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# Mental Health Helplines

## **Alcoholics Anonymous**

[www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk)  
0845 769 7555

## **Alzheimer's Society**

[www.alzheimers.org.uk](http://www.alzheimers.org.uk)  
0300222 1122

## **Anxiety UK**

[www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)  
08444 775 774

## **BEAT**

[www.b-eat.co.uk](http://www.b-eat.co.uk)  
0800 801 0711

## **Bipolar UK**

[www.bipolaruk.org.uk](http://www.bipolaruk.org.uk)  
0333 323 3880

## **CALM**

[www.thecalmzone.net](http://www.thecalmzone.net)

## **Cruse Bereavement Care**

[www.crusebereavementcare.org.uk](http://www.crusebereavementcare.org.uk)  
0844 477 9400

## **Depression Alliance**

[www.depressionalliance.org](http://www.depressionalliance.org)

## **Family Lives**

[www.familylives.org.uk](http://www.familylives.org.uk)  
0808 800 2222

## **Gamblers Anonymous**

[www.gamblersanonymous.org.uk](http://www.gamblersanonymous.org.uk)  
0845 769 7555

## **Mencap**

[www.mencap.org.uk](http://www.mencap.org.uk)  
0808 808 1111

## **Men's Health Forum**

[www.menshealthforum.org.uk](http://www.menshealthforum.org.uk)  
020 7922 7908

## **Mental Health Foundation**

[www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)

## **Mind**

[www.mind.org.uk](http://www.mind.org.uk)  
0300 123 3393

## **Narcotics Anonymous**

[www.ukna.org](http://www.ukna.org)  
0300 999 1212

## **No Panic**

[www.nopanic.org.uk](http://www.nopanic.org.uk)  
0844 967 4848

## **NSPCC**

[www.nspcc.org.uk](http://www.nspcc.org.uk)  
0808 800 5000

## **OCD Action**

[www.ocdaction.org.uk](http://www.ocdaction.org.uk)  
0845 390 6232

## **OCD UK**

[www.ocduk.org](http://www.ocduk.org)  
0845 1203778

## **PAPYRUS**

Young Suicide Prevention Charity  
[www.papyrus-uk.org](http://www.papyrus-uk.org)  
0800 068 4141

## **Relate**

[www.relate.org.uk](http://www.relate.org.uk)  
0300 100 1234

## **Refuge**

[www.refuge.org.uk](http://www.refuge.org.uk)  
0808 802 5544

## **Rethink Mental Illness**

[www.rethink.org](http://www.rethink.org)  
0300 5000 927

## **Samaritans**

[www.samaritans.org.uk](http://www.samaritans.org.uk)  
116 123

## **Sane**

[www.sane.org.uk](http://www.sane.org.uk)  
sanemail@org.uk  
0845 767 8000

## **Shout**

[www.giveusashout.org](http://www.giveusashout.org)  
Text SHOUT to 85258

## **Victim Support**

[www.victimsupport.org](http://www.victimsupport.org)  
0808 168 9111

## **Young Minds**

[www.youngminds.org.uk](http://www.youngminds.org.uk)  
0808 802 5544

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# The Poll Before Xmas

Welcome to the December edition of Aspire2. This issue takes us right up to the week of Christmas when our first physical copy, the Christmas, New Year and January edition will be printed. Watch this space!

In this December edition you'll find pre-Christmas content, along with the latest mental health news and articles.

With the general election around the corner, the run-up to Christmas this year feels a little different. Though it's important to celebrate Christmas in whatever way makes you happy, that might prove difficult because this election is the most important decision this country will make for a long time.

Some of the key issues in the campaigning so far are, of course, Brexit and the environment, but it is absolutely vital that the next government delivers funding for mental health services.

With money being promised to the NHS by both Labour and the Conservatives, a significant percentage of that needs to go to mental health services across the country to rectify failings within the previous government's system.

Because of a lack of beds, people are being sent miles from home for

treatment and children are being denied the mental health help they need. We desperately need more psychiatrists and trained mental health practitioners as it is simply not good enough to ask people to self-diagnose their problems when they may need to urgently speak to their doctor.

So please, before you cast your vote, go away and think about what's important to you. Have a good look at each party's manifesto, your local candidate's track record and the track records of (at least) the high-ranking members of each party in terms of their voting history. If mental health is important to you, vote for the party you feel is most likely to deliver what mental health services need. It might take you just minutes to visit the polling station and cast a vote that can change what happens for years.

And as if the stress of the run-up to Christmas wasn't enough on its own.

**Sam Atkin, Senior Editor.**

If you would like to find out more about Aspire2, enquire about advertising or if you wish to contribute editorial content, please get in touch at:

[support@aspire2.org.uk](mailto:support@aspire2.org.uk) or  
[editor@aspire2.org.uk](mailto:editor@aspire2.org.uk)

## Help for suicidal thoughts

If you're feeling like you want to die, it's important to tell someone.

Help and support is available right now if you need it. You don't have to struggle with difficult feelings alone.

Talk to someone you trust.

Let family or friends know what's going on for you. They may be able to offer support and help keep you safe.

There's no right or wrong way to talk about suicidal feelings – starting the conversation is what's important.

### Phone a helpline

These free helplines are there to help when you're feeling down or desperate.

Unless it says otherwise, they're open 24 hours a day, every day.

### Samaritans – for everyone

Call 116 123

Email [jo@samaritans.org](mailto:jo@samaritans.org)

### Papyrus – for people under 35

Call 0800 068 41 41 – Monday to Friday 10am - 10pm, weekends 2pm - 10pm, bank holidays 2pm - 5pm  
Text 07786 209697

Email [pat@papyrus-uk.org](mailto:pat@papyrus-uk.org)

# We support...



If you would like your mental health charity to appear here, contact Peter at [peter@aspire2.org.uk](mailto:peter@aspire2.org.uk)





## Hundreds of mental health patients sent far from home because of beds shortage

Mental health units in England are in dire need of extra hospital beds as between 700 and 800 patients have been sent to hospitals miles away from their homes because their local units don't have enough space.

The report by the Royal College of Psychiatrists suggested that The Department of Health's aim to end far-away placements by 2021 has stalled, with figures increasing this year compared to 2018.

The treatment of these patients has been described as "shameful" and it has been suggested that sending them to units away from home actually makes their conditions worse, rather than better.

Away-from-home placements could have a "devastating" impact on patients, said Professor Wendy Burn, president of the Royal College of Psychiatrists.

"Cuts in the number of mental health beds have gone too far and patients and their families are suffering as a result. It is clear that some parts of England urgently need more properly funded and staffed beds. Hundreds more are needed," Burn continued.

"Trusts struggling with dangerously high levels of bed occupancy are being forced to send seriously ill people hundreds of miles away from their homes for care. That must stop," she concluded.

The college's research says that an extra thousand beds are needed, as some mental health trusts are operating with all or nearly all beds full – despite advice that they should never exceed 85% capacity.

"Far too many people contacting us are being shunted around the country like unwanted parcels," said Marjorie Wallace, chief executive of Sane.

"We believe this has led to ever more patients left at risk of self-harm and suicide."

Vicki Nash, Head of Policy and Campaigns at Mind said: "These figures are a stark reminder of the growing crisis in mental health services. As demand increases, it is tantamount to negligence that beds are being cut in some areas without a viable alternative."

"The NHS promised to completely eliminate inappropriate out of area placements by 2021 and yet as recently as July hundreds of people were still being sent hundreds of miles from their home to receive care. This can worsen people's chances of recovery, increase their risk of suicide and have a devastating impact on family and friends," she continued.

"Current plans to manage demands simply aren't working. We need an urgent solution to this shocking state of affairs," she concluded.

**SAMARITANS**

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you're facing  
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to listen**



Chris O'Donnovan Photography / Samaritans

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**116 123**

Email

[jo@samaritans.org](mailto:jo@samaritans.org)



## 'Terrible suffering' for children with learning disabilities in mental health hospitals

**The human rights of children with learning disabilities and autism are being breached in mental health hospitals, where they are enduring 'terrible suffering.'**

The report, by the UK parliament's Joint Committee on Human Rights, outlined the 'horrific' and 'grim picture' facing detainees in mental health hospitals, where patients suffer from poor care and abuse, and their parents and families are often ignored by staff.

"We consider that the human rights of many of those with a learning disability and autism are being breached in mental health hospitals," the report said.

"The brutal truth is we are failing to protect some of the most vulnerable young people. And indeed, we are inflicting terrible suffering on those detained in mental health hospitals and causing anguish to their distraught families," it continued.

The report explained that one child, a boy named Jamie, had his arm broken by hospital staff while he was being restrained. Bethany, a 17-year-old girl, was kept in solitary confinement for years and was only allowed to speak to her father on the phone while lying on the floor and speaking through a gap under the door.

The committee heard Jamie's mother, who said that her son's right arm was 'snapped' by staff when they restrained him. She added: "He was then not taken

to accident and emergency for 24 hours, even though his arm was completely swollen."

In some cases, patients were not being given appropriate medical treatment and some were subject to psychotropic medication, which was intended only for those with a serious mental health illness.

### Changes needed

The report called on the Care Quality Commission (CQC) to carry out more unannounced inspections of hospitals at night and weekends and recommended the use of surveillance to use as evidence for inspections. It also advised the government to take action, blaming "a lack of political focus and accountability to drive change" as a barrier for improving the care system.

The committee, made up of MPs and Lords, said there needed to be changes to the Mental Health Act so that fewer people were detained.

One recommendation is a new government unit to reduce the number of people being detained, with new legal duties for local councils and for the NHS to pool budgets to provide better community services.

Harriet Harman MP QC, chair of the committee, said: "This inquiry has shown with stark clarity the urgent change that is needed, and we've set out simple proposals for exactly that. They must now be driven forward, urgently."

"It has been left to the media and desperate, anguished parents to expose the brutal reality of our system of detention of people with learning disabilities or autism."

"We must not look away. The horrific reality is of whole lives needlessly blighted, and families in despair."

"What we saw does not fit our society's image of itself as one which cares for the vulnerable and respects everyone's human rights. It must not be allowed to continue," she concluded.

### Inadequate mental health units

The CQC has admitted there is a need to change the assessment of mental health units and has rated 14 independent mental health hospitals as inadequate since October 2018.

"Local NHS services have successfully reduced the number of people with a learning disability and/or autism in hospital by more than a fifth since 2015. A new independent taskforce will now drive further improvements in young people's inpatient services," a spokesperson for NHS England said.

"But this report rightly points to the need for all public services to work together to further improve the lives of people with a learning disability or autism," the statement concluded.

**The number of disabled children detained in hospitals more than doubled from 110 in March 2015 to 255 in July 2019.**

# Under-18s being denied urgent mental health treatment

People under 18 who are seeking urgent help from NHS mental health services are being denied treatment and facing months of delays, according to a survey of GPs carried out for YoungMinds.

Only 10% of the 1,008 GPs who were asked for the survey are confident that young people they refer for mental health treatment will properly receive it, and three in four family doctors don't think under-18s referred to child and adolescent mental health services (CAMHS) will be treated at all.

The survey also found that 90% of GPs have seen a sharp rise in the number of children seeking mental health support in the last three years.

This has prompted concerns from mental health professionals who say the necessary help for young people isn't widely available, as evidenced by parliamentary inquiries and research showing CAMHS services 'ration' care because of the demand.

"As these worrying results show, GPs are on the frontline when it comes to mental health. But too often they don't believe that there is good enough early support in their community," said Emma Thomas, chief executive of YoungMinds.

"That leaves them grappling with the difficult choice of trying to help young people themselves, or referring them to mental health services, even when those services are overstretched," she continued.

"This means many young people either receive support from GPs who have the best of intentions but may not feel equipped to provide the right help, or face long waiting times for specialist services, which may then turn them away because of high thresholds for treatment," she concluded.

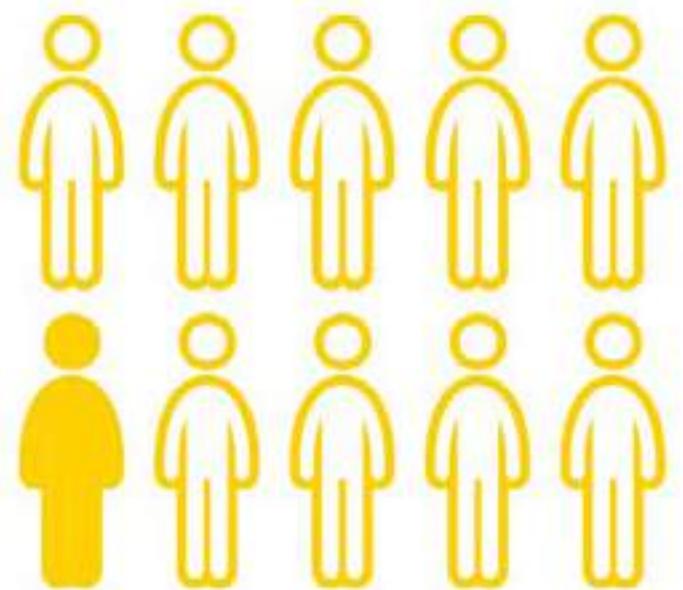
Though average waiting times for CAMHS in England have fallen slightly (from 57 days to 53), the waiting times have not decreased for under-18s.

The survey also showed that most GPs (59%) said they didn't think they'd received enough training to handle mental health issues in young people. This adds to the vast, growing evidence that the UK needs major investment in local and national mental health services. In fact, 77% of the GPs surveyed think there is too little support in their community for young people struggling mentally.

The number of young people referred to CAMHS rose by 18% from 343,386 in 2017-18 to 405,479 in 2018-19, an increase believed to be a result of a rise in mental ill-health as well as young people being more willing to seek help for mental health conditions.

**YoungMinds's Act Early campaign is calling for more government support for the mental health of young people. To find out more, visit [youngminds.org.uk/get-involved/campaign-with-us/act-early](https://youngminds.org.uk/get-involved/campaign-with-us/act-early)**

Only **1 in 10** young people with mental health problems find it easy to get support. That's not acceptable.



**Sign our petition. #ActEarly**

**YOUNGMINDS**

# Anorexia cases rising in children

The number of children being diagnosed with anorexia in the UK and Ireland is increasing, with a new study suggesting the rate of eating disorders in pre-teens has doubled in the last decade.

The study looked at cases of anorexia diagnosed in hospitals and clinics and found that approximately 3.2 children per 100,000 between the ages eight and 12 met criteria for the condition. Showing an increase from 1.5 to 2.1 from 2006, this means that cases appear to have doubled in the last decade.

This matches reports from earlier this year that hospital admissions for eating disorders in the last six years had doubled.

Sarah Byford, a professor of health economics at King's College London and co-author of the study, said the research shows young people may be being exposed to risk factors at an earlier age, including pressure to diet or do well at school.

She also said the study potentially showed positives: "This finding might simply be that we are getting better at identifying young people [with anorexia]."

Tom Quinn, of the eating disorder charity Beat said: "Since 2016, substantial extra funding has been

made available to the NHS in England for investment in specialist eating disorder services for under 18s, but not all commissioners and providers have prioritised these services sufficiently," he said.

Over the eight-month period that the study was recorded, 305 cases were reported, with the vast majority in girls and people of white ethnicity.

According to Byford, the latest figures might have underestimated the prominence of anorexia because many people with the condition don't seek help. In fact, fewer than a quarter of people with eating disorders in the UK receive treatment.

"This study shows what psychiatrists have been seeing every day, which is a worrying rise in the number of young people suffering from the most deadly mental illness," said Dr Agnes Ayton, chair of the eating disorders faculty at the Royal College of Psychiatrists.

"The causes are complex, and much more research needs to be done in order to better support those affected," she continued

"Anecdotally, reasons could include increasing pressures on children in schools, and advertisements encouraging unrealistic ideas of body image," she added.

