...responsible for my own time ...thanked ... appreciated ... given positive feedback ...*

*How refreshing is that!!"*

I was fortunate to be offered the job and what an amazing time I am having! Whilst with the DWP I really wanted to be able to connect with the customers and have the capacity to be able to help them on a one to one basis, but of course the main thrust of the work was target driven. It was very structured, very precise and I constantly felt that my hands were tied when wanting to do my best for the customers.

I spent nineteen years knowing that I was not using my talents to the best and I believed not truly giving service to either the DWP or the customers themselves. During the years I worked for the Department I suffered two major mental breakdowns. On both occasions they were caused by the pressure of unrealistic targets, massive work overload and a bullying culture. When I started working for the Forum a few months ago, I felt I had found my true niche in life and I am now able to flourish and grow.

It took quite some time to settle into a situation where I wasn't being target driven, where I was responsible for my own time management (something I am still working on), being thanked and appreciated for my efforts and being given positive feedback from my manager, supervisor, work colleagues and clients. How refreshing is that!! For 19 years I had worked under tremendous pressure and my efforts were never recognised or commented on.

I am having the best time of my life. I have never been happier. I work with amazing people, all from a variety of backgrounds, all very interesting and with their own story to tell. I wake up every day excited by the prospect of going into the Forum. There is always something going on and the buzz is amazing. I attend Forums, conferences and training courses. I get out and about meeting clients and employers. I am involved in putting together training and awareness courses. I have helped design leaflets; the list is endless and it's all so exciting and positive.

I see every day as a chance to involve myself in as much, or as little as I feel I am able to comfortably manage. The only stress I experience is self inflicted. I still want to help the whole world (impossible). I still want to achieve 110% ALL the time (impossible). I am still learning to appreciate that I have limits, what they are and how to keep myself on an even keel, but even that is exciting and liberating. I have so much support from all my colleagues that I am rarely stressed and never unhappy.

I feel so lucky that I found this job and that I have been given the opportunity to use and display my natural talents to their best." **AM**

**For more information about the WorkWise Project, please contact the Forum office in Dorchester, or visit the Forum website: [www.dorsetmentalhealthforum.org.uk](http://www.dorsetmentalhealthforum.org.uk)**

# New Developments in Weymouth

## Peer Specialists in Weymouth & Portland Community Resource Team (CRT)

Team Leader Bob Shaw, with Jack Galbraith and Tia Roos, are Forum peer specialists working as part of a pilot project within the CRT. The presence of peer specialists within NHS teams role model recovery and offer “a beacon of hope and a living demonstration that people with mental health problems can make a direct contribution to their own and others’ recovery by using their experience”. (SCMH, 2008, P. 11). Tia, Jack and Bob are actively involved in facilitating CRT activities and working directly with people who access services, including work within the employment team and the development of the Leon Centre as a community wellbeing resource centre. Further work will include the development of recovery narratives and wellbeing toolkit workshops in the area.



Jack Galbraith and Tia Roos

## Wellbeing Toolkit Personal Recovery Workshops

The Wellbeing Toolkit is essentially “a self help book you write for yourself” devised by Bob Shaw, Forum Peer Specialist Consultant in partnership with the Wellbeing and Recovery Partnership (WaRP). People can put in pictures, inspirational quotes, techniques they have found useful to regulate their emotions or mood, things that help when facing difficulties. The concept is that the toolkit frames all the areas of learning a person may gain about themselves into one single document. Each toolkit is intensely personal and will be different for each person. It enables people to consider their lives in a different way and to gain personal awareness and self motivational skills to help them develop their own recovery plan, achieving the best quality of life they can within the constraints imposed by their health issues.

The first workshop pilot was co-delivered by Bob with NHS staff (Phil Morgan), with some excellent feedback from people. “*The toolkit has made me think of things that I have never thought of before*”. “*I now have a little hope*”. People also benefited from experiencing this workshop with their peers. “*I now feel less isolated and alone*”. Ongoing support is available from peer specialists and NHS staff for people to gain the maximum benefit from this opportunity.

