mind

Membership News

Winter 2024
Issue 54

‘I have to make sure I don’t close down’
NFL star Efe Obada on dealing with injury and the power of opening up

Mental health in the media
What impact can it have?

Coping after a suicide attempt
Ways to care for yourself

Alternative depression treatments
Can they ever work?

Credit: Anna Sass/Mind

Members + local Minds = power

Have you ever visited your local Mind? This magazine gives a glimpse of how varied and valuable the support they offer can be. Therapy for hoarding. Help coping with the menopause. It's all here. I'm determined that Mind should be led by our local network, because local Minds are perfectly placed to see the reality of the mental health crisis and make sure we reach the people who need us most. So if you want to find support, connect with others or make your voice heard, why not make 2024 the year you visit your local Mind? The combination of members like you and our local Minds will make Mind more unstoppable than ever. **Sarah Hughes, Mind CEO**

Not a member yet?
Let's change that! Join the fight for mental health at mind.org.uk/membership

This magazine is made for and by you

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Guest editor's choice

Introducing Pat, our guest editor

This issue's member guest editor, Pat, fights passionately for mental health. For years, she's kept up with the latest research and taken all kinds of action to improve lives. Wherever you see the 'guest editor's choice' symbol in your magazine, it means it's a subject Pat wanted to investigate.

Hi, I'm Pat, I am 69 years of age and my reasons for wanting to be guest editor of your magazine stem from my own experiences of mental health problems and autism.

I am passionate about both of these issues – educating people about them and advocating for various organisations. I have contributed to books and journal articles, and I am also a peer researcher, which means I use my lived experience to help lead research into mental health and autism. And I am a long-time member of Mind, having contributed in many different ways over the years, including by reviewing information and sitting on various panels. I have a real desire to raise awareness and remove stigma and misconceptions.

I have been given multiple mental health diagnoses, including obsessive compulsive disorder (OCD), agoraphobia and emotionally unstable personality disorder (EUPD), and I was diagnosed with autism in April 2017. I have also experienced domestic violence and various other types of abuse, which has had a major impact upon my mental health.

For many years, I tried to pretend that I was OK and did my best to remain under the mental health services radar. Eventually, however, I had a breakdown and realised that I needed help.

I soon discovered that accessing services is a postcode lottery and that, in my opinion, GPs are not given the training they need to support people in a holistic way. I think there is a reliance on prescribing medication, which has its place but shouldn't be the only treatment offered. It's more important to understand the person as a whole and their past experiences, alongside their social and economic situation.

I always say treatments need to be trauma informed, which at present is not always the case. Unless someone's experiences of trauma are addressed, then medication is at best camouflaging the symptoms, not healing the wounds. This has certainly been my own experience.

For most of my life I have experienced bouts of severe depression, which become progressively worse in winter. For many years, I did not link it to the seasonal changes.

However, when my niece was diagnosed with seasonal affective disorder (SAD), I began to compare our symptoms and realised there was a link. Later I did receive a diagnosis of SAD myself. SAD affects my mood, which becomes increasingly low as autumn turns into winter, and I am hypersensitive to changes in temperature and light.

It means I find this time of year particularly difficult. My appetite changes and I crave carbohydrates and sugar, which inevitably leads to weight gain and low self-esteem. I also find that my sleeping pattern is altered, and I struggle to get to sleep at night and wake up in the morning.

The changes to the clocks during the winter and spring also have a huge impact on my mental health and I know that this is something which affects other people with autism. It affects our circadian rhythms along with our routines, and routine can be important to people with autism, to the point where any changes can cause depression and anxiety.

As well as highlighting SAD here, elsewhere in your magazine I also wanted to focus on agoraphobia – which is often overlooked – and CBT, which helped enormously with my depression and agoraphobia. I also wanted to look into alternative and complementary therapies, because I believe they have a valid place in the treatment of depression. I have found they work better for me. I hope you enjoy reading about all of these issues and more throughout your magazine.

Mental health and me

The thing that makes the biggest difference to my mental health is...
my garden. I'm able to use it all year round and it really helps with my anxiety.

To me being a Mind member means...
being able to be proactive to bring about change and raise awareness, and to connect with others who are also passionate about bringing about positive change.

Guest editor's choice

So you want to be a...

CBT practitioner

CBT – Cognitive Behavioural Therapy – is one of the best known talking therapies. But what does it take to be an effective CBT therapist? Our guest editor Pat spoke to Divya Peter, CBT practitioner at Sheffield Mind, to find out.

What does your role involve?

CBT is a type of therapy that helps people develop skills to deal with all kinds of different mental health problems. But the project I work with at Sheffield Mind is called Magpies. It's run thanks to National Lottery Funding and we work specifically with people who have hoarding behaviours. So that's people who hold on to anything – it could be toys, clothing, receipts, things they inherited from loved ones – but after a point it takes over their property, and they can't function and make decisions over what to let go of and what to keep. It becomes extremely difficult for them to tackle it.

How can CBT help with this?

Well, Magpies has a lot of different aspects to it. So for example there are also project workers who go to properties to help people make decisions and do practical work to declutter their homes. And we also run support groups for hoarders, so people can get peer support, which can be so valuable.

