So much more than...

One in 4

making tomorrow better together

Become a Governor
Speak up for members, staff, service users and the public

Dudley and Walsall Mental Health Partnership NHS Trust
Welcome to the Summer Edition of One in 4 – the members magazine for Dudley & Walsall Mental Health Partnership NHS Trust

Now that we have received approval from the Secretary of State to move to the final stage of our Foundation Trust application, it is now time for us to begin the election process for our Council of Governors.

In our last issue we told you that the Department of Health (DH) were due to carry out their own round of assessments to determine our readiness to be authorised as a Foundation Trust (FT) and we are delighted to announce that we have now moved on to what is called the Monitor stage – the final hurdle. We would like to say a big thank you to all our members for supporting our application so far.

As part of our bid to become an FT we must not only recruit a wide and diverse membership made up of people like yourself but to also elect a Council of Governors from that membership.

A Governor will represent the views of the membership and will have the opportunity to relay members’ thoughts straight to the Trust Board. This important role will ensure that the membership directly influences the future development of mental health services across Dudley and Walsall boroughs.

Further on in this edition, we give details about being a Governor and we would like to encourage all our members to consider standing for election.

The Council of Governors will comprise 21 Governors – 11 Public Governors, 5 Staff Governors, and 5 Appointed Governors representing our two Commissioners and two Local Authorities, and staff side.

We now have 6,153 members of the public and 1,135 members of staff and this puts us in a good position to elect Governors from a diverse population.

We hope you enjoy this edition of One in 4 which has been produced especially for you – as a member – to keep you up to date with the goings on both inside and outside of the Trust.

If you know someone who you think would like to become a member, you can direct them to: www.dwmh.nhs.uk/foundationtrust

Alternatively please contact the Foundation Trust office on 01384 324531 or email ft@dwmh.nhs.uk for a paper copy.
The Post Box...

Question Time

What are our plans for this year?

Each year the Trust produces an Annual Plan that reflects on the past year, on our achievements and challenges, and looks to the priorities for the year ahead. The year ahead looks to be an exciting one as we progress two of our biggest pieces of work - Service Transformation and becoming a Foundation Trust. We will also be focusing on

- supporting a culture of innovation
- role modernisation and new ways of working
- establishing the Council of Governors and engaging with our members
- working with the local health economy to explore ways of improving the patient pathways

We will keep you updated on our progress through the website and One in 4.

You said we did

You Said: You were not sure you had seen a copy of your care plan.

What is a Care Plan?
Your care plan describes how we will work together to provide the most appropriate treatment and services to meet your needs.

It includes information about the treatment/care you are receiving, identified goals and the steps that need to be taken to achieve them.

We Did: We put posters in Outpatients departments across Dudley & Walsall to ensure that patients were aware/had seen a copy of their care plan.

We introduced ‘orange front sheets’ to clearly indicate to Patients their Care Plan.

Service Improvements
Feedback from Service Users and Carers

Over the past twelve months our eight EBES (Expert’s by Experience) have been significantly involved in raising awareness of Trust activities and gaining valuable feedback from service users and carers. We have also gained essential and valuable feedback through informal concerns and comments raised with the Service Experience Desk, patient surveys and the electronic patient experience trackers.

Service Experience Desk
0300 555 0535 (freephone)
e-mail SED@dwmh.nhs.uk

As a result of feedback from those who use our services, their relatives and carers: The National NHS Community Mental Health Service User Survey –found that this year we have seen an increase in the number of people who have been given (or offered) a written or printed copy of their Care Plan, from 29% in 2011 to 41% in 2012.
It’s time to talk...

Mental Health Issues in Asian Communities

Dudley and Walsall Mental Health Partnership NHS Trust is a proud supporter of the national ‘Time to Change’ campaign. In support of its current drive to stop people being afraid to talk about mental health, we have launched our own Time to Talk page.