## Parents to take action against schools over mental health attendance regulations

Families accused of truancy are planning to take action against the government to challenge rules that allow them to be fined and prosecuted for their child's ill mental health.

A group of parents are working with lawyers towards a judicial review of school attendance regulations to better suit children with mental health conditions and allow them the time off they need.

In many cases, these pupils have other conditions such as autism or ADHD that are not being properly supported because of cuts to budgets for special educational need and disabilities (Send) in schools.

And because of current rulings and the ongoing mental health crisis in the UK, students with "school phobia" cannot be granted the medical evidence they need to have authorised absences.

Fran Morgan, founder of Square Peg, one of the organisations helping build the legal action, said: "The term 'school refuser' is controversial as these are children who want to attend school but are unable to do so for reasons outside their control.

"School special needs budgets have been slashed and cuts mean support staff are no longer there, waiting lists for access to the child and adolescent mental health service are unacceptably long, and the thresholds to qualify for any kind of help are unacceptably high. At the same time, academic pressure is being piled on pupils. It is a perfect storm and a lot of children can't cope."

But a Department for Education spokesperson said: "No child should be taken out of school without good reason.

"The advice to schools is clear; they should authorise absences due to illness related to both physical and mental health."



If you're worried someone you care about is showing any signs of an eating disorder – even if they're not on our list – act quickly and get in touch. We can give you the answers and support you need to help them on the road to recovery as soon as possible.

**Don't delay. Visit [beateatingdisorders.org.uk/tips](https://beateatingdisorders.org.uk/tips)**

**Place2Be** is a national charity providing in-school emotional support to children and young people. Founded in 1994, we've grown from supporting a handful of schools to working with over 600 schools nationwide.

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place  
to be**

To find out how you can support us,  
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# Coventry Mental Health Hospital labelled 'inadequate' after two patients die

**Cygnets Hospital in Coventry, a mental health unit, has been rated inadequate after two people died in one of its wards.**



The hospital is purpose built to provide inpatient mental health care and treatment for women. It opened in April 2017 to facilitate mental health treatment and rehabilitation over multiple wards. The hospital had recently undergone a report citing multiple 'serious issues,' before these recent deaths.

The latest information, published on November 1st by the Care Quality Commission (CQC), highlights issues of poor hygiene with wards containing dirty fridges and soiled furniture as well as foul-smelling seclusion rooms in the Dunsmore and Middlemarch Wards.

It also revealed a lack of permanent staff because of the constant changing of team members leading to an unsettling and uncomfortable environment for many patients. Only permanent staff had easy access to clinical information, so it was not easy for temporary staff to understand and manage individual patient risks. There was reported limited outdoor access, out of date food and even mislabelled and out of date medications.

The report summarised:  
"The service did not provide safe care on Dunsmore ward. There were high

levels of patient self-harm, even for patients on close observation levels. The wards did not have enough nurses and support workers who knew patients well enough to keep them safe," it said.

As well as the two deaths on the wards, there was also a third 'near death' from self-harm, a problem which is reported to be prevalent throughout the hospital and frequently under-addressed due to staff changes and shortages. Staffing was made up of 64% bank and agency staff for the days of the inspection with many being male and speaking to patients in languages the patients could not understand. Patients' dignity is reported as 'not always respected' and staff on wards were unqualified to deal with physical incidences including restraint, feeding tube use and de-escalation.

"There had been two serious incidents in the two months leading up to this inspection...Our concerns led to us carrying out this urgent, unannounced inspection," the report said.

One patient who died had not been observed in line with their care plan, meaning she did not receive vital medical attention as quickly as she might have done if the observations had

been carried out as prescribed. Another patient who also was not observed in line with her prescribed care plan and went on to harm herself was found before significant harm was sustained. However, she was found by accident, not because staff were alerted by the control measures they had in place.

Under the assessment or medical treatment for persons detained under the Mental Health Act 1983 the hospital is now required to send CQC a report that outlines what action they are going to take to meet the necessary changes detailed in the report.

A spokesperson for the hospital said:  
"Since the CQC's inspection in July this year, and ahead of the publication of this report, we undertook significant steps to immediately address the issues raised and have fully implemented a comprehensive action plan agreed with the CQC...We continue to work very closely with the CQC and local stakeholders to ensure that our current high standards are maintained and our service users receive the best possible care."

**You can access the full report on the CQC Website:** <https://www.cqc.org.uk/>

# Faulty winks:

## Research finds bad sleep can increase stress levels by a third

**A new study has found that a lack of quality sleep can increase emotional stress levels by up to a third and stop your brain properly regulating anxiety.**

The research, which comes from the University of California, assessed 330 people between the ages of 18 and 50 to explore how poor sleep quality can impact a person's mental health.

It combined sleep studies, measuring brain waves using MRIs, with a questionnaire to determine participants' stress levels; some who had a good night's sleep and some did not.

In those who had restless sleep, the medial prefrontal cortex (which helps alleviate anxiety) in their brains wasn't functioning properly.

On top of this, the brain's deeper emotional centres were found to be overactive.

"Of societal relevance, we establish that even modest night-to-night reductions in sleep across the population predict consequential day-to-day increases in anxiety," the study said.

"These findings help contribute to an emerging framework explaining the intimate link between sleep and anxiety and further highlight the prospect of

non-rapid eye movement sleep as a therapeutic target for meaningfully reducing anxiety," it added.

### Sleep and mental health

It is widely agreed that getting enough quality sleep has a major impact on our mental health.

It's also a fact that people with mental health conditions are more likely to have insomnia or sleeping disorders than those without, typically affecting 50-80% of people who are in psychiatric care compared to 10-18% of people who are not. Sleep problems are particularly common in people with anxiety, depression, bipolar disorder and ADHD.

In the same way that not getting good sleep can affect our mental health, mental health conditions can make getting good sleep much harder.

### My sleep is affecting my mental health, what can I do?

If you are unable to sleep, you may need to speak to a doctor. If you can sleep but aren't getting enough good quality sleep, you might want to consider Mind's advice, which encourages changing small factors to help. If these still do not work or your mental health continues to deteriorate, please contact your doctor or a mental health practitioner.

### Mind's advice for helping you get a good night's sleep:

**Establish a routine:** Try to establish a regular sleeping pattern by going to bed and waking up at roughly the same time every day. Go to bed only when you feel tired enough to sleep. Then get up at your usual time. This may mean you will spend less time actually in bed, but more of the time in bed asleep.

**Relax before you go to bed:** You may find a relaxation routine can help you prepare for sleep. There are several things you can try:

- Do something calming – such as listening to relaxing music, or having a bath.
- Breathing exercises – in a comfortable position, try this: breathe into your belly (not your chest) then out through your nose, making your out-breath longer than your in-breath; repeat until you feel relaxed.
- Muscle relaxation – consciously tense and relax your muscles, one after the other, starting with your toes and working up your body until you reach the top of your head; Progressive Muscle Relaxation is a technique some

- people find useful – this NHS guide has further details.
- Visualisation – picture a scene or landscape that has pleasant memories for you.
- Meditation – you can learn meditation techniques at a class or from self-help guides; many people also find mindfulness helpful.

**Make sure where you sleep is comfortable:** You may want to experiment with the temperature, light and noise levels to work out what works best for you. On the whole, dark, quiet and cool environments generally make it easier to sleep, but this will vary from person to person.

**Keep a sleep diary:** You may find it difficult to work out what's affecting your sleep. A sleep diary involves recording information about your sleep habits to help you understand your sleep problem and what's affecting it.

**Try to resolve stresses and worries:** Try to identify anything in your life

that's causing you stress or worry that might be affecting your sleep. You may find it helpful to talk to a friend about the thoughts and feelings that affect your sleep, or write them down.

**Give yourself some tech-free time:** Use of bright screens on laptops and phones in the evening has been shown to negatively affect sleep. Try to give yourself some tech-free time an hour or so before bed, to help yourself prepare for sleep.

**Check for a physical cause:** Pain, illness or other unknown physical problems can disturb your sleep. Visit your GP to investigate potential causes and get help with treating them.

**Consider food, drink and exercise:** Caffeine, alcohol and sugary foods may give short-term help but they can all disturb your sleep patterns. For details see Mind's information on food and mood.

Doing regular physical activity can also

help you sleep, as it makes you more physically tired – particularly if you exercise outdoors.

**Consider your medication:** Many drugs, particularly common ones for mental health problems, can affect your sleep. If this is the case, talk to your GP to discuss alternatives.

**Ask about treatment options:** You don't have to do it all by yourself. You might want to talk to your doctor or a mental health professional about what you're experiencing and the treatment options available

To learn more about the effects of poor sleep on mental health or for more advice, visit Mind's website, [www.mind.org.uk](http://www.mind.org.uk)



## Medical cannabis may not help mental health conditions, say scientists

There is a lack of evidence that cannabinoids relieve depression, anxiety or ADHD, according to scientists, who also looked at the impact on Tourette's, PTSD and psychosis.

The research, made up of 83 studies involving 3,000 people, suggested the use of cannabinoids for those six mental health conditions should not be justified based on current evidence which shows a lack of effectiveness.

Medical cannabinoids are technically legal in the UK for some conditions but very few people have been prescribed them. They are being increasingly made available for mental health disorders in countries including the

USA, Canada and Australia.

Professor Louisa Degenhardt of the National Drug and Alcohol Research Centre (NDARC) at UNSW Sydney, Australia and the study's lead author said: "Our findings have important implications in countries where cannabis and cannabinoids are being made available for medical use.

"There is a notable absence of high-quality evidence to properly assess the effectiveness and safety of medicinal cannabinoids compared with placebo, and until evidence from randomised controlled trials is available, clinical guidelines cannot be drawn up around their use in mental health disorders."



# I'M FINE

SOMETIMES HUMANS SAY THEY'RE FINE WHEN THEY'RE NOT. BUT WITH MENTAL HEALTH PROBLEMS AFFECTING 1 IN 4 ADULTS, TO REALLY FIND OUT, **ASK TWICE.**

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A scheme trialled in Yorkshire where people are prescribed a course of cycling has been so successful it could be rolled out across the UK, according to the organisers.

Aimed at improving mental and physical wellbeing, the 12-week cycle training course provided by Cycling UK and West Yorkshire Combined Authority's CityConnect programme has had more than 1,000 participants since it launched four years ago.

Figures have shown that people on the scheme reported feeling more relaxed and confident.

Jenny Box, Cycling UK's head of development, said: "Cycling UK has always known cycling can help people with both their physical and mental wellbeing - and in West Yorkshire we've now got the evidence."

"We would love to be able to bring the gift of cycling to other parts of the country and help other people on to the path to recovery," she added.

Mental health charities, GP surgeries, hospitals and clinical commissioning groups have referred 141 people to the scheme in the last year. It has been trialled in Wales, Manchester and

London and is exploring becoming available nationwide.

Councillor Kim Groves, Chair of the West Yorkshire Combined Authority's Transport Committee, said: "We often hear cycling described as a "magic pill" or "miracle pill", something that can help make people happier and healthier, live longer and cut public health costs, followed by questions about why it's not being prescribed to the nation."

"Our Cycle for Health scheme is leading the way and this demonstrates the scale of our ambition, not only in encouraging more people to travel by bike, but also ensuring our residents are given the tools they need to lead happier, healthier lives," she continued.

"What's more, over a third (42%) of the people who've taken part in the scheme during the past year live in some of the most disadvantaged areas in the country, proving schemes like this are helping tackle health inequalities where it matters most," she concluded.

**To find out about this scheme, visit [cyclinguk.org](http://cyclinguk.org)**

## Cutting the noise: Salon launches silent appointments for mental wellbeing

A hair salon in London is offering hair appointments where the stylist won't talk to you during your cut in order to help people with their mental health.

Once you've discussed the style you want, the staff at Not Another Salon in Shoreditch won't say a word until they are finished; with the aim of better catering to people with anxiety and other mental health conditions that can make communication daunting or difficult.

In an interview with the Independent, owner Sophie Hilton said: "Honestly I think we are too British in this country. In order to not hit burn out, we all need to be clearer on our needs."

"These days, in our overstimulated world, alone time is scarce, and I believe that is the key to better mental health," she added.

People with social anxiety disorder in particular can find small-talk or chit-chat difficult and the prospect of doing so can stop them wanting to do simple things like going for a haircut.

Aside from this, the choice that Not Another Salon provides shows a willingness to cater to the needs of individuals whose mental health is affected by communication.

"I knew that to truly be inclusive we needed to stop clients feeling embarrassed about their individual needs," said Hilton.

"Because of our no judgment policy we also get a lot of people with mental health issues who might not feel that they want to talk about themselves. The silent haircut allows them to know it's okay to be them," she added.

The silent haircut comes at no extra cost to customers and can be booked as simply as a regular trim.

# Concerned about dementia?

Call your local helpline today on

# 03300 578592

Monday-Friday 9am-4pm (excluding bank holidays)



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We provide a highly responsive, personalised information, advice and signposting service to anyone whose everyday life may be touched by the condition. We achieve this through our experienced team of dementia support advisors, a local helpline, a dementia specialist nurse, home visits, wellbeing activities and educational programmes.

**To find out more call our helpline on 03300 578592, email [info@dementiaforward.org.uk](mailto:info@dementiaforward.org.uk) or visit us online at [www.dementiaforward.org.uk](http://www.dementiaforward.org.uk)**



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# Song surgery

## Trial in Cumbria to prescribe music for mental health

In the last few months, Aspire2 has reported the rise of social prescribing, where arts activities are prescribed as alternatives to traditional medication for mental health conditions. Art workshops have seen success in Bradford and there have been pot plant prescriptions in Manchester.

Now, people in Ambleside, Cumbria will be able to visit a 'song surgery' for a course of 'musical paracetamol' in a trial to explore the healing power of songs and poetry.

The programme is courtesy of opera singer Bibi Heal, who will tailor each song she prescribes and performs to the listener's needs. The songs will typically be old poems set to classical music, which she refers to as 'art songs.'

"We all know that music, whether you're performing it or listening to it, has a transformative quality. It can help you to feel better and to reframe how you see your situation," Heal told The Observer.

"Art songs are a particularly rich vein to tap. Whether it was Mozart, Brahms or Mahler, the composers and the poets whose works they set to music were flesh and blood, who felt the things we

go through now," she continued. Heal became interested in the idea after performing in care homes and witnessing first-hand the power of music on people with dementia. She believes targeting songs at the listener's emotional needs can have a dramatic impact.

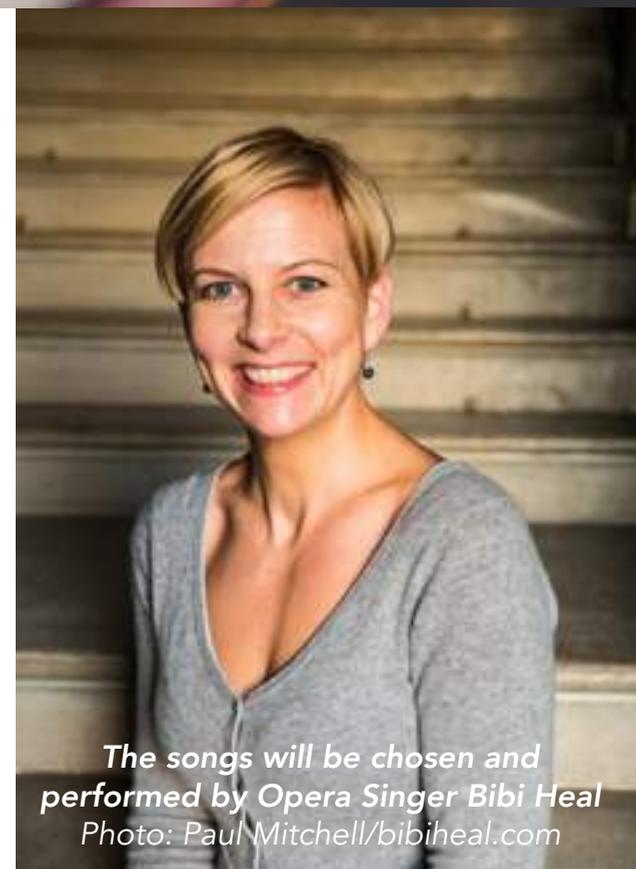
"You can see very clearly with a dementia sufferer when they get it and when they don't, and at what point they are awakened and suddenly find joy."