But, alongside that, I spend 12 sessions working 1-2-1 with people using CBT. We talk about the issues people have around their hoarding that stop them from making decisions. We reflect on those issues, which could be related to grief, for example, or complex trauma they experienced in childhood. People are often craving social connections, because hoarding can be extremely isolating. Each person's experience is unique.

What CBT does is help people address the negative or irrational thoughts they are experiencing and break the cycle of actions that these thoughts lead to. We try together to address people's core beliefs and the hoarding they cause. For example, we might weigh up the pros and cons of people's thoughts and whether they are helpful or not. We do a lot of journaling too, to help people celebrate small victories as they work through their hoarding behaviours.

Progress is often slow, because our thoughts can be so concrete. Even if we want to change them, it is not easy. And we are not working magic, but gradually the seed is sown and we see people make really significant progress. The way people look at themselves and at their hoarded property begins to change.

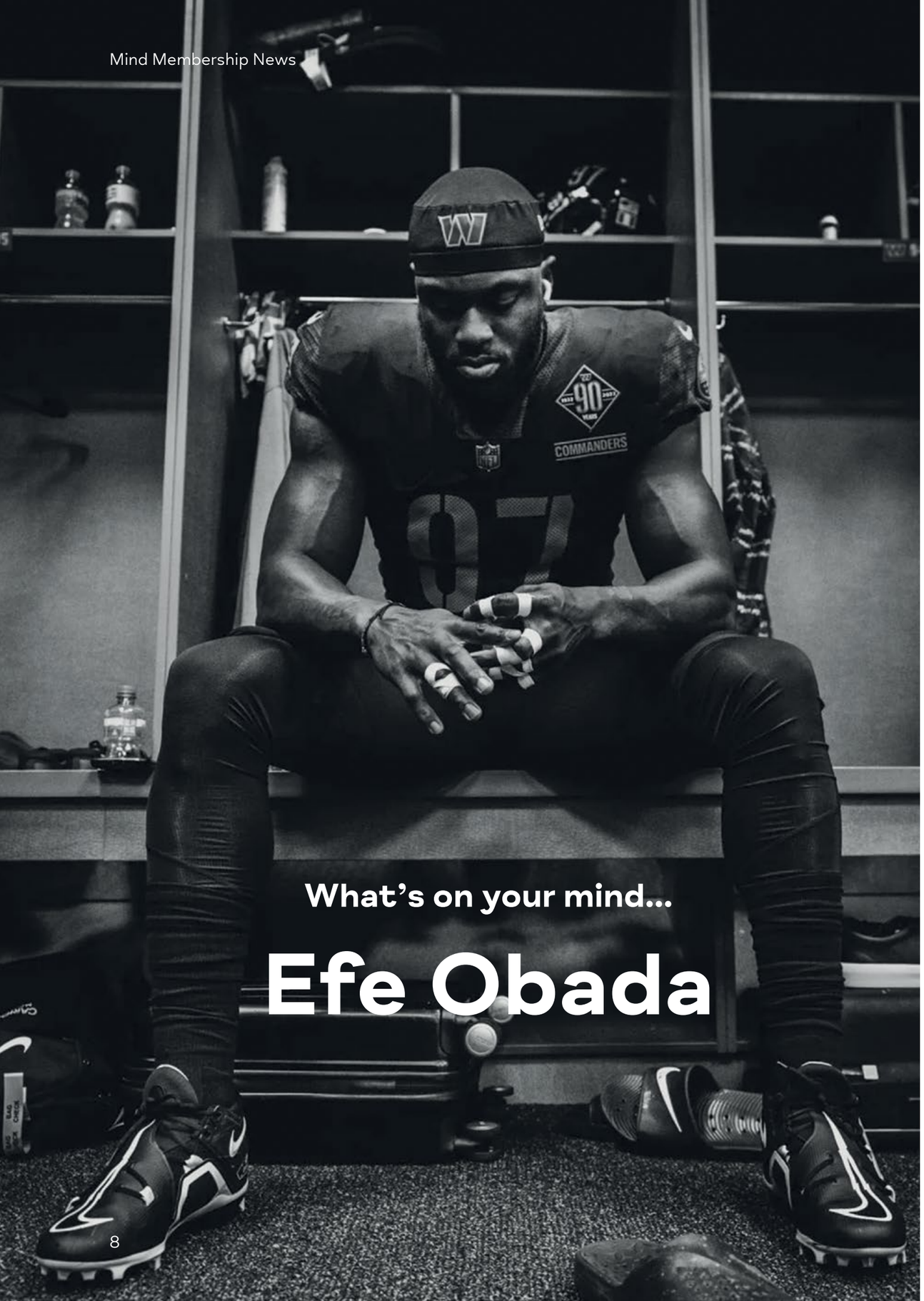
What qualities does a CBT practitioner need?

Of course, professional training is very important. But I think the most important thing is to be human, be present and be genuine. It's not enough to just stick to your theoretical approach. You have to be ready to say: 'I have these tools we can discuss that could be helpful for you. But if they don't work, let's try and make progress in another way'. You also have to have an openness and be genuinely interested in people and genuinely interested in their problems. That genuineness will reflect on your face and in the quality of the work that you do.