In this article we talk to Razia Chaudhry about her professional and personal experiences working with and supporting people who have suffered from poor mental health, particularly those from the Asian communities.

Razia Chaudhry’s Story:

“Hello my name is Razia Chaudhry and I am an expert by experience (EBE) for the Trust.

I have many years of professional and personal experience working with and supporting individuals who have suffered from poor mental health and wellbeing, particularly those from the Asian communities. Being Asian myself I can fully understand the cultural problems that sometimes can arise when someone in your family suffers from a mental illness.

Within the Asian communities, mental health is still very much a taboo subject and people are often reluctant to talk about it openly, as many still feel a sense of shame or embarrassment when doing so.

This in turn creates many barriers, as people may not want others to know that a family member is suffering from a mental illness, and as a result don’t always access the help and support that is needed. Many Asian families I know have suffered in silence, not knowing what to do ...to afraid to tell anyone, in case they lose respect or get labelled in some way. Not getting the right diagnosis and treatment may exacerbate their condition.

Consequently the individual who is suffering gets worse because the family may not know how to go about accessing support and help. It is important that we can find ways to educate our communities on the issues surrounding mental health so that the stigma attached to mental health might be reduced.

Sometimes derogatory names such as ‘paagal’ (mad) are used to describe poor mental health, and individuals are not given the respect they deserve just because they are suffering from poor mental health.

The Trust’s Community Development Workers (CDW’s) have been working hard to promote positive messages on mental health issues particularly within our BME communities. These messages are getting through and breaking barriers but still more needs to be done. Making sure GPs are aware of cultural issues and have appropriate referral pathways would help. There is lots of help and support available if you or a family member is suffering from poor mental health and I would urge you to access that help regardless of your race or religion”.

If you would like to feature in ‘It’s time to talk’ please contact:
Email: ft@dwmh.nhs.uk Call: 01384 324531
Write to: Dudley and Walsall Mental Health Partnership NHS Trust (HQ), Foundation Trust Office, Trafalgar House (2nd Floor), 47-49 King Street, Dudley, DY2 8PS
What does stigma look like?

Razia is also a member of the Halesowen Asian Elderly Association and recently worked alongside a Community Development Worker to deliver a mental health awareness project with the group.

The aim of the project was to increase knowledge of mental health issues and reduce stigma, using art to talk about mental illness and to raise awareness of the harmful effects of stigma leading to less fear of mental health services among BME communities. The men’s group produced some artwork demonstrating their understanding of mental health. Here are some of the pieces of work produced by the men’s group.

▲ This picture represents members of the community keeping quiet and not talking about mental health problems. We must not talk about mental illness and conceal illness within the family’. The word shame is written in Urdu ‘Sharam’.

> This picture has been painted by a carer of someone with a mental illness. It shows a path going up a hill and he is at the bottom, going on a journey with his mother and the difficulties they have faced as a family.

< This picture has been painted by a patient suffering from panic attacks. It shows how he often feels ‘trapped’ and ‘isolated’ because he cannot often leave his home or finds it difficult to cope in certain environments.

How common is mental illness?

Here are a few statistics to demonstrate how common mental illness can be.

• 1 in 4 of us will experience a mental health problem.
• Approximately 450 million people worldwide have a mental health problem.
• About 60% of dementia cases are caused by Alzheimer’s disease.
• Post natal depression is believed to affect between 8-15% of women.
• People who experience persistent pain are 4 times as likely to have an anxiety or depressive disorder as the general population.
• Dementia affects 5% of people over the age of 65 and 20% of those over 80.
• Two thirds of refugees have experienced anxiety or depression.
• Suicide is the most common cause of death in men under the age of 35.
• 2-3% of people will experience Obsessive Compulsive Disorder during their lifetime.
• 1 in 4 people using mental health services has no contact with family and 1 in 3 people have no contact with friends.
• The UK has one of the highest rates of self harming in Europe, at 400 per every 100,000 of the population.
• Between 8-12% of the population are expected to experience depression in any given year.
Launch of New Insight Carers Café

Monday 18th June marked the official launch of the new Insight Carers Café in Brierley Hill which is run by local volunteers and carers. They have been running an array of activities at the café throughout Carers Week, including carers surgeries, coffee mornings, councillors surgeries, drop-in sessions and is a great new local hub for carers.