A similar pilot is also taking place in the Young Offenders Institute (YOI) on Portland, with a specifically designed version of the Wellbeing Toolkit. Its purpose is to increase emotional resilience within the young offenders by encouraging them to have an increased ability to “self-manage” their emotions, by gaining some understanding of the links between their emotions and their behavior.

## Occupational Therapy (OT) Recovery Pathway, Linden Unit

This project was developed following evaluation of day treatment at Linden. It was recognised that OT services should be more responsive to peoples’ needs, enabling them to use their experience of acute mental distress as an opportunity to learn about themselves, leaving the service with a renewed sense of hope and optimism.

The findings of the first outcome report for the pilot show impressive outcomes both in regards to people re-accessing acute services and achieving their own goals, which in turn has led people to increased social inclusion and vocational outcomes.

Through the OT Recovery Pathway people take control of their own recovery journey. It focuses on one-to-one working and the development of individualised plans, based on specific principles which include shared decision making,

partnership working through coaching and mentoring, as well as focusing on motivation.

During the pilot period, 16 people went through the Recovery Pathway. The majority of referrals came from people requiring day treatment, but referrals were also taken from the ward and the Crisis Resolution and Home Treatment Team. Since the development of the OT Recovery Pathway the emergency day treatment bed on Linden has not been used. Only 2 out of the 16 people were readmitted and both were for specific planned reasons.

*“I learned things about myself I never knew and how to deal with problems that I would normally walk away from. I had structure to my days and for the first time in years managed to see it through to the end. If you get to go on the Recovery Pathway give it a try, it may just be the best decision you ever make.”*



Bob Shaw

# Schizophrenia and beyond

*“Recovery is not devoid of thrills”*

*“It is important...*

*to be diagnosed*

*and treated quickly”*

*“Recovery can*

*mean having a*

*collection of stories*

*I can draw on*

*to help with*

*my predicament”*



**N.** 47, was diagnosed with paranoid schizophrenia in 2003. Although he recovered from his initial episode of illness, he suffered two relapses largely due to changes in medication. On one occasion he was sectioned and a patient of St. Ann’s Hospital. He has recently started work for the Forum.

**There were times when I was very content with life.** In the summer of 2001 I had a rewarding job in the Business School of a University, a mortgage on a flat in a trendy part of town, a car, and friends with whom I played tennis and went canoeing. I lost much of this after struggling for 2 years with schizophrenia which was undiagnosed and untreated.

**Most people take their insight for granted, but not me.** When the Twin Trade Towers in New York were attacked I had a loss of insight – I did not believe the news and thought it was invented to be part of a conspiracy against me. It happened like a switch being flicked in my mind, and it is the earliest feature of my illness that I can recall. Today I watch the news up to three times a day and, occasionally, I check my insight by re-affirming the content. For me recovery is about having strong insight.

**I think it is important for mental illness to be diagnosed and treated quickly.** During my first psychosis, and before I was diagnosed and treated, I rode my 150 mph sports motorcycle straight up the M3 motorway. I thought that every other car I passed contained policemen who were monitoring me – at least this meant that I kept to the speed limits. It sends a shiver down my spine when I think about it, and I have made sure the DVLA is currently aware of my predicament. My motor-cycling days are probably over, but last year I went ski-ing and I think that means recovery is not devoid of thrills.

**The hardest thing I’ve done is sleep rough on the streets of my town.**

I did this for a couple of nights during one of the episodes of my illness. I didn’t really sleep at all, but kept wandering around shopping malls waiting for the cafes to open for breakfast. During my most recent psychosis my psychiatrist visited me in my flat and reassured me that I was allowed to stay there – I guess he was concerned that I might try to sleep rough again. Even when your mind is in turmoil, if you can trust the advice of someone you respect you can save yourself a lot of

upset. When I have been well I have kept all my appointments with my psychiatrist and listen to him carefully. Today I also buy the Big Issue.

**Very often patients speak of psychiatric hospital with dismay.**

Although one part of me was bemused to be sectioned, another part of me saw it as a refuge, and on reflection I think I was quite happy. The staff talked to me (one member played chess with me) and I enjoyed the food, as well as the group trips to the shops and sea front. I took one precaution though – I insisted on staying in a mixed ward because I thought that the behaviour might be a little better.