People in Ambleside will be invited to have personal, five-minute therapy sessions with Heal where she will prescribe them a song for their problems and then perform it for them. They are then given the lyrics to reflect on.

"There is an opportunity to come along and say, 'I'm really down'. And we will prescribe what we think you need, as a pick-me-up," Heal explained.

The trial is being co-funded by Help Musicians UK and arts programme Great Place: Lakes and Dales.

According to Heal's creative producer, Jane Rice-Bowen, there is scope to



*The songs will be chosen and performed by Opera Singer Bibi Heal  
Photo: Paul Mitchell/bibiheal.com*

produce an app that will allow the prescription of songs for anyone to access remotely.

"Those of us who work within the arts have known for ever that it has a transformative power. But we've not always been very good at collecting the case studies and the data and being able to demonstrate the impact we are having," Rice-Bowen explained.

# Let's talk...



Something on your mind? Need advice? If you need help, you can send any mental health questions you have for qualified psychotherapist **Kirsten Antoncich**. This is a fully anonymous service and your questions for Kirsten will be dealt with confidentially. Kirsten's contact email can be found on the next page.

Kirsten also writes a regular column for *Aspire2*, which you can read below.



## The true meaning of Christmas

It can be hard to locate the true meaning of Christmas amidst the media barrage we are subjected to from September onwards.

As soon as the "back to school" shopping phase is over, the Christmas marketing ramps into gear and we are faced with all the things our Christmas should be. Smiling families, harmoniously united over their turkey, lovers shopping for luxury gifts returning in the snow, children excitedly unwrapping mountains of presents are all images which bombard us through advertising campaigns.

The contrast between what we are shown as being an expected Christmas and our own version of the day can leave us feeling less. Less of a success, less connected, less loved, less fortunate, less able to provide. It's a recipe for exacerbating mental health issues - or creating them. Christmas, like Halloween and bonfire night can connect us to our

childhoods. In fact, marketing campaigns rely upon the foundation of nostalgia. What they overlook is that for many of us, childhood wasn't easy and Christmas Days weren't the expected magical affairs filled with loved ones and presents.

If we haven't experienced a positive connection to Christmas as a child, forging a link to it as an adult can be hard. Add into the mix that Christmas is also a time when grief is potent, lost connections and lost loved ones can be more prominent in our minds.

When we are faced with the joy we perceive others feel at this time of year, it can be isolating.

### So what can we do?

Normalise your thinking: If Christmas is a difficult time for you, it's important to normalise that thought. It really is very normal to find Christmas difficult. A recent BBC study found that over 30% of 16-25 year olds felt lonely at Christmas. Age UK found that 1.2 million people feel Christmas is just

like any other day and the Trussell trust expect increased volumes of families accessing the food banks over Christmas, showing just how many families struggle to provide anything over the basics at Christmas.

It's important that we let ourselves know what is really happening around us over the festive period, the idea that others are doing better, able to have more, finding it easier, is usually based on our perception alone.

Take Control of your thought process: Listen to your thoughts, if you find you are feeling lower than usual, listen to the thought that comes before the feeling, it is comparative? Self-critical? Can you catch your internal dialogue?

Remind yourself that others find they can't make ends meet at Christmas, others are alone, others feel lonely, others are battling mental illness, you are not the only one.

If you are facing spending Christmas day alone, try to take control of that



- make it something you are going to choose to do rather than your only option. Think about what you need from that day, what you want to do, how you want to spend it and try to create something that meets those needs and fits in the realm of possibility.

If you are using therapeutic support such as the IAPT programme or private therapy, make sure you and your therapist create a clear plan about how you will manage through any breaks they take over the festive period. Make sure you have crisis numbers or other support system details if you need them. I always think it helps to have a touch base session in between Christmas and New Year with your therapist if possible.

As so many of us can feel isolated from the Christmas spirit by our mental health, by our financial means, by our grief,

it's important to keep some connection going. Using volunteer opportunities is a great way of being with people, without the focus being on you. When we do an activity like a volunteer role, it creates feel good hormones in the brain which can really lift our mood.

Christmas really is just another day, it's open for you to assign your own meaning to it, for you to decide how you want it to be. The adverts, the marketing campaigns we are shown; it's just hype. Families argue, turkeys burn, people miss loved ones, people are alone, people feel sad just like you, just like me. That's a normal Christmas.

I wish you all well through the Christmas period and look forward to seeing you on the other side.



## About Kirsten

Kirsten Antoncich is a UKCP accredited psychotherapist who has worked in a variety of positions from the NHS to private practices.

Kirsten's research background was in self harm and suicide ideation and she has written guidance for professionals about supporting good mental health.

Kirsten works with children, young people and adults and is passionate about sharing access to mental health education. You can follow her on Instagram at @kirstenantoncich.

**Send your questions to Kirsten at:**

**[kirsten@aspire2.org](mailto:kirsten@aspire2.org)**

*Please note: Aspire2 is sadly unable to offer a crisis service. If you are in need of immediate help, please visit your GP or any of the mental health services featured in this newspaper. These include the Samaritans, Mind and CALM.*

*The "Let's Talk" service is an educational service and questions and answers might be altered slightly to benefit a wider audience of readers.*



**@kirstenantoncich**



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Text 85453 | [info@mind.org.uk](mailto:info@mind.org.uk)

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We provide information on  
mental health problems,  
where to get help, treatment  
and advocacy.

[mind.org.uk/info](http://mind.org.uk/info)



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# We need to talk about women and mental health...



**Mind's Head of Policy and Campaigns, Vicki Nash and Jemima Olchawski, Chief Executive, Agenda, the alliance for women and girls at risk explain why mental health services for women need major improvements.**

Conversations around mental health and gender often focus on the higher rates of suicide experienced by men and supporting women through and immediately after pregnancy. While these are both important areas, the scope of issues relating to gender and mental health is much wider than this.

Around one in five (19 per cent) women experience a common mental health problem such as anxiety or depression. Despite this high prevalence, we hear from many women with mental health problems who are struggling get the support they need. We know gender, as well as other aspects of our lives such as our ethnic group or sexual orientation, can impact on our mental health and how we respond to, or engage with, mental health services.

Many of the women we're in touch with have experienced adverse life experiences, like gender-based violence and trauma, yet too often services are failing to meet women's needs because they don't work in ways that understand. Some 1.2 million in England alone have experienced extensive violence and abuse, and over half of them experience a mental health problem. For women in touch with mental health services

their need for compassion and a safe haven is even more acute. And yet, shockingly, we hear about services set up specifically to support women that totally fail to deliver appropriate care. For example, for women who have survived domestic abuse, attending a service alongside men may simply feel too frightening. Barriers like this can mean women never access the help they need.

Poor care can leave women further traumatised and further from recovery, which is stark reminder of the growing crisis in mental health services. It's been seven years since the NHS committed to 'no decision about me, without me', and yet women often still tell us they do not have a voice in decision-making about their mental health treatment. This can't continue.

Despite the strong connection between women's poor mental health and abuse, many services are failing to even ask women about their abuse. Research by Agenda has found that more than a third of mental health services have no policy on 'routine enquiry', whereby practitioners ask about experiences of violence and abuse. How can a service begin to help a woman heal if they don't

know what she has been through?

Those responsible for providing and delivering services should be working to reduce inequalities in outcomes by making sure their services are accessible for marginalised groups, who are falling through the cracks. This includes women with complex and overlapping needs that are often the legacy of trauma and abuse, for example, experiencing homelessness, drug and alcohol misuse, abuse and violence, family breakdown, offending or a combination of these.

Earlier research by Agenda and AVA's Mapping the Maze project showed there is a severe lack of consistent, well-resourced and joined up services for women who experience these things, which are gender responsive and trauma-informed, despite weighty evidence showing this is crucial for support to be effective.

It is vital that local and national government invest in more specialist services, whether it be mental health services or addiction services, so no woman is left to cope with the legacy of abuse and trauma alone.

Alongside mental health services and

other specialist services, women can also find peer support projects as a useful part of the picture. Equality is a core value of peer support and because of this, this type of relationship can be empowering for women, and especially those who have experienced multiple disadvantage in their lives.

Mind, and Agenda, the alliance for women and girls at risk, funded 68 grassroots projects across England and Wales, run by women for women. These peer support projects, known as Women Side by Side, aim to help women build relationships, which have grown from the shared experiences, knowledge, and understanding to support each other.

One woman taking part in one of the peer support groups set up for women who have experienced rape and sexual violence, is Leeds told us:

*"This has become my safe place. Coming from a very traditional background, talking about my trauma to my family is something that I could not do."*

*"When I finally found my safe place to deal with my trauma it helped me on my road to recovery."*

*"I slowly rebuilt my confidence, self-worth and hope for the future. This enabled me to enter into the focus group with a positive mind set. It was*

*difficult for me to adapt to a group environment at first but once I realised that my vulnerability brought out my strength, I began to feel empowered. I no longer felt like a victim of abuse rather a survivor.*

*"I built a new family, a family who understand me without having to speak any words. A family that I wish I had a long time ago that help me and I help them. A family I truly appreciate and an organisation like this has allowed me to become a brave and strong woman again."*

Five regional hubs have also been set up to help make sure that the projects are sharing expertise and learning on how best to support women in a gender-responsive and trauma-informed way. Women Side by Side aims to better address the needs of women, particularly those who are affected by a range of issues simultaneously. This is strengthened further by the programme's aim to develop women in leadership positions within individual projects.

Agenda and Mind were part of the Women's Mental Health Taskforce (WMHT), which has been set up to find out why women's mental health is worsening and why many women are experiencing inadequate support from mental health services. The report from the WMHT shows a positive step

forward in the approach to women's mental health.

With another General Election looming, now is a good time to call on the next Prime Minister to deliver on the findings and recommendations of the WMHT and make mental health services gender and trauma-informed and deliver on legislation like the Domestic Abuse Bill – committing to improving women's experiences of mental health services and providing better protection to women who are victims of violence and abuse.

Our mental health effects, and is affected by, so many factors. Consecutive Governments have committed to tackling the mental health crisis of the nation, but too often, look at mental health services and social issues in isolation. There is a real opportunity for the next Government to make sure there is a joined-up approach to tackling problems with social care, justice, housing, health, employment rights, and the benefits system.

Only by looking at all these issues can we truly support women experiencing mental health problems, making sure they get both support they deserve and expect.

The next Government must urgently commit to dramatically improving mental health services for women.

## Mind's response to the general election on December 12:

**"The nation's mental health has been left on pause for far too long, putting lives at risk"**

"Despite each major political party pledging to take action on mental health in the last two General Elections, people's lives continue to be put at risk by overstretched services, outdated legislation and employment issues.

This has left too many urgent issues paused, while those of us with mental health problems continue to struggle. We continue to wait for a proper response to last year's Mental Health

Act review. People who are too unwell to work are still being failed by a system that doesn't understand people with mental health problems, while those at work are not receiving adequate rights and protections.

All of this is against the backdrop of crumbling NHS mental health buildings, a broken workforce, and services that continue to struggle after decades of underfunding.

There is no room for mere lip service when the need for real change is this great. The next UK Government must make sure that the nation's mental health isn't left on pause any longer – it is time to press play and improve the lives of anyone experiencing a mental health problem."

**- Vicki Nash, Head of Policy and Campaigns at Mind**

# PARENTING AND MENTAL HEALTH

*"Gone are the days of being told 'sticks and stones may break my bones, but words will never hurt me'."*

**Aspire2 Deputy Editor Alex Morrall speaks to a parent about how she deals with mental health in her young children.**

Being a parent of any kind is a challenging endeavour. There is no rule book, everyone seems to think they know best whilst also conflicting with everyone else's ideals. It has never changed.

It's easy to know what makes a bad parent, but making a good one? You'll have to figure that one out on the job.

So, what happens when a child is diagnosed with a mental illness? And how does it feel being a parent in that situation?

As time will tell, we as a society have become better at dealing with mental illness; be it discussing our concerns with healthcare professionals, making more understanding work environments or simply making steps to end the stigma it is certainly improving and continues to in the battle for mental wellbeing. But parenting adds another dimension to these issues; maternal and paternal emotions amplify feelings of fear and confusion and makes objective judgments that much more difficult to figure out.

**I spoke to a young mother who offered her approach and experience as a parent relating to existing and potential mental health issues. She has two children; one five years old and the other 22 months:**

## **1. What is your approach to mental health with your children?**

*I try to be very open and honest with my eldest (who is in Year 1 at school) about how I'm feeling and about smaller dilemmas I may be having, in a bid to model to him that it's okay to talk about things, however insignificant they may seem.*

*With that being said, I'm careful not to talk about things that would be beyond his empathy so as not burden and confuse him. It's also very important to remember that, as parents, we are a safe space for our child and, especially once they start school, there will be a whole world of conflict and new knowledge that they have to rationalise and process in the ways they know how. Sometimes this means that L will come home from school and not want to talk about his day, which is absolutely fine and as much as I want to know what he's been up to, I don't pressure him to talk. We can all think of a time we've just needed a moment to get our thoughts in order.*

*Given time, I'm confident that if something bothered him from the other day or even last week, he would ask me about it.*

*One thing that can sometimes be tricky when he comes to me with a question or a problem he's had, is to not see it from an adult perspective. This doesn't go for all situations, but kids have different things to worry about and something that may seem completely laughable*

*to us, can be a huge deal to them. It's often difficult to empathise in those situations so I approach it just by letting them talk it out and being there with plenty of cuddles and help navigating their feelings.*

## **2. What worries you about your child growing up in today's society and the potential impacts on young minds?**

*Honestly, the whole world worries me. It's so hard to not want to wrap them up in cotton wool but we all know that would do more harm than good. While I believe it's important to talk open mindedly about anything that they have questions about, I try not to expose them to things that they don't need to know about because the world is a big scary place – even for me. This is obviously age appropriate so as an example, while I'm not going to explicitly teach my 5 year old about children who have been victims of horrible people, he still needs to know that there are both good and bad people in the world and so we teach them about who to turn to when they*

need help and who we call 'tricky' people – the ones we should avoid.

The only thing I really worry about with them being so young is their understanding of the world, culture and people. This mainly stems from their lack of exposure in everyday life, we live in a small market town with very few social minorities. This is not to say that I believe prejudice is innate, but as with all corners of the world, there are many small-minded individuals and the 'pack' mindset is very real in smaller towns with little to show in respect of diversity. This is a reason I feel it so important for schools to also be teaching about different ways of life. Not only to raise more rounded generations but to combat the prejudice we too frequently see in society today which has a harrowing impact on so many people's lives.

Although I'm a long way off needing to worry, I do worry about social media. Social media rules a huge majority of teenagers and young adults of today. With young minds being so impressionable and the sheer amount of 'filters' put on the real world and false information about almost anything imaginable, it's often hard for adults to decipher fact from fiction let alone younger generations.

With this in mind, not only are self-esteem issues rife amongst many age groups but our kids are being fed all sorts of rubbish from corrupt media outlets. I like to hope that by the time my little ones are at the age where they can use social media that it is better policed and 'click bait' is a thing of the past.

### **3. Would you know how to appropriately approach the subject of a child's mental health and who to go for support?**

This is a subject that makes me a little nervous and a situation I hope I would never have to be in. I think the first port of call for me would be the school and their teachers. Schools are becoming a lot more clued up on



mental health struggles than they have been in the past and in the instance that they didn't have the means of support necessary, they would be able to provide reference to a GP or other institute. However, I don't like to think of mental health as a primarily medicalised problem and so it would be helpful to know more about charities or names of people who support children's mental health.