Anyone is welcome to go along. The centre was set up by Marc Carter (Chief Executive) with the support of volunteers. Local businesses have donated materials for the new building, and many other organisations across the borough have assisted with setting up the café.

The café was officially opened by the Mayor of Dudley, Councillor Melvin Mottram.

Artspace & Carers Project

The project was initiated by Dudley CVS Carer Co-ordinator, Sharon McGlynn and enabled seven people who have caring roles to take part in a joint venture with Art Space Dudley.

The aim of the Artspace Project was to work with carers to design art panels for Russell’s Hall Hospital to raise awareness of carers and their role, inspired by their experiences and memories. The work was displayed during Carers Week at Russell’s Hall Hospital.

The group consisted of carers from Dudley Carers in Partnership, Dudley and Walsall Mental Health Partnership NHS Trust, and Halesowen Asian Elderly Association.

Valerie Long attends the Service User Carer Reference Group run by the Trust and is a member of Dudley Carers in Partnership.

Valerie Long was inspired to paint in memory of her son.

Carers Café

The Trust held a Carers Café at Broadway North in Walsall which was well attended. The next Mental Health Carers café is on the 19th July from 2pm until 4pm at Broadway North Centre.
The Trust works in partnership to deliver dedicated treatment & support.

30th June – Military Veterans Day

Dudley and Walsall Mental Health Partnership NHS Trust went along to the Armed Forces Celebration Day on July 1st at Himley Hall, to learn more about military veterans, promote our Trust and to develop links with organisations and agencies that support military veterans. We were pleased to join in the celebrations to commemorate the service of men and women in the British Armed Forces.

The day included family entertainment, Marching Bands, and a Medal Presentation to Veterans by the Mayor of Dudley to celebrate the work of servicemen and women.

What the Trust is doing

The Trust has appointed Jez Newell (Mental Health Nurse) to be the Military Veterans’ Lead for the Trust. He is also the West Midlands Regional Nurse Lead for the West Midlands Military Veterans’ Regional Hub.

Jez’s role is to develop the sensitivity of mental health services to the needs of military veterans in the Dudley and Walsall areas. This will include developing links for Veterans with services across the Trust and external agencies and services.

Jez is keen to support staff who are working with Military Veterans and the Veterans themselves to enhance the Veterans’ experience of services.

For Armed Forces Day the Trust showcased the story of a Military Veteran who has been through Dudley and Walsall’s Mental Health Services. He tells his story about his experiences and how our mental health services have helped him.

The story can be found at www.dwmh.nhs.uk

Jez can be contacted on 07887 823010 or via email on Jeremy.Newell@dwmh.nhs.uk

Support for Military Veterans

It is estimated that approximately 20,000 service personnel leave the Forces every year and many of these suffer with common mental health problems or struggle to readjust to civilian life.

Getting Help

If you’re currently serving, or have served in the UK armed forces, you can use the Combat Stress Helpline.

If you are a family member or carer worried about a loved one, or if you are suffering yourself... you can use it too.

If you or your loved one have trouble sleeping, get flashbacks, feel depressed, get anxious sometimes, or just feel that something’s not quite right... please get in touch.

Don’t suffer in silence – talk to the Helpline on 0800 138 1619, text 07537 404 719 or email combat.stress@rethink.org

(standard charges may apply for texts)
We spent some time with the Trust’s Eating Disorder team in Dudley (Melanie Walker, Specialist Nurse and Louise Smith, Dietician) to ask questions that might help you or someone you know.