Would you recommend your role as a career?

I would definitely recommend it. If you're genuinely interested in helping people, this is a brilliant career. It's a huge privilege. Sometimes we work with people who don't let their own family members into their properties because they feel ashamed of the condition they are in. They don't want other officials to come to their houses because they feel that they would be judged. But they open their doors for us. They're ready to be vulnerable to us. That's something very special, and I hope it explains why this job is so close to my heart and makes me feel so content.

To find out more about what's involved in CBT, head to mind.org.uk/CBT. For information on becoming a CBT therapist, visit healthcareers.nhs.uk



When American footballer Efe Obada first offered to share his mental health experiences with Mind, he was looking forward to another big-tackling season in the NFL. Then disaster struck.

During a match for the Washington Commanders in November, Efe suffered a horrible leg break. It could rule him out for the rest of this season. He's been open for years about his mental health and, when we speak, Efe admits it's been a tough few weeks.

"Honestly, I'm frustrated, definitely frustrated. But I'm trying to stay positive and look towards the future," he says. "And when I do take a dip, I just have to make sure I don't close down. I cry, I tend to my routine and I just keep going. I'm going to try to keep moving forward."

It's a typically candid summary from a player who's often shown he's as unafraid off the field as he is on it. Last season, after starting therapy and with the Commanders on a losing streak, Efe decided to share his mental health story with all of his teammates. Not the easy option in a traditionally macho sport. But he'd been through a lot of trauma in the past, and hoped it might inspire others.

"It was a spur of the moment thing," he says today. "I was nervous, but I think going through therapy opened the floodgates. Once you start talking," Efe laughs, "you can't stop."

His story reads like a movie script. Efe and his sister were born in Nigeria but were brought to London and abandoned when Efe was 10. They spent their first nights in the city on the streets. After a security guard found them, the pair were taken into care, and they spent their teens moving between foster homes. It wasn't until he was 21 that Efe discovered American football. He says it "gave him a sense of identity, purpose and belonging, instead of feeling alone and misunderstood". Within years, he became the first ever player to move from a European league straight to the NFL.

"There were definitely some trials in my early years that allowed me to understand the idea that 'this too shall pass,'" he says. "I'm still able to draw from those moments now, knowing that there were some dark days and they passed and I was able to get to a better place."

Efe says he spent years in the US suffering from imposter syndrome. There are clips on YouTube of early interviews where he is too anxious to make eye contact with journalists. But he wanted to turn his experiences into a story of hope for this teammates. And it had an immediate impact.

"I felt very vulnerable when I spoke," he says. "But it kind of opened the gates for other people to come to me and express what they were going through. Since then I've seen more conversations taking place that go beyond that usual surface level."

Efe's own decision to talk about his mental health through therapy came after he realised there were issues from his past he had never dealt with. "I was in the best situation of my life," he says. "I was an American football player. I was married. I had friends. I had money.

"I had all the things people aspire to. But I wasn't happy. I wanted to understand what was going on, before I started to self-destruct or self-medicate."

At the same time, Efe chose Mind as his charity for the NFL's My Cleats, My Cause campaign. It's a way for players to raise awareness by having a special pair of shoes made featuring a charity's name. "There's nothing manly in suffering in silence," he says, "and that's a message I want to spread. I chose Mind for My Cleats, My Cause because young people need to have the space to talk about mental health. I run camps for young people and I'm very open about these topics.

"The way I look at it," he adds, "is that I wish I'd had someone in my situation when I was younger. Someone who could understand what I was going through, encourage me and show some belief in me. So that's my main focus now. I just try to be the person that I wish I had when I was growing up and struggling."

Advice to care for yourself

Coping after a suicide attempt

Content warning: this information might be upsetting or difficult to read. You may want to take your time reading it, or come back when you're ready.

We've recently published information for people who are looking for support after attempting suicide. This might be useful to you if you have attempted suicide, recently or in the past.

Going through a suicide attempt and managing the days and weeks afterwards can be overwhelming. You might feel lots of different emotions, and these can change over time. You might feel numb, angry, guilty, alone, regretful, scared or confused. You might also feel difficult emotions if this isn't the first time you've attempted suicide. And you might experience symptoms of trauma, such as flashbacks or nightmares.

Talking to someone after your suicide attempt could help you make sense of what's happened and help process your emotions. It can be hard to know how to start a conversation about attempting suicide. But maybe you could plan what you want to say in advance, write something down or send them a letter. Or you might not feel ready to accept help from others yet. If that's the case, it may help to think about what support you might need in the future.

We're always here if you need us. Our information about coping after a suicide attempt can be found at **mind.org.uk/coping-after-a-suicide-attempt**

Thanks to Mind's info team

Alyssa Girven
Information Officer

Stephen Buckley
Head of Information

Your questions answered

Q

How can I look after myself after a suicide attempt?