### **4. How does the understanding and treatment of mental health differ from when you yourself were younger?**

The approach to mental health has changed tenfold since I was a teenager and whilst there is unfortunately still a negative stigma attached to the subject, it's a lot less taboo than it was 10-15 years ago. You hear of more and more people speaking up about it (though admittedly the numbers of those who don't are still heart-breaking).

When I was younger, there was a very strong 'pull up your big boy pants' attitude to anything that may have been affecting us, both within school and in everyday life. This is not to say that our teachers, parents or peers failed us as such, but more that it was a grey area where people didn't really know how to help. In years gone by there has been a huge generational gap between parents and their children caused mainly by technology

and social media. This gap rendered parents and guardians blind to the ins and outs of why kids were struggling so much with peer pressure and cyber bullying. Gone are the days of being told 'sticks and stones may break my bones, but words will never hurt me'.

I like to think that we're coming into a generation of, not just parents, but all adults who are a lot more tuned in to the emotional stress of the modern world, who have the knowledge to help and the confidence to ask for it.

The environment continues to change and the battle to keep children happy and healthy evolves to new forms of media, communication and philosophies, the intent as a parent to protect, do good and care for their children, not only in mental health matters but all remains as a constant balancing act of fear, doubt, successes and learning.

There is no rule-book to be the perfect parent and perhaps that added pressure not only hinders the approach towards mental health but it actively damages it, for fear of trying and failing to do the 'correct' thing.

But in reality, every child is different, as is every parent and every mental illness and as evidenced for centuries. There is no 'quick-fix' it is all an educating journey for all involved, all that is needed universally is a willingness to try.

# Parenthood...

The most rewarding job in  
the world

And also the toughest

Need some advice about your  
child's behaviour or emotions?

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Parents Helpline  
**0808 802 5544**  
[youngminds.org.uk/parents](http://youngminds.org.uk/parents)



# YOUNGMINDS

Hope Virgo, body image and mental health campaigner and author of *Stand Tall Little Girl*, explains what she learned from her battle with anorexia.

## Me and My Best Friend Anorexia: What anorexia taught me.

by Hope Virgo

*"Eleven years ago, I was standing in a hospital doorway, my hair thinning, my skin a yellowish colour. I was wearing a short denim skirt and a pink jumper that drowned me. Tears were welling in my eyes as my mum signed me in. I begged her to let me come home, begged her for one more chance. I promised her I would begin to eat. But mum said no. She couldn't take it anymore: the lies and the deceit. I hated her then, and everyone around me. I couldn't understand why they were interfering in my life. There wasn't anything wrong with me. I had lost a bit of weight, yes, but I wasn't that skinny. I was nowhere near thin enough to die ..."* (Hope Virgo, *Stand Tall Little Girl*)

I had always found growing up quite difficult. I hated feeling emotions, particularly painful ones. When I was 13 years old, my family life got harder, and I was sexually abused. These things took those painful feelings to a whole other level. A level of uncertainty and distress, a level where I just knew I didn't want to feel things anymore. Instead of trying to talk about things I needed to find other coping mechanisms.

That was when I met her. In the dead of the night she spoke to me. She suggested that one way to switch off my emotions was to focus on something else, and that something else was food. She gave me the space to switch off from the reality of life and I loved that. I love the fact that anytime my family had an argument I could distract myself by thinking about food, calories and exercise. I thrived off everything she gave me. This strength to get through the day. She gave me this value and sense of purpose that I hadn't been able to find before.

What I didn't know at the time was how dangerous living my life like this was. I thought letting anorexia having complete control over me was the way to do things. I thought she was my best friend, my everything...

Fast forward four years and I have managed to keep this secret from everyone around me. No one knew that I had this secret best friend, this love affair that made me so happy. Or did it? Aged 16, I couldn't help but have these niggling doubts about her. I didn't seem to do what she wanted at the moment. I don't know why but something wasn't feeling quite right. I wasn't doing enough. I wasn't missing enough meals or running enough and whenever I looked in the mirror I felt this completely and utter criticism falling over me.

But it was okay, I knew what I needed to do to keep her happy. To stay on track with it. I just needed time.

That was when it all went a bit funny my family got involved. That sheer frustration when they started to interfere. The GP appointments and then finally going to the Child Adolescent Mental Health Services. I didn't understand why people were so interested in trying to make me eat. I hated it. No one got it. No one understood this friendship I had developed and how important it was to me.

In my second appointment they diagnosed me with



anorexia. But at this point I was in complete denial about it.

I didn't think there was anything the matter with me and definitely not anorexia. I just had this best friend in my head and I loved it. I convinced myself that everyone wanted to make me fat, that they were just jealous of what I had and wanted it but I was going to let them. Instead I was going to up my game.

What followed was six months as an outpatient where I convinced myself (well, anorexia convinced me) that I was super happy. But actually I wasn't. There were times when I hated that voice in my head. Times when I wouldn't have the energy to even stand up in the shower, sitting there the water pouring over me my brain battling it out.

Then in November 2017 my heart nearly stopped and I was admitted to a mental health hospital.

My story could have been over then, my death certificate would have read

**Jennifer Hope Virgo; Aged 17  
Cause of Death: Anorexia**

But it wasn't...Instead I began a year in hospital and the hardest battle to recover.

Recovering from anorexia was really hard work and without being in hospital I don't know if I ever would have managed it but the fact is we can move forward, be in recovery and cope with life.

If you are deciding whether to speak to someone about their mental health, take this as encouragement to do it! Too many people suffer in silence and don't know where to go to. They feel alone and isolated and we can change this.

If you are supporting someone with an eating disorder, however hard it feels right now, however emotionally exhausted you are, stick with it. Recovery is possible!

If you have an eating disorder, maybe you are in denial, maybe you are just starting out or maybe you are working out whether you want help. Please know that eating disorder is NOT your best friend.

## About Hope

Hope Virgo is the author of *Stand Tall Little Girl*, and an international award winning leading advocate for people with eating disorders.

Hope helps young people and employers (including schools, hospitals and businesses) deal with the rising tide of mental health issues which affect one in four people and cost employers between £33 and £42 billion annually. She has been described by Richard Mitchell, CEO of Sherwood Forest Hospital, as "sharing a very powerful story with a huge impact".

Hope is also a recognised media spokesperson, having appeared on various platforms including BBC Newsnight, Victoria Derbyshire, Good Morning Britain, Sky News and BBC News.

For four years, Hope managed to keep it hidden, keeping dark secrets from friends and family. But then, on 17th November 2007, Hope's world changed forever.

She was admitted to a mental health hospital. Her skin was yellowing, her heart was failing. She was barely recognizable. Forced to leave her family and friends, the hospital became her home.

Over the next year, at her lowest ebb, Hope faced the biggest challenge of her life. She had to find the courage to beat her anorexia.

Now, Hope dedicates her life to helping people with eating disorders. In her debut novel, *Stand Tall Little Girl*, Hope shares her harrowing yet inspiring battle with anorexia.

You can find her on:  
Twitter: [@HopeVirgo](https://twitter.com/HopeVirgo)  
Instagram [HopeVirgo](https://www.instagram.com/HopeVirgo/)  
Website: [www.hopevirgo.com](http://www.hopevirgo.com)

To sign Hope's Dump The Scales campaign, which advocates that eating disorders aren't just about weight, click [here](#).

The revised version of *Stand Tall Little Girl* is out now. Click [here](#) to order it.



# LOOKING AFTER YOUR MENTAL HEALTH THIS CHRISTMAS



Our Christmas tips are here to help you cope with the demands and pressures of the festive season.

Sadly, for some, Christmas is not always a time of celebration and cheer. It can be extremely difficult for those with mental health problems.

Every year we produce ten Christmas tips to help support veterans and their families, but in fact, it's advice anyone can use if they find the season taking a toll on their mental health.

Each tip will be shared on our social media accounts in the lead up to Christmas. To view all tips visit our website.



**Our Helpline is available to veterans and their families throughout Christmas and the New Year on 0800 138 1619**

You can also send a text to 07537 404 719 or email [helpline@combatstress.org.uk](mailto:helpline@combatstress.org.uk).

[combatstress.org.uk/top-tips-christmas](https://combatstress.org.uk/top-tips-christmas)



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19JH118

# Coping at Christmas

## And how you can help those suffering with their mental health

For many, it's the most wonderful time of year. The much-needed time off work and opportunity to see family, capped with feasts and gifts, is the pinnacle of the year and something people look forward to the moment summer ends.

Because Christmas holds such precedence in the months of November and December, it's pretty difficult to escape it, even if you wanted to.

### But for some, Christmas is difficult.

When you're dealing with a mental illness, it's a time where you have to try and ignore your conditions because you don't want to spoil the festivities and Christmas can badly affect those with depression and anxiety, eating disorders, OCD and more. It's also a hard time for the lonely.

I spoke to our UKCP accredited consultant psychotherapist Kirsten Antoncich about how Christmas can exacerbate mental health conditions and how those who do not suffer with their mental health can help those who do.

"One of the things that I think is missing from Christmas is its original messaging of what it means for you. It isn't about the commerciality or the celebrations, it should be a time of reflection and taking care of yourself," she said.

Kirsten explained that the preconceived expectations of how we should feel at Christmas can actually make people feel worse.

"Christmas has become a bit of a commercial monster and from maybe even the start of

September, we're bombarded with what Christmas should look like and how we should feel," she said.

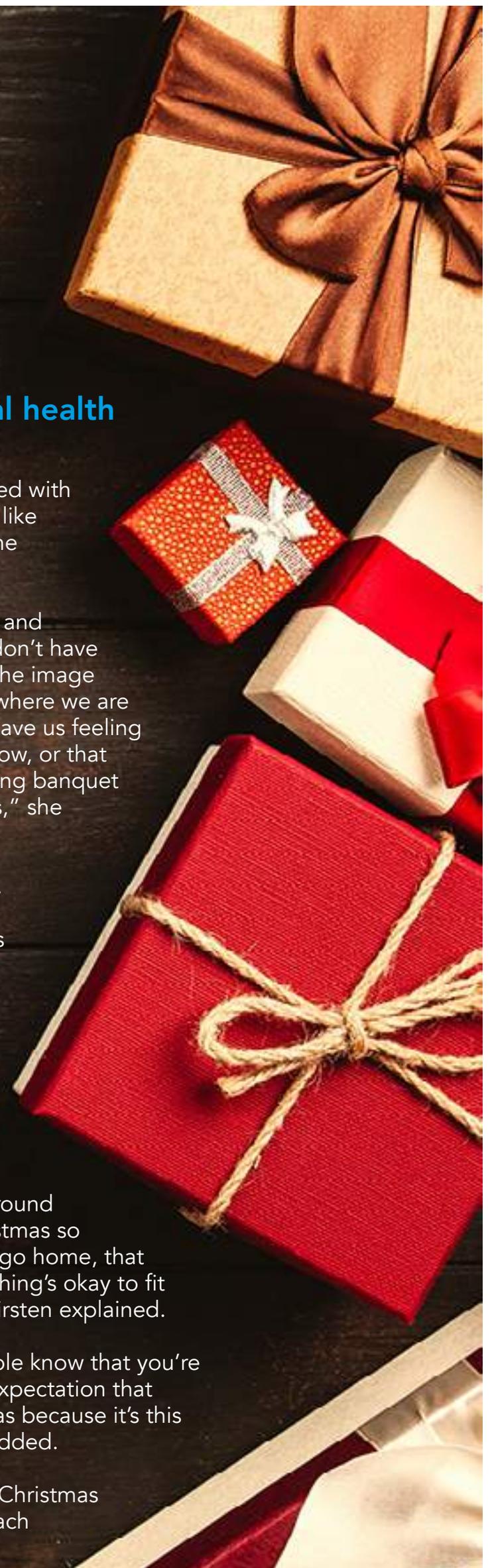
"There's a level of affluence and connection that, often, we don't have as humans and sometimes the image of Christmas misattunes to where we are so dramatically that it can leave us feeling as though we're less somehow, or that we're not part of this glittering banquet of amazing food and friends," she added.

For depression for example, the idea that you should be in a good mood because it's Christmas can be difficult because of the guilt you might feel that you're not feeling good. People with depression don't choose to feel down and faking happiness can be exhausting.

"People don't want to be around people who are sad at Christmas so people can feel, when they go home, that they have to pretend everything's okay to fit into the Christmas spirit," Kirsten explained.

"It's very difficult to let people know that you're not okay when there's this expectation that you'll be okay over Christmas because it's this amazing family time," she added.

For anxiety, the build-up of Christmas that seems to start earlier each



year can trigger panic. Christmas is also often a social time where you see people you might only see once a year, and in large numbers. For that reason, this time of year can be daunting for people with social anxiety.

“Social anxiety is very hard because you can’t participate, or you’re going to struggle with a lot of the events that are happening,” said Kirsten.

“There’s also the proximity of family. When I look at the reasons people have anxiety, often they originate in the family. Christmas is a time when we go back into that psychological stew where we might experience things that are anxiety-provoking, so it can really exacerbate things,” she added.

Christmas can be especially difficult for people with eating disorders because so much of the occasion revolves around food.

“It’s really, really hard because there’s an expectation that you’re going to eat in front of people and I see people breaking themselves in half trying to work out how they can possibly cope,” Kirsten explained.

“Some of the eating disorder treatments say that you can’t leave the table until you’ve eaten everything, and people will watch you eat,” she added.

Christmas can also have a hugely detrimental effect on those who are lonely. We are constantly told that no one should be alone at Christmas and that the most important element of the festivities is family. That’s hard on those without families or who have lost contact, however, and loneliness is a major contributor to mental illnesses.

“Loneliness is the biggest battle we’ve got in mental health. We know that when people connect, they feel better,” Kirsten said.

“So when you’re already lonely and feeling isolated, when you start to see the



adverts on TV and you start to hear the Christmas parties and see groups of people out and families together, it reinforces this inaccessible world that you’re not part of. People who are lonely can see a real drop in mood and a real sense of despair that the festive season just isn’t accessible for them.”

### How to cope over Christmas

If you’re suffering from a mental health condition that you think is going

to make Christmas more difficult for you, you should try to work out coping mechanisms that will make the occasion easier to deal with. You might want to talk to a professional to help you with this.

Kirsten recommends setting a structure for your self-care.

“Depression responds quite well to structure, so if you were moving home from university for example or going home as an adult I would try and manage that time by putting in a strong structure for yourself. I would set an earlier wake up time to allow yourself time away from people, walking, exercise and being able to get some space and, if you can, being able to communicate that you’re not feeling okay,” she said.

“Often we expect a judgemental response but, if you can, find a way to let somebody that’s going to be around you know that things aren’t okay and that you’re finding things difficult,” Kirsten suggested.

“Similarly for anxiety, you’ve got to weigh up how you want to manage the expectation of being at home and going through all

of these things and thinking about what you want to do and what is going to be useful for you," she added.

If you need help or support over Christmas, many of the charities we work with, including Samaritans, can be contacted. See page 2 for our full list of helplines.