Who is affected by Eating Disorders?
Eating disorders are affecting more and more people, both men and women from different age/cultural groups. According to ‘NHS Choices’ 1 in 250 women and 1 in 2,000 men will experience anorexia nervosa at some point. Bulimia is around five times more common than anorexia nervosa and 90% of people with bulimia are female. Binge eating usually affects males and females equally and usually appears later on life, between the ages of 30 and 40.

Melanie Walker, Specialist Nurse, says “there is a misconception that eating disorders only affect women, men can also be affected too and there is a national increase in men with eating disorders – 1/10 eating disorders affect men”. There is more pressure for men to be in good shape, more increase in male grooming products, images of footballers or male models in glossy magazines leads to a dissatisfaction with their body shape and leads men to compare themselves with these ‘ideal body types’. Melanie also suggests that we are seeing an increase in the number of children with eating disorders. A new MP report on the 30th May 2012 found that children as young as five now worry about their size, and appearance is the largest cause of bullying in schools. By the age of 14 half of girls and one third of boys have been on a diet to change their body shape.

Why do people develop eating disorders?
There are many theories that suggest different causes for eating disorders. However, certain triggers are more common. These include: sexuality and gender issues, desire to be perfect, maturity fears and puberty, emotional or physical abuse, relationship or family difficulties, reaction to stressful life events. Other factors include bullying – a common experience for adults as well as children, being criticised for their eating habits, body shape or weight. The MP’s report also found that dieting is one of the most powerful triggers in both males and females and as much as 70% of young people will diet at any one time.

What are eating disorders?
“Eating disorders are characterised by an abnormal attitude towards food that causes someone to change their eating habits and behaviour” (NHS Choices).
Eating itself may provoke feelings of fear, anxiety, guilt and self-hatred. The sufferer may also feel unable to eat with others and become socially isolated.

The most common eating disorders are:
- **Anorexia Nervosa** – when someone tries to keep their weight as low as possible, for example by starving themselves or exercising excessively.
- **Bulimia** – when someone tries to control their weight by binge eating and then deliberately being sick or using laxatives (medication to empty their bowels).
- **Binge Eating** – when someone feels compelled to overeat.

**Signs and Symptoms**
It can often be very difficult to realise that a loved one or friend has developed an eating disorder. It is common for someone with an eating disorder to be secretive and defensive about their weight, and are likely to deny being unwell.
Melanie Walker (Specialist Nurse) explains that for **Anorexia** signs and symptoms include being below a healthy weight for your height (although you can be a normal weight and still have an eating disorder), noticing very dramatic or quick weight loss, restricting food, being fussy about food, certain changes in eating habits, eating alone, skipping meals and an intense fear of gaining weight.

Louise Smith (Dietician) points out that a person may miss out certain food groups from their diet such as fats or carbohydrates, only eating low calorie foods. Other symptoms include repeatedly weighing themselves and looking at themselves in the mirror, complaining of being fat even if they have a normal weight, making claims that they have already eaten or will eat later.

For **Bulimia** signs and symptoms are episodes of binge eating, and a lack of control over eating, unable to stop eating or control how much they are eating. Making themselves vomit, misuse of laxatives or diuretics, fasting or excessive exercise. Again, unhappiness with their body shape and weight takes control of their food intake.
**Binge Eating** is when someone feels compelled to overeat; eating in a short period of time, an amount of food that is larger than most people would eat. Other symptoms may include eating alone because of being embarrassed by how much they are eating, eating until feeling uncomfortably full, feeling disgusted with themselves, depressed or guilty after eating. Melanie Walker suggested that “binge eating is under-recognised as an eating disorder and people are often seen as ‘greedy’, leading to negative stereotypes or assumptions about the person”.

**Getting help and getting better**

If it is not treated, an eating disorder can have a negative impact on someone’s job or schoolwork, and can disrupt relationships with family members and friends. Recovering from an eating disorder can take a long time. The Eating Disorders Team offers therapy, ‘psycho education’ to enable people to understand the causes of the eating disorder itself, focusing on the way a person thinks, feels and behave – they can do something about it.