A

We wrote our new information with help from people who have attempted suicide themselves. Ideas for looking after yourself included:

- **Creating a safety plan:** This can help keep you safe if you feel suicidal again. Your plan could include your coping strategies, how to recognise your warning signs and details of services that can support you.
- **Making your environment safe:** You could remove anything in your environment that you might use to hurt yourself, or ask someone to lock things away for you. And when you're online, look out for content warnings about suicide or self-harm to protect yourself.
- **Taking care of the basics:** Routines can help keep you focused. This could include things like making sure you take your medication or brush your teeth at the same time each day.
- **Finding something you enjoy doing:** Having an activity you enjoy can help distract you from difficult feelings. And it could add meaning to your life. It doesn't have to be something big or expensive. It could be an activity you do alone or with other people.

Got an issue or question about mental health? To contact Mind's Infoline, call 0300 123 3393 or email info@mind.org.uk

Lines are open 9am-6pm
Monday-Friday (except Bank Holidays)

Mental health in the media

What's the impact of mental health being shown on our screens and in the news? And what can Mind do to help journalists and programme makers get the story right? We spoke to industry insiders to get their thoughts and find out how much has really changed.

When Mind asked a question about stigma on LinkedIn and Instagram last autumn, it quickly became clear it's still a problem. Almost 8,000 people shared their experiences, and nearly 3 in 5 said they regularly hear harmful language about mental health in the media. 1 in 5 said they notice harmful language in the media all the time.

It's important to say attitudes about mental health have come a long way in recent years. When Mind and Rethink Mental Illness launched our Time to Change anti-stigma campaign back in 2006, few people talked about mental health. People with mental health problems were often mocked in the media. Accurate, thoughtful mental health storylines rarely featured in soaps and dramas. Neither is the case anymore.

But while awareness, understanding and representation have all moved forward – with Time to Change improving the attitudes of over 5 million people between 2006 and 2021 – surveys like this show there's still a long way to go. The media has a central role to play.

"We know when the media gets mental health right, it can inspire people and give hope to those of us who are struggling," says Leah Parker-Turnock, who leads Mind's media advisory service. "That's especially true when stories go deeper and can explore someone's full mental health journey.

"We want the media to show the reality of living with mental health problems, without isolating people further by portraying mental health as easy or unworthy of support. When the media gets it right, it can help scores of people feel more empowered and less alone."

Leah (pictured above)

Continues over →

Building links with writers

Mind works in a lot of ways to improve how mental health is shown in the media. Every year we support dozens of script writers, producers and researchers. By talking to them about mental health and putting them in touch with people with lived experience, we make sure portrayals on screen and radio are sensitive and accurate.

If you're an Eastenders fan, for example, you might remember when Amy Mitchell experienced a mental health crisis and began self-harming. We were working behind the scenes throughout that time, alongside Samaritans and the charity Alumina. Together, we made sure the story was realistic, respectful and reflected real experiences.

"We have this wonderful ability to influence primetime audiences in their millions with our script advice," Alex Bushill, our Head of Media and PR, explains. "It's one of our most powerful tools, because you're seeing a character go through a journey, you're invested in them and you're willing them on.

"With the Eastenders Amy storyline, we know there is a mental health crisis in young people, with 1 in 5 experiencing a mental health problem. It was a very powerful opportunity to highlight that every young person deserves to be treated with dignity and respect, and to show safe ways for people to look after themselves if they are self-harming."

Guidelines based on real life

We also encourage the use of responsible, authentic language by publishing guidelines for journalists. It's possible to reinforce stigma – often unintentionally – by using unhelpful words. So, in guidelines we published last year, we gave suggestions on talking about suicide, avoiding sweeping statements (positive and negative) and being aware that every person's experience of mental health is different.

The guidelines also include lots of specific advice, like the tips below. **Do you agree with these, and what others would you suggest? Let us know at membership@mind.org.uk**

Try to...	Because...
Say 'person living with schizophrenia/ depression', rather than 'schizophrenic/ depressive'	Those of us living with mental health problems are always more than our diagnosis.
Avoid phrases like 'pull yourself together', 'smile more' or 'be stronger'	They can imply mental health problems are easy to overcome and trivialise them.
Avoid labelling people as 'snowflakes' or 'over sensitive' if we talk about our feelings	It can be difficult to open up and share, and stigma can increase feelings of loneliness.
Avoid describing someone as having a 'split personality'	Doctors haven't used this phrase for many years. If someone is behaving in a confusing or contradictory way, it's more accurate and less stigmatising to simply say that.
Avoid saying someone was 'released' from hospital	It can imply they have been imprisoned.
Avoid describing someone as 'a bit OCD'	OCD is a serious mental health problem, and much more complex than being organised or tidy.

The journalist's perspective: Victoria Macdonald, Channel 4 News Health and Social Care Editor

Having reported on mental health off and on for 35 years, I have seen vast improvements in the way the subject is handled. And while occasionally I'll see a journalist refer to something like 'committing suicide', which is annoying because it harks back to a time when suicide was criminalised, on the whole I think journalism is more responsible these days.

Whenever a slip like that does happen, it's almost always a general news reporter rather than a health specialist. I think health and social affairs teams today are very on the ball about the language of mental health. Obviously, as a journalist, I would say vocabulary is incredibly important, and I like the fact there has been a huge discussion around how to describe these conditions. That's a conversation journalists have with each other and with charities like Mind and Samaritans. It's very important to not call somebody schizophrenic, for example, but to talk about a person living with schizophrenia, because that feeds into the whole understanding of that condition.