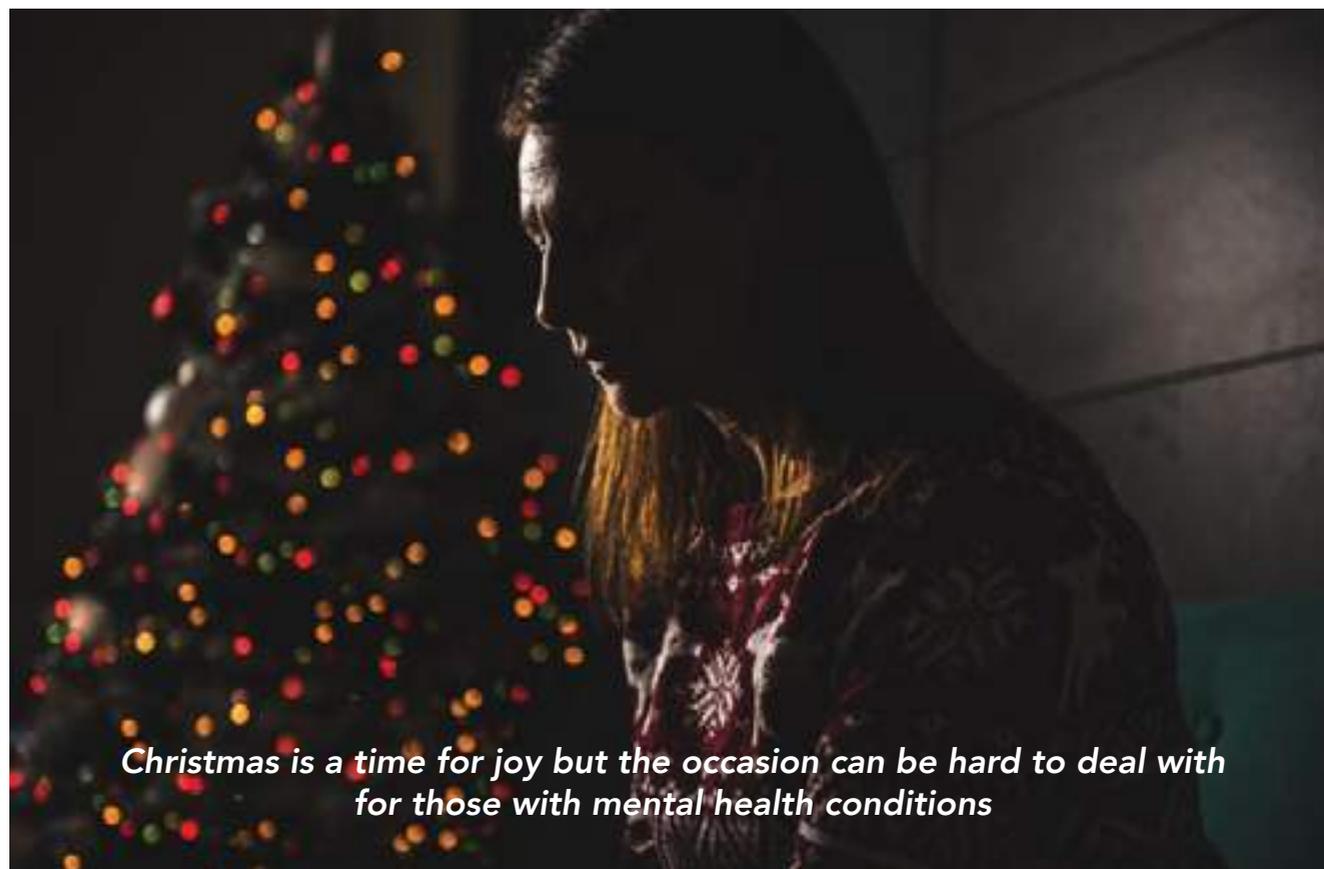
### How can I help others cope?

For readers who do not suffer with a mental health condition but who have friends or family members who do, it's important that you help them with what can be a difficult time of year.

Make it okay for them to not be okay and try to understand that as much as they might want to enjoy Christmas, things that they cannot control can make this difficult.

"Notice and allow space for that difficult conversation and if they're not okay, all you need to do is to ask them what they need and what's going to make this time easier and try and accommodate that," Kirsten explained.

"Be aware of your own responses



*Christmas is a time for joy but the occasion can be hard to deal with for those with mental health conditions*

because sometimes we can accidentally shut conversations down. So if somebody says they're feeling a bit low, we might respond with 'well it's Christmas, it's okay' but you should allow that lowness to be there – we don't have to fix it, we just have to acknowledge it and create a space for people to talk," she added.

**While Christmas should be a happy time, it should also be a time of compassion. What's important is that the dread that many feel for the upcoming festivities is understood by their loved ones. That's the most important Christmas gift of all.**

“

I'm a long-term sufferer of an eating disorder, formerly extremely anorexic (for about seven years) and now it's a less defined issue with food, I'm a healthy weight and have been for about four years.

When I was anorexic, Christmas and the time leading up to it was always the worst for me, particularly when I was at University and Christmas was the time when I would see my family again. I wanted to prove to them I was okay and managing, and Christmas had so many pressures. I wanted to keep my family happy but there was so much food involved so I would compensate heavily in advance of travelling down, restricting my intake so that I could "eat normally" over the Christmas period (which of course never happened).

The restriction pre-Christmas was also very isolating, the festive period is a time where there are lots of social activities, most of which involved food or alcohol, which terrified me and which I could not participate in because I "needed to restrict." This meant I felt very separate and isolated from my friends, either only existing on the periphery of social events or missing them entirely. I had many great friends who insisted on including me in whatever ways I could manage, but that in itself made me feel like a burden on those kind people.

The impact of Christmas was consistently felt in the aftermath. Once I was forced to drop out of university in the January of my second year (I never went back after the Christmas break) I spent six months

in an eating disorder unit. Next Christmas, and after returning to university, I avoided hospital through deception only and got back to a healthy-ish weight myself.

Even now, though I am much better mentally, extremely well supported by friends and family, and a healthy weight, Christmas and the time leading up to it causes me great anxiety, reduces my social life, and brings me close to depression. I frequently question my life choices and have often made brash decisions, such as trying to break up with my partner or quitting jobs, as well as excessive exercising and obsessing about Christmas food and calories.

”

- Ella



# Mental health Christmas presents

Looking for something to help your loved one with their mental health this Christmas? Here are our top picks:



### An easy indoor plant

Studies have shown that having a plant in the home increases both physical and mental wellbeing. For those unable to have a pet, the act of caring for something easy can help conditions such as depression.

**Price:** *Varies based on plant but as little as £5.*



### Weighted blanket

Weighted blankets relieve stress and anxiety by imitating the sensation that the user is being hugged. Studies have shown that they increase levels of serotonin and melatonin as well as reducing cortisol and helping you have a better night's sleep.

**Price:** *Varies based on quality. Gravity® Weighted Blankets start at £149. Other brands are available.*



### Spa day gift voucher

It's fairly easy to work out how this would help your loved one who is struggling. The time spent being looked after can be highly beneficial to mental health and the physical relaxation can ease stress for weeks afterwards.

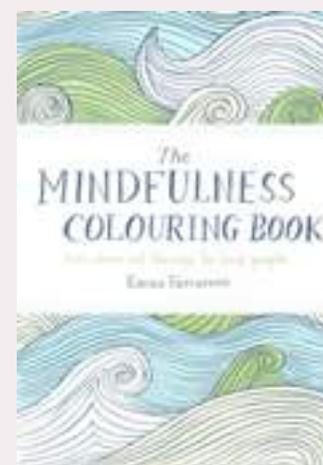
**Price:** *Varies*

### Colouring books

Colouring books for adults have grown in popularity because of their ability to help people cope with anxiety and depression.

With so many to choose from, they are an easy and creative gift for a loved one who's good with a colouring pencil.

**Price:** *Varies but as little as £5. We recommend The Mindfulness Colouring Book. £7.99 at Waterstones. Other retailers are available.*





### SAD light box

For sufferers of Seasonal Affective Disorder, a light box can effectively replicate sunshine, which helps those whose depression stems from poor weather conditions and lack of daylight.

**Price:** From £30



### Good Night Sleep Tight Kit

This handy kit contains items intended to help the user get a good night's sleep, boosting their mental health.

With luxurious bath and face oils, as well as a sleep mask and ear plugs, this kit will help your loved one get some much-needed Zzzs.

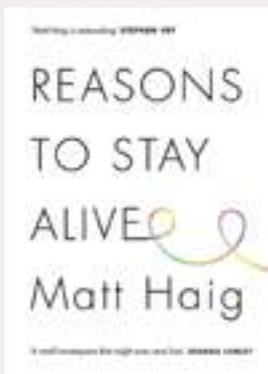
**Price:** £25 from [notanotherbunchofflowers.com](http://notanotherbunchofflowers.com)



### Buddybox

A Buddybox contains at least five items intended to 'nourish, inspire and encourage self-care.' What comes in each box is a closely guarded secret until delivered but the contents are intended to boost mental wellbeing with items for de-stressing, pampering, relaxing, creating or finding calm.

**Price:** £12-£25 from [blurtitout.org/shop](http://blurtitout.org/shop)



### Reasons to Stay Alive

Matt Haig's bestselling memoir describes how he came through his own mental health problems and explores how to live better and feel more alive.

A brilliant and inspiring read for your loved one struggling with their own mental health.

**Price:** £7.99 at Waterstones



### Dawn simulator light

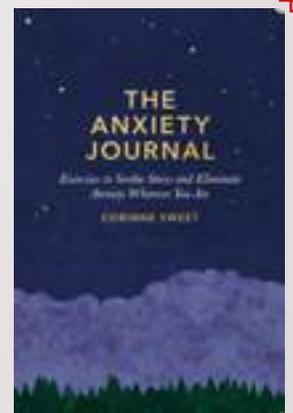
A way of replacing a natural sunrise, a dawn simulator or wake-up light can be helpful for sufferers of conditions such as SAD or anything that makes waking up a struggle. The light gradually increases in brightness so that when the alarm sound goes off, the body is ready for it, and sleep isn't stopped as abruptly.

**Price:** Generally from around £30

### The Anxiety Journal

Written by Corinne Sweet, a psychologist and psychotherapist, The Anxiety Journal is designed to help people with anxiety cope with their symptoms by encouraging CBT techniques and mindfulness exercises.

**Price:** £7.19 at WHSmith



# Lonely this winter

How helping prevent loneliness can save the lives of the elderly at this time of year. Written by Alex Morrall.

The winter months bring many pleasures and promises of festivity, natural beauty, days off school and, of course, Christmas Day. But, as the weather cools and the nights become darker, longer and more bitter the season can also show its nasty side too.

While most of us are able to get out the big coats, a scarf and gloves and get around in the build up to Christmas, the harsh conditions present various dangers to the elderly. Shockingly, one person dies every seven minutes needlessly in winter, with older people making up a large proportion of that number.

The cold weather, wind and wet climate can greatly exacerbate already existing health conditions and ailments for the elderly in more ways than you may think. This in turn presents greater hazards and in some cases threats to life.

The risk of heart attack and stroke doubles during three-day cold periods with 14% more cardiac arrests happening in the winter months. There is a 50% spike in the number of senior citizens seeking treatment for bone and joint problems during winter, with falls being the most common reported incident.

Furthermore, the prevalence of colds, flu, infection and other immune system dependent illnesses are increased greatly by the season. With mobility reduced access to remedies and medications to help relieve these symptoms may not always be possible.

However, what is least addressed is the mental implications of increased isolation and loneliness as the weather changes.

There are differences between 'loneliness' and 'social isolation' as researchers of UK charity AgeUK documented in May 2019:

*"Loneliness is a subjective feeling which relates to the difference between a person's desired levels of social contact and their actual level of social contact and is linked to the perceived quality of the person's relationships. Loneliness is never desired and lessening these feelings can take a long time."*

*"Social isolation is an objective measure of the amount of social contact a person has and is about the quantity and not quality of relationships. People may choose to have a small number of contacts. When people are socially isolated, this can be overcome by increasing the amount of social contact they have."*

#### Currently, the facts are:

- 3.6 million older people in the UK live alone, of whom over 2 million are aged 75+.
- 17% of older people report they are in contact with family, friends and neighbours less than once a week; 11% report this contact is as infrequent as less than once a month.
- Loneliness, social isolation,

and living alone have all been associated with an increased risk of premature death.

- Loneliness has been associated with a 40% increased risk of dementia.
- 49% of older people (equivalent to over 5 million individuals) say the television or pets are their main form of company.
- Three out of four GPs across the UK say they see between 1 and 5 people a day who have come in mainly because they are lonely.
- Research shows that every £1 invested in tackling loneliness can save £3 in health costs.

For many elderly people the usual social activities such as meeting friends and family, attending clubs and socials - even seeing other people at the shops - become too dangerous in the snow and ice. This means an elderly person could potentially live for weeks or even months at a time without seeing a single friendly face simply to have a chat to. On top of this, the wellness benefits of physical activity such as walking longer distances and partaking in activities are lost to those who feel unable to leave their home without significant support.

This increases the risk of depression and has many negative impacts on a person's wellbeing. AgeUK states that loneliness can be 'as harmful to health as smoking 15 cigarettes a day'. On top of depression, extended periods of isolation can cause or increase: sleep problems, impaired cognitive health, heightened vascular resistance, hypertension, psychological stress and other mental health problems. Both loneliness and social isolation can lower greatly one's quality

of life. This is why many organisations, clubs and friendship centres up and down the country exist; to help keep the elderly engaged in social, physical and leisurely activities to stave off loneliness, depression and isolation and keep a better quality of life.

Organisations such as exercise classes, quizzes, coffee mornings, internet lessons, dancing, poetry, craft etc are all brilliant ways of social upkeep, making friends and finding a peer group that understands what it is to be an older person not only in winter but all year round.

Another initiative is AgeUK's befriending service. With this, the older person is matched with a befriender who has similar interests, who will provide friendly conversation and companionship on a regular basis over a long period of time. This includes things such as going to the shops or the cinema, accompanying them on a day trip or even something as simple as having a cup of tea and a chat at home. What the services aims to do is create long lasting relationships between like minded individuals for the happiness and engagement of the elderly.

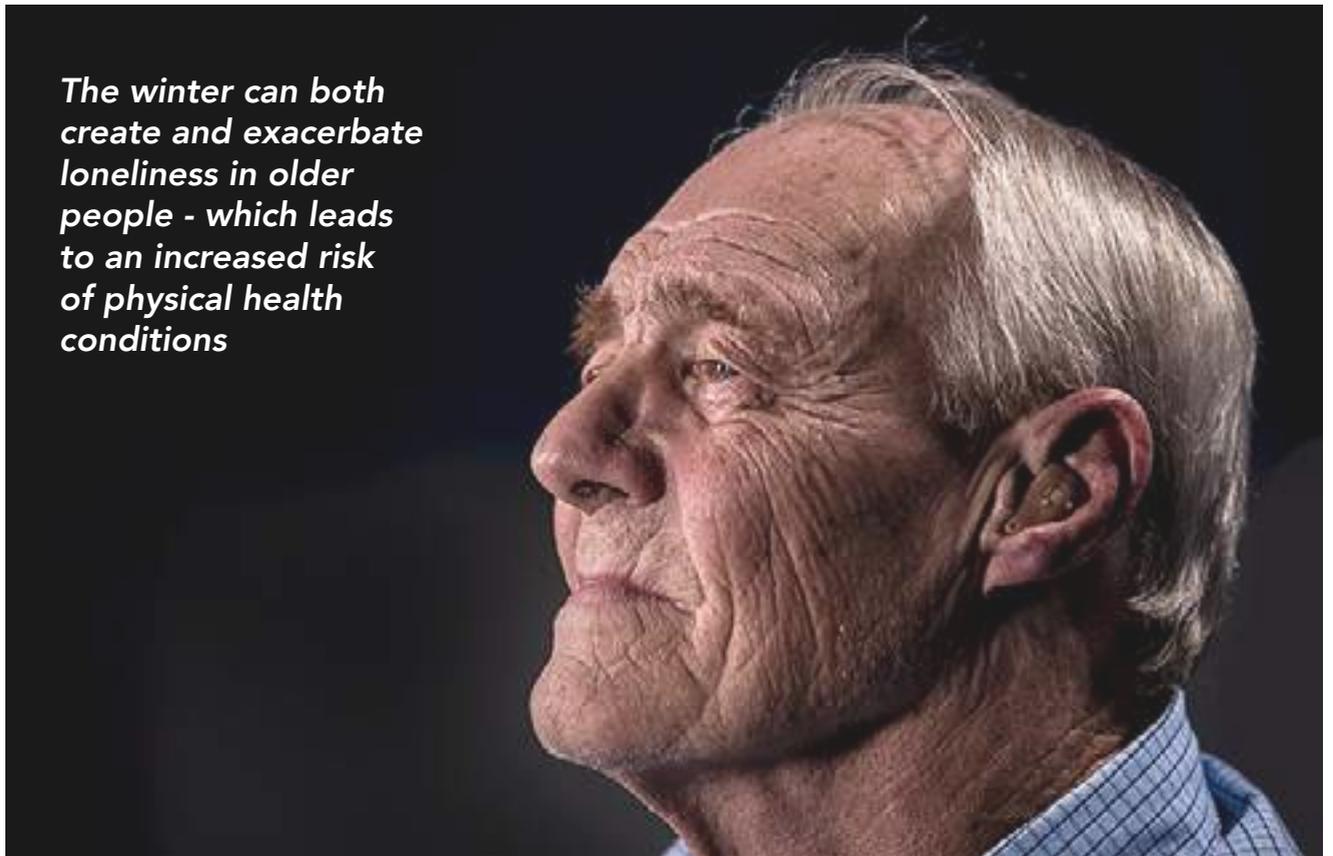
I spoke to Mark Dobson, operations manager of Wetherby in Support of the Elderly (WiSE), a registered charity organisation part funded by Leeds City Council. Created to improve quality of life for the over 60's by providing community-based activities, information, help and support. Mark said:

"We at WiSe are acutely aware of the implications the Christmas and festive period could have on our clients. It can be socially isolating and because of the severe weather face an entire range of problems from loneliness, cold related illnesses and significant discomfort."