**I started training to be a secondary school teacher.** This could be described as a high point in my recovery since I had been previously denied opportunities due to my patchy work history based around periods of illness. But it was not to be – some activities are just too stressful and, after six months on the course, I thought that teaching adolescent children was asking for trouble. It did not help that a senior teacher told me that it was best to keep a mental health disability quiet. For me recovery is about shifting goals and, to an extent, being open.

**When I get anxious about my employment prospects I think about my Grandfather during the Great Depression.** He was out of work for seven years, and on occasions the only food he could provide for his family were mushrooms he had foraged from the fields at the back of his house. I think recovery can mean having a collection of stories I can draw on to help with my predicament.

**One of my favourite places is a cliff-top overlooking the Isle of Wight at Barton-on-Sea.** During the summer I sleep fitfully. Sometimes I get dressed at 4.00am, make a flask of coffee and drive across town to the deserted cliff-top at Barton-on-Sea so I can watch the colours of the sea and the sky as the sun comes up. I guess it inspires me for the rest of the day and, perhaps, adds hope to my recovery. **NB**

# Reading Groups and Health

Shared reading groups encourage people to explore their feelings and, hopefully promote mental well-being by reading aloud. The groups read classic stories and poems in a variety of venues including libraries, community centres, schools, hospitals, prisons and elderly care homes.

Unlike internet-based communication, reading groups enable participants to express themselves through voice tones and body language which makes the experience more sensual and open to interpretation. The texts and poems are selected for the reading group by a trained facilitator.

The groups read many classic stories and poems because their themes are familiar to us all: love, death, isolation, exile, inclusion, despair, loss and hope. Stories bring back memories and stimulate the imagination, and the groups stop regularly during their reading to reflect, share personal experience, and connect with each other.

Books being read in the Sherborne and Yeovil groups include 'Silas Marner' by George Eliot, 'To Kill a Mockingbird', 'Of Mice and Men', 'Cold Comfort Farm', 'Frankenstein', and 'Cider with Rosie.' An example of the impact of shared reading can be found in the recent reading of the book 'Silas Marner'.

In spite of the unfamiliarity with the language in this text, the group members said that they are able to empathise with a man who is exiled and deeply depressed. This led to a discussion about the problem for people who were trying to reach out and connect with him, and his own difficulty in grasping hold of the hands held out to him:

***Silas said "Good-bye, and thank you kindly", as he opened the door for Dolly, but he couldn't help feeling relieved when she was gone – relieved that he might weave again and moan at his ease. Her simple view of life and its comforts, by which she had tried to cheer him, was only like a report of unknown objects, which his imagination could not fashion. The fountains of human love and of faith in a divine love had not yet been unlocked, and his soul was still the shrunken rivulet, with only this difference, that its little groove of sand was blocked up, and it wandered confusedly against dark obstruction.***

The group members thought that many of the scenarios in the novel could happen in the present day, and they enjoyed the humour. One member particularly enjoyed the descriptions of food and feasts, and of the camaraderie of the townspeople in the local pub. They commented on how accepting the community was of each other, warts and all, and of the kindness and tolerance shown by the villagers to



each other. The group wondered if it was perhaps easier for people to behave in a way that felt natural to them without the influence that television and the media might have now.

It is notable that some members of the reading group have never read anything more than magazines, and they were amazed that they had been able to enjoy such a challenging read as 'Silas Marner'.

Other members commented that "I feel I've started a new chapter in my life", and "I don't think about other things whilst I'm here." More generally, the reading groups are considered to improve concentration, help people understand the world they live in, reduce feelings of isolation, and promote a real sense of connection and community.

In one session we also read the short poem 'To my Daughter' by Stephen Spender, which led to much discussion by the group, with one member remembering the feeling of safety she had as a child whilst holding her father's hand. On another occasion we read the poem 'Earlies and Lates' by John Lindley, and a group member immediately cried out, "That's my Dad". She was instantly transported back to the sight and smell of her own father leaving for work in the morning.

**Two Shared Reading groups presently meet in Sherborne and Yeovil. Contact the Forum for further details.**

## Personalisation

involves thinking about public services in a different way - starting with the **person** rather than the **service**.