And when I look back to 35 years ago, the portrayal of people with mental health conditions was awful. It meant people were further stigmatised, which meant that they were isolated, which meant their conditions got worse. I think, since then, the public's understanding and journalists' understanding has improved. There is, of course, a long way to go.

I do think it's interesting though, that Mind is concerned post-pandemic that there is less awareness of some conditions, such as bipolar disorder, while awareness of anxiety and depression has grown. When I work on mental health stories today, I'm often not even discussing a mental health problem. I'll often be looking at a lack of treatment and the lack of funding of mental health. But that issue around less-understood conditions is interesting. I need to give that some thought. You might have given me an idea for a story!

Continues over →

Mental health in the media in numbers: a mixed bag

3 in 5 people say they regularly hear harmful mental health language in the media

BUT...

1 in 5 young people said seeing a mental health storyline led them to speak about mental health on social media

81% of people think the media is getting better at depicting mental health

Connecting with journalists

Another interesting angle of the story of mental health in the media is how journalists themselves are supported. Journalism has always been a career of high stress and long hours. One industry survey in 2022 found just 11% of respondents thought the UK film and TV sector was a mentally healthy place to work.

Alex, our Head of Media, spent 20 years as a journalist. He remembers that when he once asked for some leave to support a family member who lives with schizophrenia, the response from his editor was: 'Take as long as you want, just as long as I don't have to continue this conversation because it's one of the weirdest ones I've ever had'.

"He clearly felt very awkward and wanted to laugh it off," Alex says, "and I think that speaks to a disconnect that still exists. Newsrooms take mental health more seriously than ever in terms of what they produce, but the media can still be a particularly unsupportive industry. Younger journalists are helping to change that. They are more equipped to turn down assignments for their own wellbeing, but change is slow."

That's why, Alex explains, as we look to the future, another part of Mind's media work needs to involve connecting with journalists who are less supportive of mental health. "We need to engage with audiences who don't agree with us," he says. "We have achieved so much, but we need to push harder in areas where there is still stigma and ignorance. That will help audiences and it will help journalists too.

"We know there are voices in the media who don't like our agenda," Alex says. "We know there are people who still think talking about mental health is overindulgent or weak. What we need to do is appear across all media and speak to new audiences about destigmatising mental health.

> **"We need to be unafraid to respond when we disagree and we need to be prepared to fight our corner in a constructive and respectful way, confidently and unashamedly and proudly."**

"Attitudes have moved a long way, but we know there is still confusion and fear. So we have to keep pushing," Alex says, before concluding with a neat summary of why influencing the media will always be a vital part of Mind's work. "We have to keep opening up more and more conversations about mental health."

To find out more about our media guidelines, visit mind.org.uk/media-guidelines
To become a Mind media volunteer, visit mind.org.uk/media-volunteers

Advice to protect your rights

Right Care, Right Person explained

Right Care, Right Person (RCRP) is a new policy the police will use to respond to mental health emergencies. Policing bodies say they are often not the right people to deal with mental health crises. So they plan to stop responding to many of the mental health calls they receive. They will still respond, though, when:

- There's a risk to life
- There's a danger to the public
- A crime may be taking place.

At the moment, when the police attend a mental health call, they often spend hours waiting for people to be treated in A&E. RCRP will reduce the amount of time police spend in situations like this. It means if someone calls the police about a mental health incident, their call may be handed over to health workers instead.

Some people say calling the police when someone is having a mental health crisis can make things worse. But others are worried that health services don't have enough staff or funding to deal with an increase in mental health incidents caused by RCRP. They're worried people might not get the help they need in an emergency. At Mind, we'll keep watching how this develops and keep members updated in the future.

Mind's legal team

Anishvarya Ní Mhóráin
Legal Officer

Rheian Davies
Head of Legal

Your questions answered

Q

What does Right Care, Right Person mean for people with mental health problems today?

A

RCRP is still in the early stages and is not yet used by all police forces in the country. So it's not totally clear how it will affect people with mental health problems from now on.

We do know RCRP will be introduced in stages. It will be some time before it is used everywhere. And how the police respond to a mental health emergency will depend on where you are in the country.

If someone is in danger or there is an emergency, you should always call 999. It is still the duty of police to attend where there is a risk someone could harm themselves or someone else.

If someone needs help with their mental health urgently but they can be kept safe for a while, you can call NHS 111 or find an urgent mental health helpline at www.nhs.uk/mental-health.

And remember, you can always find more information on dealing with a mental health crisis at mind.org.uk/get-help-now

Our Legal Line provides legal information and general advice on mental health-related law. You can contact us on 0300 466 6463 or email legal@mind.org.uk

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Inside Mind

Changing the language

Could the way we describe mental health explain why people find it easier to talk about some problems than others? Rosie from Mind's info team looks at why we're rethinking the language we use.

In one sense, says Mind's information content manager Rosie, attitudes to mental health have come a long way in recent years. But – echoing the theme of this issue's 4-page focus – the news isn't all good.