I asked how WiSE worked:

"At WiSE we attempt to bridge the gaps between the festive holidays by hosting services during the down time of the season, particularly between Christmas and New Year through various activities and engagements," Mark explained.

***The winter can both create and exacerbate loneliness in older people - which leads to an increased risk of physical health conditions***



#### **How you can help:**

"Not all older people have family to look out for them, so if you know of an elderly person living alone near you, a neighbour or a friend, just popping over and seeing if they're alright can make a huge difference. Perhaps you can go to the shops with or on behalf of them or at the very least ensure they are kept warm during the cold weather," Mark advised.

Indeed, it seems simple and the facilities to help keep older people safe and warm and happy during winter all seem to be in place. What is needed, however, is for more people to think of those surrounding vulnerable individuals.

That one phone call or knock on the door can be the first step to a plethora of new relationships, friends, activities and joys that can be missed due to a life of isolation and loneliness.

Human beings are social creatures, we all need and crave the company and connection to others from birth. This need never goes away, but it seems to be overlooked today as the world speeds up and technology claims to keep us all communicating.

But the truly invaluable communication, that of a face to face conversation, a meal or a day out can be, to some of

the elderly living in Britain, as fleeting and infrequent as it is rare or non-existent.

Winter is cold and brutal enough already, we all should feel a responsibility to the elderly, to share in the domestic warmth and familial comfort so many of us savour, as armour against the chill.

#### **Wetherby in Support of the Elderly:**

Telephone: 01937 588994  
Email: [info@w-ise.org.uk](mailto:info@w-ise.org.uk)

#### **Age UK:**

For more information call the Age UK Advice Line on:  
0800 678 1602.  
We're open 8am to 7pm, every day of the year.

#### **Renengage:**

Freephone: 0800 716543  
Office phone: 020 7240 0630  
Email: [info@reengage.org.uk](mailto:info@reengage.org.uk)

#### **Friends of the Elderly:**

Phone: 020 7730 8263  
Email: [enquiries@fote.org.uk](mailto:enquiries@fote.org.uk)

#### **Independent Age:**

Helpline: 0800 319 6789

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**We are a movement against suicide,  
the single biggest killer of men under  
45 in the UK. Get support and join  
the campaign at [theCALMzone.net](http://theCALMzone.net)**

# THE BEAUTIFUL GAME'S UGLY PROBLEM:

**Is men's football becoming more understanding and sensitive to mental health? Aspire2 Senior Editor Sam Atkin explores further.**

**F**ootball is arguably the most popular sport in the world and it has more followers here than both rugby and cricket – two sports that matter a great deal to British culture.

Men's football is everywhere, from newspaper back-pages to packed-out pubs on Saturday and Sunday afternoons (and often Tuesday and Wednesday nights). Families can be divided by footballing rivalries and the beautiful game is an integral part of the personal lives and identities of millions of Brits. Given such high levels of fandom, the world of football can get a bit carried away.

With the happiness of so many at stake, not to mention the money involved in the game, it's easy to forget that each match is played by 22 real, mortal, human men. Men who have feelings, families, and their own lives off the pitch. At the end of the day (to use a popular football manager phrase) football is their job and many forget that playing for their club is not the only thing players have in their lives.

With such pressures and expectations from the media and fans, coupled with having short careers, job-threatening injuries, and fanbases (and maybe even institutions) that can be rife with toxic masculinity, it's clear to see how footballers might struggle with stress.

## **History books**

In 2015, it was reported that professional footballers suffer from more symptoms of

depression and anxiety than the general public. The Fifpro study found that 38% of current players and 35% of ex-professionals suffer with mental health problems.

And while mental health is slowly being destigmatised in football, it has taken a long time to reach that point. England legend Paul Gascoigne was known to struggle mentally and was treated for depression and alcoholism. At the time, Gazza's mental health was thought of as something that spoiled an otherwise excellent footballer and that he was just 'a bit mad'. It saw him, like so many who suffer from mental health conditions while having adoring fans, branded a 'flawed genius.' In retrospect, here was a footballer who desperately needed better support with his mental health.

In the last few years we've seen big-name players talk about their mental health, with conditions ranging from mild to major. European superstars Gianluigi Buffon and Andres Iniesta have talked about their depression while former England goalkeeper Chris Kirkland said he didn't want to wake up in the morning. Burnley winger Aaron Lennon was detained under the mental health act for a 'stress-related illness' and fellow England-capped players Rio Ferdinand, Michael Carrick and, most recently, Danny Rose, have all talked about their struggles.

It's not that players have only just started suffering with mental health problems, it's just that only now is it more acceptable for



them to talk about them. But with the report that more than a third of players struggle with their mental health, it can be assumed that many players are still suffering in silence.

### Why is poor mental health more common in footballers?

It's actually quite easy to understand why footballers have a higher rate of poor mental health than the general public.

For one thing, stress is a major contributor to mental health conditions. There will be people thinking 'how can they be stressed when they get paid hundreds of thousands of pounds per week to kick a ball around for 90 minutes every Saturday?'

And that, in essence, is the problem. The expectation from fans is that these men are robots, programmed to give '110%' every game, not feel any stress or pressure and be available for selection at all times. It's not normal to expect this from another human for their entire career.

Players go through poor runs of form which can affect their careers. If they're not playing well, they can be dropped or transferred, causing huge blows to their confidence and morale and potentially resulting in life-changing moves for them and their family as a result of a few bad games.

Sport is built on strength, confidence and determination, so the idea of athletes showing mental weakness is, to many, as abhorrent as showing physical weakness. This does not help the game's problem with toxic masculinity, which I'll come onto later.

### Media attention

There's also the intense pressure from the media to be a role model, to both young people and society on the whole. It's so easy to forget that these are young, impressionable men who never signed up for being perfect in the eyes of the media.



*England legend Paul Gascoigne was diagnosed with bipolar disorder and depression, which saw him branded a flawed genius*

A survey by Mental Health Foundation found that 60% of 18 to 24-year-olds (an age bracket that covers a significant part of a footballer's career) have felt so stressed by pressure to succeed that they have been unable to cope. A further 39% said they had experienced suicidal feelings because of stress and 29% said they had self-harmed because of high levels of stress. Given how important football is to culture around the world, as well as the financial implications, the pressure on these footballers (some of whom may not even be old enough to vote or drink alcohol) is enormous.

The constant media coverage of our most popular footballers also means they get less personal time than most of the general public, meaning they have fewer opportunities to relax and express true feelings. Every aspect of their career is magnified and mistakes in matches or shows of mental weakness are broadcast around the world. Few other careers are like that.

And that's without even mentioning the online abuse they can receive

from fans through social media channels. As a Liverpool fan who once lived with two Manchester United fans as a student, I know how tough it can be when your team loses - especially to a big rival. This does not make it ever okay to verbally abuse players online, however.

### Money, money, money

Of course, there will always be people who say footballers should be happy to put up with the pressure and media attention because of the amount that they earn. While it's true that money can help ease stresses and pressures in life, it does little to help people who need serious mental health support. To say footballers have no right to struggle with mental illness is to say that you see them as sub-human.

While at Aston Villa, former Premier League and England striker Stan Collymore endured this kind of judgement. Also diagnosed with borderline personality disorder, Collymore was struggling with stress and depression when manager John Gregory said he found it impossible to understand how a top-level player



**England and Spurs defender Danny Rose spoke about his depression last year**

with fame and wealth could ever complain about feeling stressed.

We are allowed to feel envious, perhaps even dubious of the amount that footballers earn but that doesn't give anyone the right to deny them support. Mental illness does not discriminate and anyone, rich or poor, can struggle with it.

### **Injury time**

Major injuries can ruin footballers' careers and, given the intense training of potential footballers that starts from a young age, many footballers see

their general education neglected in favour of football coaching. Suffering a career-threatening injury is therefore a major anxiety to footballers. In fact, the previously mentioned Fifpro study found that current players who have suffered three or more severe injuries are four times more likely to report mental health problems than other players.

The risks involved with a playing career can induce serious anxiety and this badly affects mental health.

### **'Man up'**

As mentioned, the nature of sport means that weakness, particularly male weakness, is looked upon with disdain by the football community.

Toxic masculinity makes it socially unacceptable for men to talk about their feelings openly – meaning they suppress them and use other coping mechanisms rather than asking for help because that's not the manly thing to do. 'Man up,' men are still told around the world.

The idea that male footballers should be stoic and strong at all times stops them from expressing their emotions and talking about their feelings. Depression in particular often manifests itself differently in men than in women, as evidenced by the fact

that suicides are three times more likely in men.

Toxic masculinity is rife in this male-dominated sport, and that needs to change if football is to end its mental health stigma.

### **Full time**

Age is a big thing in football, a sport where a player's peak is between 25 and 27 and they're 'past it' at 32 (often later for goalkeepers). Once retired, they're expected to have a total career change, a dramatic alteration of the job they've had for the entirety of their adult life. Some choose punditry, some management, some move out of football altogether. Some struggle with the implication that only job they're qualified for is beyond them.

One example of a player who struggled post-retirement is Clarke Carlisle, an ambassador for the Mental Health Charter for Sport and Recreation and former chairman of the Professional Footballers' Association (the trade union for footballers in England and Wales).

Carlisle has been public about his own mental health struggles and has attempted to take his own life more than once. In a BBC interview, he said he'd been left severely depressed by the end of his football career, as well as financial problems and the loss of a punditry role.

"Football was a fantastic sticking plaster... you lose a game and can get drunk with the lads and no-one thinks less of you. But secretly I was in a darker place and using the football as a cover," he told BBC Sport in 2015.

Carlisle also said there was a lack of understanding of mental health conditions in some sports.

"A huge percentage of the athletes suffering with mental health problems don't know they're suffering," he said. "They just think they have a drink problem or an anger issue," he explained.



**Serious injuries can cut the careers of footballers short**

### On the counter

In 2011, football was changed forever by the suicide of Wales manager and former Premier League midfielder Gary Speed. Speed, who played more than 500 top-flight matches, suffered from depression. His widow Louise discovered a note after his death that he wrote as a teenager that hinted he'd battled the condition since he was young.

Speed's death significantly raised awareness of mental health in the sport.

Michael Bennett, Director of Player Welfare at the PFA said in July this year: "Football was in shock, the football family was distraught."

"The Gary Speed suicide got people sitting up and thinking. This man at the time had played the most Premier League games, was managing his country, and he's taken his life. People couldn't understand how or why," he told The Independent.

Since Speed's death, there's been a major increase in the number of footballers seeking mental health support, as well as investments by clubs in specialised staff for managing player wellbeing. Bennett's aim is to have someone at every professional football club who is qualified to deal with mental health.

In 2013, 60 members of the PFA were treated by Sporting Chance, a programme designed to confidentially help professional athletes with their mental health. By 2018, that figure had risen to 438.

We believe the increase is down to a number of factors," Shellie Heather, deputy CEO of Sporting Chance, told The Independent.

"Clubs are providing more player education through us and the PFA raising awareness of the issues players face and giving them access to clear, linear pathways to support



**Football fans can affect the mentality of players both positively and negatively**

through our services. We also feel that the raising of the profile of the mental health agenda in schools and in general society has played a part in players recognising when they may have a problem and encouraging them to seek support, equally the



**Gary Speed's suicide in 2011 changed the way clubs look after their players**

more players/ex-players that speak openly about their issues in the press and media often leads to a spike in calls.

"[After Speed's death] we were inundated with players coming forward looking for support."

Last year, Marvin Sordell, who

retired aged just 28 with 14 England Under-21 caps, called for full-time counsellors in football clubs following the announcement that he'd attempted suicide in 2013.

"Clubs have become more accepting and tolerant, but there is still a prevailing attitude from some who view mental health problems as a sign of weakness," he said.

"Clubs should have an in-house counsellor or psychologist as part of the playing staff, who is around the players all the time and importantly doesn't report back to the coaching staff. I have spoken to many, many players about this and if there was somebody at the club who was neutral and they could trust, they would confide in them," he added.

### Some way to go

With clubs now doing their part - or at least being encouraged to - the responsibility now also rests with us the fans (as well as pundits and others who work within the media and the game) to make football a more accessible place to receive help for mental health.



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# EAT YOURSELF HEALTHY

written by Janet Comrie

This month's Food and Mental Health article is a review of Megan Rossi's new book *Eat Yourself Healthy*.

Rossi is a research fellow at King's College London and a founder of The Gut Health Clinic at Harley Street in London.

Her book, which was published in September, is a straight-forward practical eating programme, packed with easy to understand scientific facts about what the biome does for our mental wellbeing.

It has been known for a long time that there is a connection between our gut and our brain via nerves, but its only in more recent years that a third element to this relationship has come to the forefront – gut bacteria.

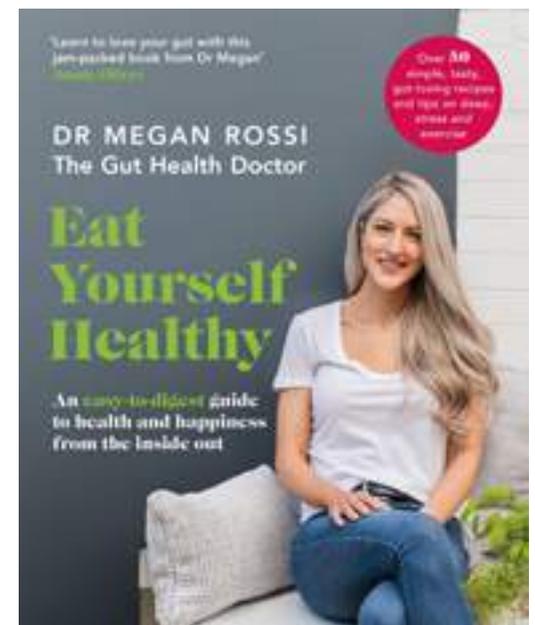
These bacteria, also known as the biome, communicate with the brain in three different ways: they send signals up the vagus nerve straight to the brain; they influence immune cells in the gut;

and they produce chemicals that travel in the blood. And these signals work in both directions.

In *Eat Yourself Healthy*, Rossi explains how to feed our gut bacteria the right kinds of food, predominantly including a wide range of plant-based foods, rather than taking supplements for the nutrition we need, along with a wide range of whole grains, seeds, nuts, legumes and fruit. These things should be a regular part of our diet.

Rossi explains that people who have at least 30 plant-based elements in their diet have better mental health, better weight management and a healthier heart.