Through education, clients are encouraged to think about the impact on their physical health, working on self-esteem building to enable people to change their behaviour, working on the underlying issues that attribute to an eating disorder. Louise Smith (Dietician) talks about nutrition education – “we work on stripping away the misconceptions about eating behaviour, for example, that ‘all fats are evil’, and carbohydrates should be avoided, leading to a more healthy balanced diet - getting away from food ruling a person’s life’, encouraging people to pick up things that they used to do such as, hobbies and socialising”.

Treatment aims to enable a person’s weight to become more stable, to help them maintain a nutritionally balanced diet leading to improved body image, less fixation on weight and shape. In some case medication can be given in addition to treating the eating disorder, for example, treating depression or anxiety issues. The team can also signpost to other services such as psychology and counselling services, and other organisations that have specialist understanding around concerns.

There are many forms of help that you may wish to consider. These include:-

- **Speaking to your GP** if you have any issues or concerns
- **BEAT - Beating Eating Disorders**
  Website: www.b-eat.co.uk
  Helpline for people aged 18 and over Tel: 0845 634 1414
  email: help@b-eat.co.uk
- **Youthline for people aged 25 and under**
  Tel: 0845 634 7650.
  TXT: 07786 20 18 20 email: fyp@b-eat.co.uk
- **MGEDT - ‘Men Get Eating Disorders Too’**
  website http://mengetedstoo.co.uk
- **Self Help Groups**
  Self help groups are available for people who may have an eating disorder or are concerned about their relationship with food relatives and friends of people who have eating disorders.

**A Parent’s Story**

Approximately 3 years ago our daughter started to lose a little weight. She had not long moved up to senior school and was the only person from her primary school to move to this school. As she is a pretty, quiet girl, she was quite nervous and it took a while for her to settle properly and get into a new circle of friends.

We initially put this small weight loss down to the nervous start. After a while some of her friends and tutors noticed and started to observe her eating very little at lunchtimes, though she assured us all was fine and she was eating OK.

As she swims competitively, it was soon obvious from her physique and swimming times, things were getting worse and it followed that she had been trying to limit herself to 900 calories a day, despite training sessions per week in the pool.

From being healthy, genuine person, we were now having less about what she had eaten, food being taken from the house and disposed of, and the continual need to exercise etc. The situation was now serious and causing family rows and upsets. The eating disorder had totally transformed her into a person who would do anything to deceive us regarding food, and the state of mind meant she did not feel guilty about this. The anorexia totally takes over and dominates your family life on a daily basis. We had spent over 6 months thinking we could fix the problem ourselves, whilst knowing a little bit about anorexia, but knowing very little about the depth, strength and complexity of the problem, it was being difficult to envisage a solution to the problem.
As part of our bid to become a Foundation Trust, we must not only recruit a wide and diverse membership, but also elect a Council of Governors from that membership. In this edition we want to encourage our members to stand for election to become governors of our Trust.

The Council of Governors are elected by the Trust’s members. It will work alongside the Board of Directors to present the views of members and local communities, advise on the strategic direction of the Trust, and help ensure that, as a NHS Foundation Trust, the Trust complies with its terms of authorisation.

Governors are also responsible for appointing the chair and the non-executive directors of the Foundation Trust’s Board of Directors and are the bridge between our members and the Foundation Trust.