"As a result of initiatives like the Time to Change anti-stigma campaign, which we delivered with Rethink Mental Illness, there has been a sea change in attitudes," Rosie says. "But all of the research and listening we do now actually shows that while there is widespread public acceptance, empathy and understanding around problems like depression and anxiety, one consequence of this has been additional stigma through the 'othering' of many conditions, like schizophrenia, schizoaffective disorder, borderline personality disorder, bipolar disorder and psychosis.

"People are much less likely to say they understand problems like these or would feel confident engaging with people who experience them. So Mind is saying it's time for us to look at this."

We're just starting to explore what this could mean for our work. But, as Rosie explains, the conversations we're having about less understood mental health problems are also happening more widely. "If you look at a diagnosis like borderline personality disorder," she says, "there are huge questions around that, including whether it even exists. Is it even real? And what does it mean if you're saying that my personality is disordered? It's as if you're saying I'm a broken person.

"We're hearing from a lot of mental health community care services that no longer diagnose people with personality disorders," Rosie adds. "And even the latest edition of one of the main diagnostic books used by psychiatrists has basically recommended that it's time to get rid of the concept of individual types of personality disorders (such as avoidant or narcissistic personality disorders).

"A lot of people are thinking about how we should represent and understand people's experiences better. But what really matters to Mind is making sure this translates into more people getting the best support with their mental health day to day."

To help do that, we're increasing our work to demystify the mental health problems people tell us they are unsure about. Rosie is quick to say there will be lots of opportunities for members to share your experiences, as we look to break through people's confusion and fear. Local Minds will be vital to this work too, because they are in touch with so many people who face the stigma we need to take on. "And you'll start to see phrases like 'less understood problems' and 'less understood experiences' more," Rosie says. "We need to highlight what the issues are, and we need to amplify the voices of people who have these experiences."

It's also likely the information on our website will begin to look slightly different. "We know that what we call 'experience-led information' is becoming more popular on the site." Rosie says. "So rather than coming to us and searching for a particular diagnosis, people will search for experiences and feelings they've had. All of our content for young people is already structured like that. So while we have pages on bipolar disorder, we also have individual pages on experiences like hearing voices, for people who search for that specifically.

"It's really important to say we are not moving away from diagnoses. We know lots of people find mental health diagnoses really useful and validating, and we will always provide information about them. But a vital way to build awareness will also be to show the full range of experiences and challenges people face, rather than only talking about diagnoses. And we're hearing a lot of people question this idea of 'serious mental illness', which is a phrase the government uses as shorthand for schizophrenia and bipolar disorder. We have a real problem with that.

"All mental health problems are serious. Anxiety can be so serious it stops you leaving your home. It's time to get away from this idea of there being a hierarchy of mental health problems, because that's another factor behind the stigma that still surrounds certain problems."

"This is the natural next step for us," Rosie says in conclusion. "Mind has come a long way in our anti-stigma work, but we cannot afford to be complacent and the job is nowhere near done. We have to make sure less understood problems begin to become more understood."

Struggling?
We're always here.

You can find information on a huge range of mental health problems and experiences at **mind.org.uk/info**

The power of local Minds

On a menopause mission

The team at Rotherham and Barnsley Mind are sharing the truth about the menopause and mental health – and picking up awards as they go.

“Rotherham and Barnsley Mind has been fundamental around opening up conversations around the menopause... I feel much more prepared for the challenges I face and know now that I am not alone”.

As told to Rotherham and Barnsley Mind

Bringing experience to life

Rachel Siddall, CEO at Rotherham and Barnsley Mind, and Claire Rowley, a trainer and mental health support worker on her team, know just how much of an impact the menopause can have on mental health.

Before Rachel realised she was menopausal, the brain fog and memory loss she experienced made her think she was developing dementia. “The anxiety that comes with that is huge,” she says. “I would literally get to meetings and could hardly even get through the door.” And when Claire began experiencing early menopause symptoms in her late-30s, her mental health plummeted as she struggled to be taken seriously. “I went to my GP several times and they kept telling me I was depressed. But I knew it wasn’t depression. It's part of my role to assess people’s mental health when they come to us for support, and I knew my anxiety was getting worse but I wasn’t experiencing depression.

“In the end, it took me ordering a testing kit from Amazon and taking the results to my GP for them to realise it was the peri-menopause, when menopause symptoms begin.”

The pair had previously discussed setting up support around the menopause, but the idea took a backseat during the pandemic. As they shared their experiences, however, it became clear how many others were struggling in silence – and a new menopause support service was born.

Building much-needed awareness

Rachel and Claire began by delivering training on the menopause for a local business. It looked at the physical and mental health symptoms of the menopause, and people loved it. “The amount of women and men we raised awareness of within just that company was huge,” Rachel says. “And we made the decision from the start that our support would be open to men, because everyone can be affected when a woman goes through the menopause.

“Nobody ever tells you about the menopause. It’s never talked about in schools and we’re not prepared for it. We want to change that.”