The book itself is written in eight easy sections, each one covering a topic in simple, easy to understand terminology, with enough detail to help the reader understand just what's going on when food is eaten, its journey into the gut and the effects and benefits the



nutrition in the food provides. There's a section on food intolerances, covering many common ailments to help you reduce or remove symptoms through diet.

Finally, the book gives a superb selection of breakfasts, lunches and dinners to get you started on improving your gut bacteria, and a step by step action plan that will make a meaningful and measurable difference to your everyday life.

*Eat Yourself Healthy* is available from Waterstones, Amazon and other book retailers.

## Poor gut health makes it harder to cope with PTSD

A study has suggested that treating PTSD is more difficult if the patient has poor gut health, which makes it harder to forget mental trauma. The study even suggests that this new research could help us understand other mental health conditions and brain health in general.

Published in the journal 'Nature', the research found that a group of microbes that live in the gut, known as the microbiome, can make it harder to 'learn our way out of fear.'

Scientists studied the conditioning of mice to find that those with depleted gut microbes were much slower to stop showing fearful behaviour during the study.

They also found that 'germ-free' mice, who had been raised in sterile, isolated containers and therefore had no microbes in their gut reacted in the same way.

These findings are the first time scientists have been able to demonstrate that changes in the gut can result in a specific drop in the ability to forget a learned response to a fearful situation.

This may help the treatment of PTSD in which, like many mental health conditions, fear has a major influence.

"The potential applications are wide-ranging, because alterations in

cognition and synaptic plasticity are seen in nearly all neuro psychiatric disorders." said Dr Drew Kiraly, an Assistant Professor of Psychiatry.

"Perhaps most germane to the current study would be the treatment of post-traumatic stress disorder, in which people cannot extinguish memories of frightening or traumatic experiences."

"The work raises the possibility of targeting the gut microbiota and its metabolites as a strategy for helping such individuals. Much remains to be done, but this study is an important step in our mechanistic understanding of the gut-brain axis."

# EATING ALONE

## Have we lost touch?



### Aspire2 Deputy Editor Alex Morrall explains how the practice of eating by ourselves can affect our mental wellbeing

Eating by ourselves has become common practice. Think about it; at work, in the car, even at home in front of the television programme you pretend not to watch, we all seem to have contributed to the shift in attitudes towards solo dining.

Now, what I'm not writing about is the self-gratifying table for one at a restaurant in an exercise of glorious individuality.

I mean the day-to-day routine of eating the necessary meals to fuel regular functionality. You may even be eating lunch at your desk reading this very feature 'al desko' as it has affectionately been euphemised (yes really).

Over a third of us Brits regularly eat alone at mealtimes, a survey carried out by Sainsburys revealed, with a surge in young people opting to order in via apps and online rather than cooking and eating communally as well as many of us eating alone at work.

Looking globally, New York reported an 80% increase in eating alone from 2014 to 2018 and Japan's low-interaction dining experiences have risen significantly in the last few years (most often noodle restaurants in which dishes are passed through

curtains and screens to keep human interaction to next to nothing). So, is this a problem for our health and wellbeing? Possibly.

Research is uncovering the negative impacts of regularly eating alone and found it to be linked to a variety of mental and physiological health conditions, from depression and anxiety to diabetes and increased blood temperature. Perhaps, then, the rapid increase in solo dining should be cause for concern.

Eating has long been an opportunity for social interaction; even inter-familial relationships benefit massively from a regular shared eating experience. The old adage 'a family that eats together stays together' has never seemed so relevant.

Often now the conflicting busy schedules of the average family sacrifices structured eating rituals. With work, extracurricular activities, school runs, homework and all the other challenges life throws at us breakfast, lunch and dinner often fall through the cracks.

So, cereal bars in the car or a single serving of microwaved porridge have rapidly taken the place of a table-bound communal exchange over food. Breakfast

has always fallen first in the tug of war between living to eat and eating to live, that much is commonplace and somewhat the most understandable. Mornings are a challenge regardless. But the satiating succour once provided by the evening meal is slipping away now too, to convenience food, cheap restaurants and eating silently in front of the television.

A family meal (one without screens to stare at) has huge beneficial factors to an entire family's health both physically and mentally even if it's just once a week. We all know the culinary pleasures of a good old-fashioned Sunday roast, but the weekly ritual could have more benefits to offer than just cracking leftovers and Yorkshire puddings.

It isn't just families who eat alone regularly. A UK study found that older adults were at risk of having a lower-quality diet if they lived and ate alone.

Not only that but those who are single or widowed tend to eat a very limited variety of foods as well as fewer fruit and vegetables - especially men.

In fact, there are studies that suggest lacking in social activities is linked directly to the quality of one's

diet and that having fewer friendships increases the risk of an unbalanced and unhealthy diet.

Worst of all is that around one million elderly people in the UK regularly skip meals because the idea of eating alone is too upsetting.

### So, what are the impacts?

Well, there is evidence of many multifaceted effects of regularly eating alone and preoccupied, both physical and mental. Initially, the physical trends we see are those of increased diabetes, obesity and high blood temperature.

This seems to stem from the idea that when you eat alone, you're more likely to eat standing up, you're more likely to eat junk food and you're less likely to think about mindful consumption.

Mindful consumption is a way of eating that is aware of nutrition, balance, mode of consumption (time, location etc) as well as the economical and environmental impacts of a diet.

So, convenience, fatty foods that are cheaper than healthier alternatives are more likely eaten alone than with company, plus this not only harms your body but also the planet (think plastic ready meal boxes, plastic drinks containers and food waste).

***"We see younger people — millennials, for example, or even younger — who are ordering in a lot or may not even have cooking facilities in their apartment... We're less conscious of what we're doing when we're alone or when we're in a rush or in transit... The evidence is pretty clear: in general, eating with other people is good for us."***

- Kate Mulligan, associate professor at the University of Toronto's School of Public Health

But what we're most occupied with is the impact on our minds and wellness it can have. Studies seem pretty universal in the knowledge eating solo can lead to increased feelings of isolation, loneliness and depression.

Choosing to eat alone is entirely separate from having to eat alone. Where one may come as a rare moment of enjoyable solitude the other can contribute to the onset of depression and anxiety. In treatment of depressive disorders, a school of thought highlights the important



of 'ACE' activities; achievement, closeness to others and enjoyment. Eating together can fulfil both the enjoyment and closeness to others parts of that trio.

People like to eat together and we always have; with feasts and banquets used in centuries of celebratory fashions, school lunches and family meals at the table it seems we are predisposed to prefer a communal eating space. It allows

for conversation (vital for the upkeep of mental health), learning and development.

The very word 'nourishment' derives from the Latin 'nūtrīre' meaning 'nurse'. Children learn language, essential skills and nutrition at a dinner table, but even we as adults can learn through interaction during meal times. Regular shared mealtimes provide a sense of rhythm and routine in our lives. They offer a sense of containment, comfort and familiarity. Sharing food can evoke deep and innate feelings of contentment and security.

Humans thrive on structure and regularity. Mealtimes offer people the opportunity to stop, to 'stand still' psychologically, to reflect on their day and their feelings of the days ahead, and just as importantly to listen to and interact with others.

Mealtimes are also a grounding opportunity, a time when anxieties can be expressed and you can be listened to. They are a great and often missed opportunity to identify and begin taking actions towards mental health conditions and concerns.

### So, what's changed?

Looking back, it seems we as a population would eat together as set mealtimes far more regularly, with families having dinner at the table every night and workspaces allowing time and freedom to enjoy a nourishing lunch in a more relaxed and communal space.

Perhaps it's a case of rose-tinted retrospect. But what is certain is the world is speeding up. Food is becoming cheaper more easily available to order and our schedules are becoming more frenetic.

With work life and home life becoming more ill-defined, coming home does not necessarily mean

leaving the stresses of a working life at the doorstep. For many Britons and young people, work and school are in our pockets at all times, reminding us of the world awaiting us beyond the dinner table through the wonderful (and invasive) miracle of the internet. Having not only the time but the freedom to create a relaxed and shared eating experience is even more difficult now.

Fuelled by overbearing corporate food companies and their immense capital and outreach our eating life has taken an unmistakable cultural shift.

Eating alone by choice can be enjoyable; an exhausted parent taking time for a breakfast alone or taking a mindful lunch hour alone to reflect on your own thoughts - like reading it can be a quiet and introspective time.

But that is by far the minority of lone meals. This trend of meals being sacrificed to more convenient and efficient means is a worrying one and as the UK's rates of depression continue to rise it may be one issue often overlooked and underdressed.

Eating is an important part of everyone's lives for more than just refuelling ourselves. We need it as an integrated and routine time of mindfulness and conversation.

We always have and will continue to need it going into the future. The cuisines and means of acquiring the foodstuff may have changed but the fulfilment of sharing a time for eating in a safe, reflective space certainly has not.



*Banning phones at mealtimes can help healthy conversation thrive at dinner time - which can have an impact on our mental wellbeing*



## Here are some ideas to turn the tide of mealtimes in your favour:

- 1. Set a time:** Set a realistic goal of at least one day every week to set aside for sharing a meal, be it family or friends. This should be valued and maintained as part of a weekly routine. It could be anytime: Sunday dinner, a relaxed weekend breakfast or a Monday lunch hour to shake off the Monday blues.
- 2. Make your cooked meals simple and achievable:** This goes without saying: cook what you enjoy and feel comfortable doing. Whether it's a three-course banquet or a few sandwiches and some tea on a park bench, make the food suit you.
- 3. Ban phones:** Put them in a drawer, a box and lock them away. This will encourage healthy conversation void of distraction. Work emails can wait, you are a human being and you deserve a nourishing meal and you deserve to enjoy it.
- 4. Plan ahead:** Take my advice as this is a life saver. Prepare meals and plan them ahead, that way there is less stress when it comes to preparation and choice. Use your freezer to stash entire meals or simply chop up your vegetables for the week and store in the fridge for future use. Better yet share the work and allow your company to pitch in anyway they can (setting the table, bringing the drinks or washing up).



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# Film, TV and mental health

In this section we look at TV shows and movies and how they successfully (or otherwise) depict mental health conditions. This month, we're looking at cult classics from the early 2000s: *Eternal Sunshine of the Spotless Mind* and *Donnie Darko*.

## Eternal Sunshine:

### How mental health drives the plot from the back seat

While the message of this 2004 oscar-winner is that you need mistakes in order to grow, the implied mental health conditions of the protagonists help make this beautifully doomed relationship so incompatible. [Aspire2 Senior Editor Sam Atkin](#) explains.

*Eternal Sunshine of the Spotless Mind* is one of the most highly-acclaimed films of the 2000s and arguably the decade's best romantic drama. Now 15 years old, the bittersweet *Eternal Sunshine* still resonates as an unconventional but incredibly real romance, where the characters are far from perfect. What makes them so is their personalities, and both almost certainly suffer with mental health conditions.

The film stars Jim Carrey as the very un-Jim Carrey-ish Joel, a quiet introvert who displays symptoms of depression and anxiety, opposite Kate Winslet as Clementine. Where Carrey differs from his usual characters as Joel, so too does Winslet as Clem, who is extraverted and adventurous, while showing symptoms of borderline personality disorder (BPD).

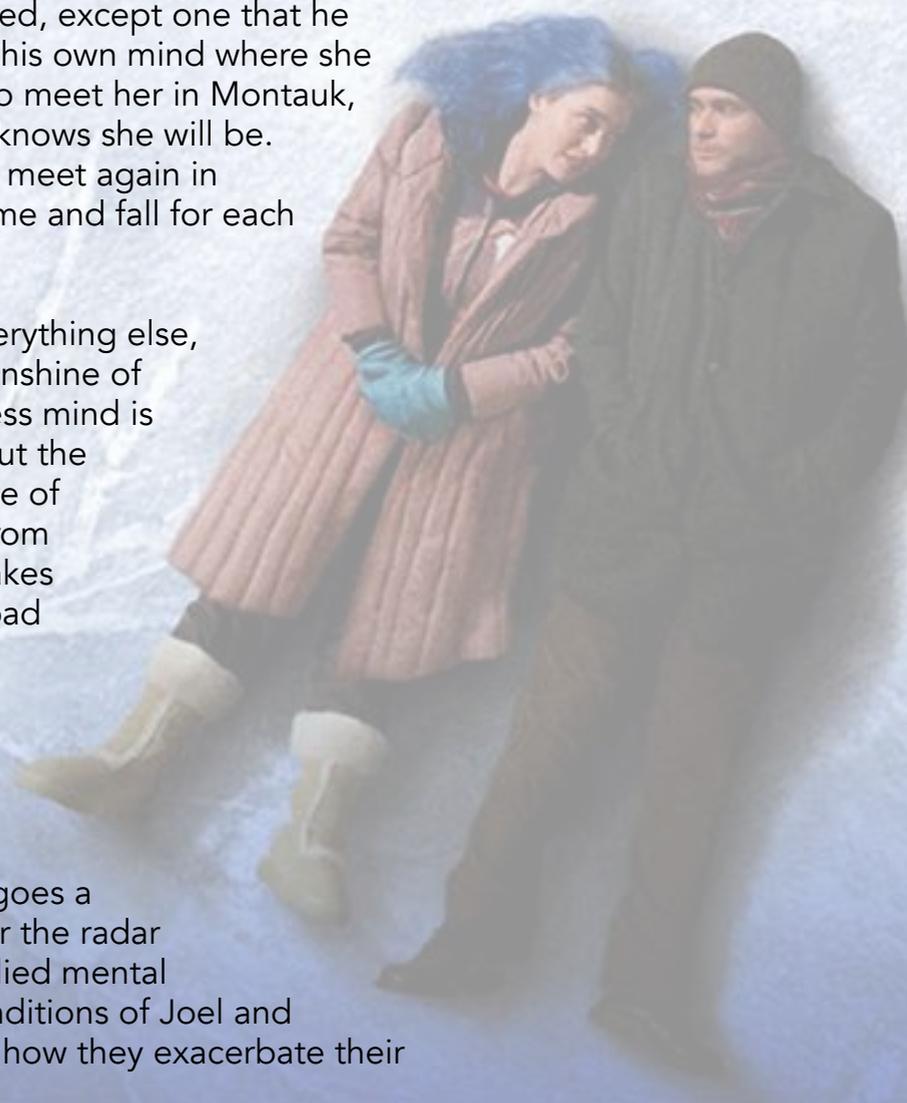
*Eternal Sunshine* begins with Joel meeting Clem, a sequence we later realise is actually at the end of the movie's chronological timeline. We soon discover Clem has had her entire year-long relationship with Joel erased from her memory using sci-fi-style memory-altering technology. Joel decides he wants to do the same thing.

But while the scientists are working on erasing Clem from his mind, Joel relives

the happier memories in his unconscious state and he realises he doesn't want to remove the happy memories at all, and that he still loves Clem. Eventually, all Joel's memories of Clementine are removed, except one that he creates in his own mind where she tells him to meet her in Montauk, where he knows she will be. They then meet again in present time and fall for each other.

Above everything else, *Eternal Sunshine of the Spotless mind* is a film about the importance of learning from your mistakes and that bad memories can be good for us in the long run.

But what goes a little under the radar is the implied mental health conditions of Joel and Clem and how they exacerbate their



troubled and turbulent relationship.

First, let's examine Joel who almost definitely suffers from depression and possibly from anxiety too. When we meet him, he seems hopeless. The erasure of Clem from his mind gives him the feeling that something is missing but he doesn't know what, which mirrors how depression manifests itself in a lot of people. Joel seems constantly unhappy, with incurable dissatisfaction. In terms of anxiety, he dislikes talking for the sake of talking, "constantly talking isn't necessarily communicating," he says. He also says he's unable to even make eye contact with women.