What do Governors have to do?
The Board of Directors and Council of Governors work closely together. The governors agree with the Board of Directors the strategic direction of the Trust and its services and represent the views of the Trust’s members. The Governors’ role will include:

- Attending Council of Governor meetings
- Representing the views of members of the Trust
- Discussing the Trust’s plans and ideas for development, and planning how to engage and involve members in the Trust’s activities

While the Trust will be as flexible as possible around when and where events and meetings are held, Governors will need some time to commit to the role

How to stand
The election process will commence shortly at which point a letter will be sent to members advising how they can stand to be a Governor. If you are interested in becoming a Governor of the Council of Governors, standing for election will be easy. You will just need to:

- Complete a two-sided nomination form including a 250 word personal statement, and
- Sign the declaration on the nomination form and send it back to the Electoral Reform Service (ERS), the company delivering our election

To help members further understand the role of a Governor and to provide help and support to those who would like assistance with filling out a nomination form, there will be one further ‘Meet the Chair’ Governor session which will build on the sessions held earlier in the year for members interested in becoming a Governor.

We will be informing all our members via letter which will include details of a ‘Meet the Chair’ session and a drop-in session at which Trust staff will be available to help with completion of the form.

Minimum requirements
Our Trust Governors must:
- Be Members of the Trust
- Be 18 years old or above
- Live in the constituency they wish to represent
- Not have any unmanageable conflicts of interest
- Not be a Governor of another NHS Trust

Governor support
If elected, the Trust will do everything it can to support you in getting as much out of the role as possible. Support will include:
- Ongoing updates on Trust activities & the wider NHS
- Opportunities to attend development days
- For staff governors, some time away from their workplaces to carry out the role
- Travel expenses but no other remuneration

If you would like further information about the Council of Governors or standing for election, contact the membership office at ft@dwmh.nhs.uk or telephone 01384 324531.
According to studies, regularly having a go at word or number puzzles can help improve cognitive reasoning, stave off dementia, prevent the development of Alzheimer’s disease and help avoid memory loss. With this in mind, why not give your brain a workout and have a go at this Word-search?

This Edition’s brainteaser has been supplied by Dudley Mind

Dudley Mind holds a Brain Challenge Group on a Friday at 4.30 at Dove House so if people are interested in this or any other activity to ring Nagheena on 01384 442938.

1) Can you work out the three well known sayings?

<table>
<thead>
<tr>
<th>a</th>
<th>Give</th>
<th>Get</th>
<th>Give</th>
<th>Get</th>
<th>Give</th>
<th>Get</th>
</tr>
</thead>
</table>

b) \[
\text{LEVEL}
\]

c) Cover Cover Head Cover Cover

2) Find the figure continuing the series:

\[
\begin{array}{ccc}
| & | & \\
| & | & \\
| & | & \\
| & | & \\
| & | & \\
| & | & \\
\end{array}
\]

3) General knowledge

Which one of the following is least like the other words?

a) Whale, Shark, Herring, Carp, Pike

to find out more information around stress and the positive steps you can take to look after your mental health visit www.dudley.nhs.uk/emotionalhealth. The Road to Relaxation is a self help tool for relaxation, for a free copy or download of the CD or booklet contact: 01384 321913 or visit www.dudley.nhs.uk/emotionalhealth
World Mental Health Day - 10th October

We would like to invite our members to a community event for World Mental Health Day.

At the event, Nick Gillingham, Olympic swimmer will talk about his experience of mental health, and there will also be various service providers and local organisations promoting mental health and well-being through lots of fun activities. Members are encouraged to help out on the day by:

- Volunteering
- Training such as Mental Health First Aid
- Helping to encourage the public to become members of the Trust
- Support our bid to challenge stigma in Mental Health
- ‘Meet the team’ open days – where you can learn more about our services and talk to clinicians and managers.
- Taking part in our ‘tweet your thoughts’ campaign
- Help us develop patient information
- Support World Mental Health Day and other national and regional events

Contact Us

Meet us on-line www.dwmh.nhs.uk/foundationtrust

Twitter

Follow us on Twitter!

Members can now keep up to date with all the latest news, including updates about services, information on common mental health problems and ways of helping us break down stigma around mental health.

Join the conversation @DWbetter2gether or by visiting twitter.com/DWbetter2gether

The Trust would like to thank the service users, carers and staff who have taken part in this edition and given One in 4 permission to share their experiences.