The term is often used synonymously with having individual or personal budgets.

We are interested to know what services people think they would buy to improve their mental health and help them with their recovery journey.

**Visit the Forum website and let us know your views.**

**SELF-HELP  
GROUPS, SOCIAL  
CLUBS + DROP-INS**

**Willow Tree Group**

Castleman Bungalow, Blandford.  
Meets Wed 10am to 2pm (incl. lunch).  
Contact: Florence Spencer  
on 01747 825400. Mobile: 07979 437076

**Hope Drop-In Centre**

1 Bimport, Toby's Court, Shaftesbury.  
Tues, Wed, Thurs 11am to 4.30pm.  
Fri 2pm to 5pm.  
Contact: 01747 852224

**Oak Tree Clubhouse**

Crossroads Centre, Weymouth.  
Meets weekly, Fri 7pm to 9.30pm.  
Wed 6pm monthly for outings.  
Sun lunchtimes once a month.  
Contact: Andy Court on 01305 362094

**Club 57. RETHINK Drop-In Group**

The Gallery, Durngate Street, Dorchester.  
Meets Tues 10am to 2pm.  
Contact: Joan Evans on 07918 692120

**Lyme Regis Social Club**

Woodmead Hall, Lyme Regis.  
Meets every Wed 10am to 1pm.  
Contact: 01308 459762

**Bridport DBSA Support Group**

Wed 6.30pm to 8pm.  
Centre for Local Food, Unit 17, St Michaels  
Trading Estate, Bridport.  
Contact: John on 07767 76595 (free phone)

**Weymouth Peer Support Group**

Meets weekly, daytime and evenings.  
Contact group member on  
Mobile: 07505 383743

**Four Leaf Clover Club**

1 Abbey Road, Sherborne.  
Mon to Thurs 10am to 4pm.  
Zest Café Fri/Sat 9.30am to 3pm.  
WiFi available during opening hours.  
Contact: Liz McGaw on 01935 389192

**The Lantern**

2 Ranelagh Rd, Weymouth.  
Open Mon to Fri  
Support, Advice on Benefits, Housing,  
Advocacy and Counselling.  
Contact: Mick Branham on 01305 787940

**First Tuesday Self-Help Group**

(Manic Depression Fellowship)  
Monthly, 1st Tues at The Friends Meeting  
House, Holloway Rd, Dorchester.  
7pm to 9pm. Contact: 079 0555 0768 (National  
MDF, 08456 340543 or 020 7793 2630)

**RETHINK – Variety of Groups**

5 Downes Street, Bridport.  
Open Tues 10am to 3pm.  
Contact: Deborah Rodin on 01308 459762

**Moving On**

Meets weekly Tues a.m. and twice a month on  
Fridays (includes lunch) at Millennium Centre,  
North St, Bridport.  
Contact: Debbie on 07812 128085

**CARERS +  
RELATIVES  
GROUPS**

**Bridport RETHINK Relatives and Carers  
Support**

Group 5 Downes St. Bridport.  
Meets 4th Mon (except Bank Holidays), 3pm.  
Contact: 01308 459762

**Weymouth Carers Group**

Leon Centre, Fernhill Rd, Weymouth.  
Meets 2nd Wed 2 to 4pm.  
Contact: Karen Withers on 01308 459762 or  
Mobile: 07866 252046

**Independent Carers Forum**

Meets last Thurs 3pm to 5pm.  
Forum offices: 29 Durngate St, Dorchester.  
Contact: Karen Withers on 01308 459762 or  
Mobile: 07866 252046

**Shaftesbury & District Carers Group**

Hope Drop-In Centre, 1 Bimport, Toby's Court,  
Shaftesbury.  
First Wed 7pm.  
Contact: 01747 852224

See our Reflections magazine online –  
Visit the Forum Website at [www.dorsetmentalhealthforum.org.uk](http://www.dorsetmentalhealthforum.org.uk)

**Dorset  
Mental Health  
Forum**

promoting wellbeing & recovery

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The views in this newsletter do not necessarily reflect the views of the Forum.

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