As more businesses started asking for training, Rotherham and Barnsley Mind joined with 15 organisations and the South Yorkshire NHS care board to become a menopause-friendly employer. They’ve since won an NHS award for employer wellbeing. And as well as training dozens of local organisations on the menopause, they’ve just started running peer support sessions at a local gym. “There’s a lot of evidence of how strength training can be beneficial to women going through the menopause,” Rachel says, “so we’ve organised specific training sessions then afterwards we talk about anything related to the menopause.”

It's a perfect example of what local Minds do best – recognising issues people are facing in their communities and taking action to address them. “I think it works because we’re so open and honest,” Claire says. “We get it. We’re not reading from a textbook. And we’re ready to support you however we can.”

Find your local Mind

See what’s happening in your community at mind.org.uk/localmind

Guest editor's choice

Your experience of... Agoraphobia

Guest editor Pat has had spells of agoraphobia for years. It's often thought to be a fear of open spaces, but it's actually anxiety about being in certain places or situations. Pat was interested to hear another member's experience, so she spoke to Bob (pictured with his partner DeeDee) to get his story.

"It was like any other morning," Bob explained. "I got up to go to work. Got washed, dressed, had some breakfast. I said goodbye to my wife and kids, opened the front door, put a foot out, and this absolute panic hit me.

I put my foot back inside again and I thought, 'This is silly', so I tried to go out again and it was the same. My wife came and asked what was happening, and I said 'I can't get to the car'. She couldn't believe it at first, but after 15 minutes she realised there was something seriously wrong and called the doctor.

I actually ended up in hospital. They called an ambulance eventually and I was physically sick on the driveway to the ambulance. And it was at the hospital that agoraphobia was mentioned for the first time. There was an elderly psychiatrist there looking after me, and I'll always remember how he explained it:

"You are sitting on your favourite chair watching a programme that you love on TV. You are totally relaxed. Then the door is opened, and in walks a Siberian tiger. So your body goes into panic mode and you feel sick. In your case, you had this reaction, but there was no tiger."

This was a long time ago, around 1990, and some of the treatments I had were no help at all. At one point, they got a student nurse to take me out on a bus trip. I suppose it was a type of exposure therapy. I was in a panic the whole time, and it was impossible for her to stop it. Looking back now, I just feel so sorry for her.

Eventually I was discharged and put in touch with a community psychiatric nurse. She was quite a ferocious lady, and said: 'You've got to do what I tell you'. I remember her telling me about this car boot sale, and she said I was to go there every weekend and just try and walk a few steps further each time. And honestly, she got me much, much better by doing this. Eventually I ended up walking around in the crowd, which would have been impossible before. She said: 'Two steps forward, one step back is good. And when you get to four steps forward, one step back, that's brilliant'. I bought about 100 CDs I didn't need!

Gradually, over a period of months, I began to improve. The agoraphobia was no longer a problem, and that carried on for 20 years. But then around 2010, depression came upon me. My wife had died of leukaemia, then I remarried and my second wife was diagnosed with a terminal illness. I was completely thrown, struggling with suicidal ideation, and spent six months in a psychiatric hospital.

It was actually after that that the agoraphobia returned. I was used to being in a confined space in hospital, and leaving brought the phobia back. Again I was lucky. The local council gave me a support worker, who was a very caring person and determined to get me better. Again it was about small steps forward. I remember him putting me on a circular bus route and waiting for me at the bus stop. It was terrible at the time, but it helped.

I think it is exposure to the phobia that made the biggest difference to me both times. It's never really been explained why this happened to me. There was no magic button that was pressed. But both times I gradually recovered, and I never gave up hope that I would recover."

Pat says...

I've experienced agoraphobia on and off for decades so I know how debilitating it is, not just mentally but socially, physically and emotionally. Accessing any support is so difficult if you can't leave the house. I found cognitive behavioural therapy (CBT) helpful, but at first I wasn't physically able to get to the therapist. It was a real Catch 22 situation, but eventually I did manage it. It was inspirational to me to hear Bob's story, because he went through so much loss and grief but still managed to work through the phobia.

About agoraphobia

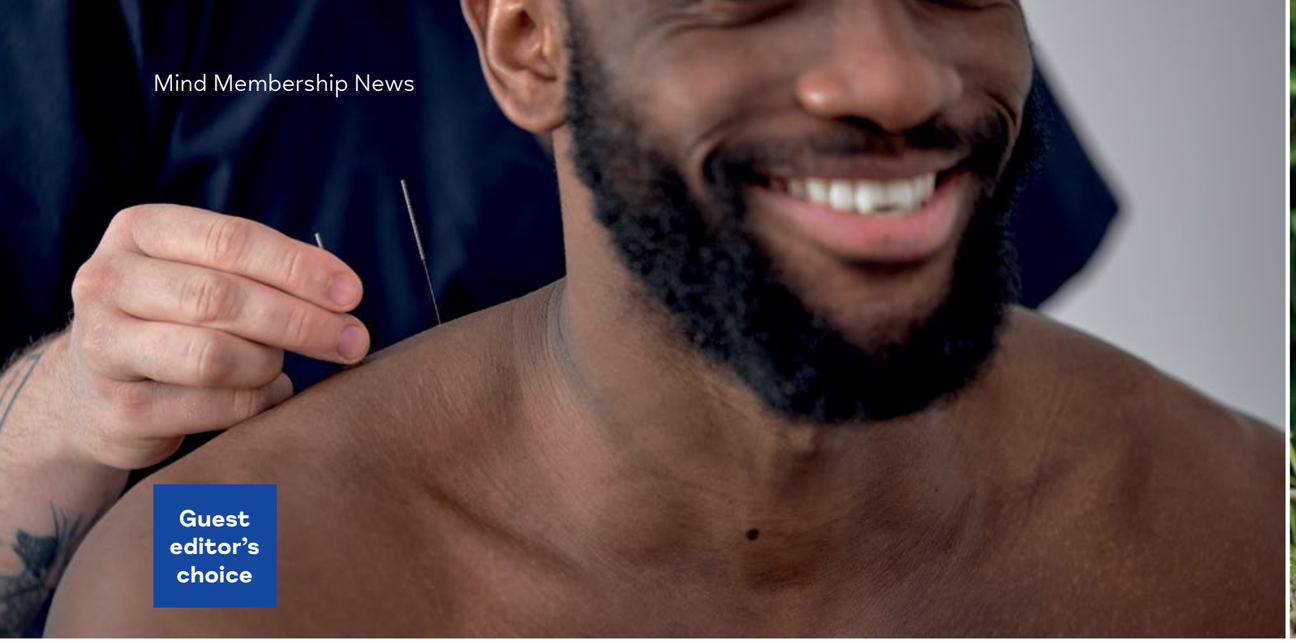
If you have agoraphobia, you might feel anxious about being in places or situations:

- That could be difficult or embarrassing to get out of
- Where you might not be able to get help if you have a panic attack.

You might also have high levels of anxiety about everyday situations. Like being outside alone, being in open spaces, enclosed spaces or crowds, or travelling by car, bus or plane. You may start to avoid particular situations. This may help in the short term, but this can affect the way you live your life and may make your phobia worse.

Various types of treatment are used to help with phobias, including CBT, exposure therapy, hypnotherapy, medication and VR therapy.

To learn more about phobias, visit mind.org.uk/phobias



Guest editor's choice

The Big Question

How effective are complementary and alternative therapies for depression?

We asked guest editor Pat for a burning issue she wanted to learn more about, and she chose lesser-known ways to treat depression. Lottie from Mind's info team was ready to sort the facts from the fiction.

Lottie says...

Thanks for your question, Pat. The terms complementary and alternative therapies are used to cover a very wide range of treatments. But there is an easy way to remember the difference between the two. Complementary therapies describe a treatment you may use alongside other treatments. Alternative therapies are something you might use to replace another treatment.

Together, the two names can often refer to:

- Body-based therapies, like massage or acupuncture
- Meditation-based therapies, like mindfulness
- Herbal remedies, like St John's wort.

Some of these can be provided on the NHS, but others are based on different ideas of healing and wellbeing than those we normally hear about in the UK.

People decide to try them for lots of different reasons. You might not want the treatment your doctor has offered, such as medication or talking therapies. You may have tried these and they haven't suited you. Or you might be on a waiting list for other treatments but want to try something to help with your symptoms in the meantime.

But it's really important to remember that what works well for some of us may not be helpful for others.

Do they work?

There are some misconceptions about complementary and alternative therapies it's worth knowing about. Some people think they don't work properly, are a scam, or have no evidence behind them.

This is not always true. There are lots of complementary and alternative therapies and they can be used as a treatment for both physical and mental health problems, including depression. There is more evidence for some than others. But the general lack of information and clinical research on them can make it difficult to know which ones might be helpful for you.

This lack of clinical evidence also means your GP isn't likely to prescribe complementary or alternative therapies. But a lot of people do say they find them helpful in managing mental health symptoms, so in this sense they can work.

Some research into how they work suggests this could be based on the placebo effect. This is when we feel better after taking a remedy because we expect it to make us feel better. This effect can happen with sugar pills that have no active ingredients, for example.

Whether or not a remedy has a clinical effect doesn't always matter – the outcome of feeling better can be very real and meaningful in our lives.

Are they safe?

Most complementary and alternative therapies are considered safe when provided by a trained and experienced practitioner. However, there may be times when a certain therapy may carry higher risks for you and would not be recommended. Before you start any new treatment, it's a good idea to talk through any safety concerns with your doctor and your treatment provider. This is especially important if you're already taking any kind of medication.

As with any kind of therapy, it's also really important to find someone you feel confident and safe with. Whatever the kind of therapy or medicine they practise, if you don't like or trust that person you're less likely to have a positive experience. As a good starting point, your practitioner should be able to give you straightforward answers to any questions or concerns you may have.

For more info on different types of complementary and alternative therapies, visit mind.org.uk/alternative-therapies

Welcome to your gallery!

Here's a taste of the artwork and poetry members have sent our way.

Sharron Gilbert

Talking Head by Patsy Durham

everyday in every way presents a different story
every sentence read you tread
hopeful that you're enjoying the content ...you won't relent
Love the word ... heard
Recite ... give yourself respite
Slowly, peacefully get up from the chair
....already aware .....you can do this !

Enjoy more members' art and find out how to share your own creative work at mind.org.uk/membership