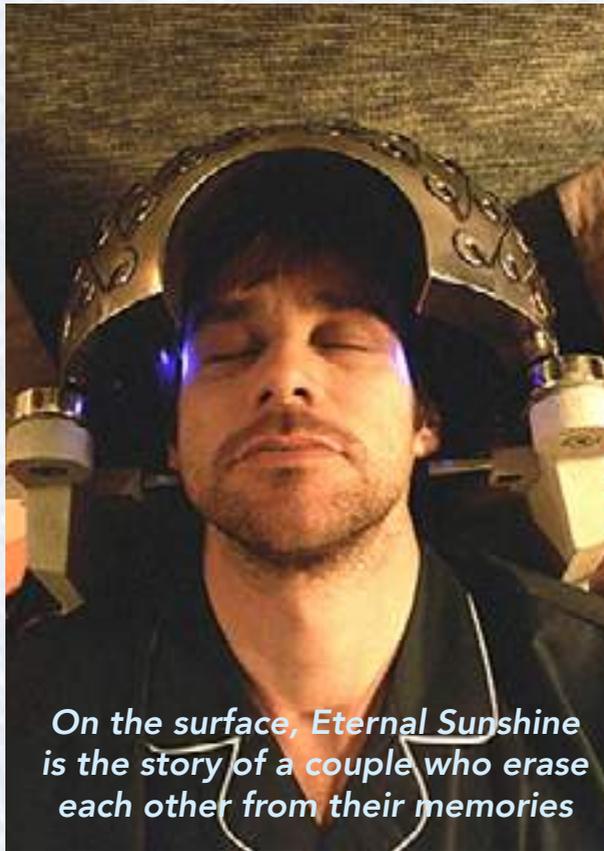
According to Mind, other symptoms of depression include feeling isolated and unable to relate to others, a sense of unreality, regularly being teary and a lack of self-confidence and self-esteem – all things evident in Joel's character.

Clem has consistent symptoms of borderline personality disorder. She's unstable, both emotionally and in her relationships with others and is highly impulsive – she went to erase Joel from her mind without hesitation. "You know me, I'm impulsive," she says. It's likely that Clem also suffers from anxiety in some form, even saying "I'm always anxious thinking I'm not living life to the full."

Clem's impulsivity is clear when, off-screen, she crashes Joel's car while drink-driving, which sets up the argument where they split up – also fuelled by Joel's paranoia that she had been cheating on him.

Other symptoms include fears of being abandoned (Clem says "Joely, don't ever leave me") and finding it hard to keep relationships ("too many guys think I complete them").

The film uses Clem's hair colours to show the stages of grief of the relationship. Her hair is red (the colour of love and passion during Joel's happy memories) orange when the passion has faded and green during



the last memories, when it seems hopeless that he'll retain his memory of her. The green actually shows stage four of grief – depression, which hopelessness is a major feeling in.

Their personalities clash and it's made worse by the fact that their negative traits (Joel's negativity, Clem's irrationality) are exacerbated by their mental health conditions. Their traits annoy each other and make each other feel constantly insecure once the 'honeymoon' phase of the relationship has worn off.

Because of his personality, Joel bottles up, writes down or ignores his feelings, internalising his depression and making it worse. This is something we see frequently in depression in men. He will do anything to avoid expressing how he's feeling.

Clem, on the other hand, acts out her emotional pain, rather than suppressing it. She confronts her problems head-on, often with disastrous results. These two sets of ideals clash badly during the latter stages of what we see of the couple's relationship.

Joel expects Clem to be the cure for his depressive tendencies. He

becomes exasperated with the relationship when he realises that she's not 'fixing him' and makes Clem feel worse with his insecurity and paranoia, fuelled by anxiety. As mentioned, Clem says men always seem to expect her to complete them.

While their personalities would clash even if neither suffered with mental illness, the turbulence is made worse by the fact that both so clearly do.

Eternal Sunshine is refreshing as a romantic film because none of its characters are even close to being perfect human beings. In the case of Joel and Clem, nothing drives this normal, everyday relationship apart except their differing personalities and character flaws.

The technology used to wipe their memories raises moral questions about whether erasing trauma would actually be good for us. The cathartic experience of recovering is something that makes us stronger and teaches us a lesson and the obvious message of this story is that we need mistakes in order to grow.

The film's conclusion is actually quite bittersweet when you consider that Joel and Clem have both had their experiences with each other removed and there's no indication of whether they will do anything differently in the second time around of their relationship. Joel accepts their incompatibility and the fact that the relationship is doomed but he is still willing to go through it again because he knows there will be good memories. And that, above all else, is why this is a great romance.

**So the need for mistakes is the main focus of *Eternal Sunshine of the Spotless Mind*, but this film also does a lot to portray what mental illness can do to a relationship – despite never explicitly mentioning it. The incompatible relationship is agitated by the mental struggles of Joel and Clem.**

# DONNIE DARKO:

## The Sleeper Hit Deserving of Revisit

*If revisiting an old movie is anything similar to going back in time, writer-director Richard Kelly's captivatingly strange exploration of teenage mental illness and the philosophy of time travel is definitely one to go back down the rabbit hole for. But this time, the rabbit's name is Frank. Written by Aspire2 Deputy Editor Alex Morrall.*

Its 1988, Virginia. Dawn paints the sky purple above Middlesex County, a well-to-do suburban neighbourhood and sixteen-year-old Donnie (Jake Gyllenhaal) is awakening from another night's sleepwalk on a mountainous road in the alien hills of Mid-Atlantic, Reagan-era America. And so, like a strange dream, this wonderfully weird 2001 box-office flop turned beloved cult classic begins.

Originally released in the USA to lacklustre reception, Darko was shown on only 58 screens nationwide, grossing \$110,494 on initial screenings and just \$7.6 million worldwide, just enough to recoup its budget.

Epitomising Generation X's angst and taste for black comedy the admittedly nihilistic tone and generational violence is thought to have been met with tepid enthusiasm given the film's release being soon after the September 11 attacks, not to mention the film's plane accident.

However, in 2004, New York midnight screenings of the film's extended directors cut generated months of buzz which eventually travelled across the pond to London and became a verified VHS hit through word of mouth alone.



At its heart, Donnie Darko is an exploration of what it is to be a disenfranchised teenager pondering your place in an unknowable and dark sided world. Donnie is broodingly intelligent, emotionally troubled and, for sure, schizophrenic.

He sees his psychiatrist regularly, takes his medication begrudgingly and fantasises about righting the wrongs in society.

But like any other teenage boy he hangs out with his goofy friends, smokes and drinks in secret and talks half-truths about sex.

His world of domestic malaise comes crashing to a halt however

(literally) as a fallen jet engine crashes through his bedroom ceiling, puncturing his boring but liveable existence and shifting the trajectory of his world like a cosmic railroad switch. What is strange is that no one knows where it came from. But what is even stranger is that Donnie isn't there, he followed

Frank, his humanoid 6-foot-1 bunny rabbit hallucination to sleep elsewhere, effectively cheating death to stand on a golf course and listen to Frank prophesise the end of the world. Yes, you read that correctly: jet engine, six-foot bunny, golf course, end of the world.

Director Kelly creates an offbeat ensemble of characters to populate his 80's suburban microcosm. From Donnie's exhausted but loving parents, his provocative older sister Elizabeth (Maggie Gyllenhaal) to the censorious teacher turned part-time crazed dance instructor Kitty and her idol: questionable self-help guru and secret sex offender Jim Cunningham (Patrick Swayze). Middlesex is portrayed as a parable for the dark façade of American domestic conservativeness with

Donnie observing, absorbing and hating it all. Kelly renders Donnie's existence with a dreamlike quality: there is a sense that he should have

died in his room and now inhabits some liminal space between life and death, time and space. This newly tenuous existence allows for both an insider and outsider perspective.

The plot progresses as Donnie commits increasingly destructive acts of vandalism, disruption and eventually arson at the behest of rabbit, Frank.

Donnie finds love, encounters loss, sees visions of wibbly wobbly timey tube portals and ruminates on the genitalia of the Smurfs.

The atmosphere darkens and the overarching feeling of inevitable



annihilation peaks as the film meets its cathartic but melancholic conclusion. Gary Jules' cover of 'Mad World' plays as characters lie in bed each in isolated introspection and for better or worse the world is back on course.

Understandably from this feature the plot may be hard to envision. But its basic shape is very simple: a countdown to the end of the world, a hurtle towards what is either a time-bending, sci-fi conclusion or the disintegration of Donnie's troubled mind, or both.

As a result, the film, even at its most whimsical, has a creepy, almost unbearable intensity infused with a sense of impending doom and visceral psychosis.

Nowadays the movie has joined the cinematic cannon of seminal pieces of indie cinema. A truly remarkable first feature by an American independent filmmaker in recent memory. Its longevity, initially unlikely, has allowed for two new generations to encounter Donnie and his electropop wormhole of a narrative. Both of which have found similar resonance in the movie.

The pop nostalgia of Middlesex has only intensified in the 16 years since Darko's initial release, as demonstrated most recently by the hit Netflix series "Stranger Things," which shares Kelly's affection for Steven Spielberg and Stephen King's imagery.

But what really sets Donnie Darko apart is its unflinching, consequential and non-derivative portrayal of teenage mental illness. Gyllenhaal perfectly embodies the awkward, angry and confused

Donnie, through the foreign landscapes of lucid dreams, hallucinations and high school romance all whilst incorporating enough subtly to slowly introduce the truth behind the character's separation from everyone else's reality. His isolation here is amplified on screen with inclusions of time travel, prophecy and pseudoscience but the parallels with true experiences of psychosis are clear throughout the film.

Donnie's parents are finding his condition hard to understand but are desperate to find an effective treatment. To quote Donnie's English Teacher (Drew Barrymore), his anguish is 'crystallised with the pain of puberty', something that has cross generational and renewing relevance. His rage, turned to anarchist outbursts epitomises



not only teenage rebellion but the often-overbearing frustration at comprehending the world differently from everyone else.

If Kelly had created a one dimensional, science fiction flick devoid of such salient themes it wouldn't enjoy such cultural success.

Donnie Darko has a cumulative staying power because it doesn't soft-pedal its subject, or neuter it by trying too hard to please the audience, it is confusing and strange and Donnie really is experiencing mental illness at a formative time in his life.

We as a society are gradually improving and changing attitudes towards mental health, with governmental proposals left right and centre pledging aid for young people's preventative care the film seems just as relevant now as it did in 2001.

The conclusion can move viewers to tears in inexplicable fashion for a film about time travelling aircrafts.

I would, without hesitation recommend either a revisit or a first-time watch. You might need to watch it once or twice but that's our privilege as viewers; we can rewind time and go back to the start again.

# Art and Poetry

Each month, Aspire2 will feature artworks, poetry and other artistic expressions inspired by or created about mental health. We aim to feature works by renowned and upcoming creatives alike.



**Depressive**

by [@thatsmokinseagoatbabe](#) on Instagram



**Untitled**

by [@frankieescapaints\\_](#) on Instagram

"sometimes you have got to put everything else aside and just take care of yourself learn your worth learn that not everyone will understand you and learn that that is okay learn that sometimes you will have to walk away you cannot recover in the same place that made you sick you cannot pour from an empty cup you cannot force someone to love you you have got to love yourself"



## Untitled

by Will McPhail, *New Yorker* cartoonist

## Haiku

by Lauren, *travel blogger*

What does it feel like?  
Nothing but everything.  
Different, the same.

## The Monster

by Olivia M Likens

Dear Anxiety,

When they ask me what I am afraid of,  
I lie.

I can never expose you,  
never tell the truth about you  
for fear of speaking you into  
existence.

You are my punisher and my  
captor,  
my tormentor, my torturer.  
You are the little voice inside of my  
head  
telling me bad, bad things to do to  
myself,  
things I can't talk about  
for fear I'll forget who I am and turn  
into you.

You tell me we are one and the  
same, but I am not you.  
I would never hurt a child the way  
you have hurt me.  
I would never tell a young girl she  
is unlovable,  
or fat,

or ugly,  
or crazy,  
or worthless.

I would never tell her to carve ugly,  
terrible words into her body,  
to hold a flame to her skin,  
until she has burned herself so  
badly that the pain goes out like a  
light  
and her nerves are dead,  
just like she should be.

I don't know why I listen to you  
when you force me to my knees in  
front of the toilet.  
When you send me running around  
the house in a panic,  
searching in vain for a pencil  
sharpener I haven't already  
dismantled.  
When you tell me the closest to  
love  
I will ever come is sending naked  
pictures of myself  
to disgusting hunters of young  
prey.

But I am not afraid of them.  
I am afraid of the shadows of my  
mind

of the twisted and warped reality I  
am living in.  
And I scream, because it is all in my  
head.

I scream because none of it is real.  
I scream because you are clawing  
your way up my throat,  
stealing my voice, gouging out my  
eyes, eating away at the lining of  
my stomach,  
turning my bones to jello and my  
hair to dust,  
destroying, destroying, destroying,  
destroying, destroying, destroying.

ENOUGH.

I have had ENOUGH. I am not you.  
I never was.  
I never will be.  
This is only a body, and you are  
only a feeling, and I will rise above.

I am above this, above you, above  
my thoughts, above it all.  
And I will survive.  
And I will love me.  
And I will not let go.

Sincerely,  
Olivia



### Abstraction Blue - 1927

by Georgia O'Keeffe

Recognised as the Mother of American Modernism, Georgia O'Keeffe suffered from depression and was hospitalised for the condition in 1928.

This example, Abstraction Blue, typifies the type of art she was famous for.

"I found that I could say things with color and shapes that I couldn't say in any other way—things I had no words for," she explained.

"Men put me down as the best woman painter...  
...I think I'm one of the best painters."

## Gallery launches £10,000 national art prize

A gallery in Cockermouth, Cumbria has launched an art project with a £10,000 prize to highlight mental health problems.

Created by Steve and Christine Swallow, owners of Castlegate Gallery, The Castlegate Prize opened for entries in November.

Money raised (including entrance fees) will go to YoungMinds, a charity dedicated to mental health support for young people.

We're leading the fight for a future where all young minds are supported and empowered, whatever the challenges. – YoungMinds

To win the £10,000 grand prize, funded by the gallery, artists must take the word 'hope' as the inspiration for their painting or drawing. Steve commented: "YoungMinds is a truly excellent charity whose work brings hope to young people and also their families who may be going

through difficult times too. Because of this, we chose 'hope' as the most appropriate word to inspire entries for the inaugural Castlegate Prize.... It's up to each artist to take that inspiration in whatever manner they see fit."

The entries will be judged by Steve and Christine themselves along with Cumbria-based prize-winning painter Martin Greenland, British contemporary painter and printmaker Eileen Cooper RA, OBE, and broadcaster, writer and journalist Stuart Maconie.

Steve added: "We believe this truly is a unique art competition, one that can inspire artists and do some actual good at the same time."

Vanessa Longley, Director of Development at YoungMinds, also added her support: "We are thrilled to receive support from Castlegate House Gallery through The Castlegate Prize...."



Their contribution will ensure that we can continue our vital work fighting for the mental health of children and young people across the UK... "We look forward to seeing how the artists interpret the theme of the prize.

**Entries for the Castlegate Prize close on February 14. The winner will be announced on May 2 with the best 30 works exhibited at the gallery for the following three weeks.**

**Entrants must be 16 or over. For more information see [www.thecastlegateprize.co.uk](http://www.thecastlegateprize.co.uk) [www.youngminds.org.uk](http://www.youngminds.org.uk) [www.castlegatehouse.co.uk/](http://www.castlegatehouse.co.uk/)**

# Finding the time to talk

**Gus Hughes, Programme Lead at Hiscox UK, explains how workplaces taking notice of mental health can benefit everyone.**

World Mental Health Day is always a fantastic opportunity for us all to raise awareness of mental health issues and advocate against social stigma.

There are some fantastic campaigns being run across the UK, by the likes of Time to Change, Mind, and many others – with the theme this year focused on suicide prevention. This is an incredibly important topic, and one I'd urge you all to engage with. Having supported colleagues considering harming themselves, I cannot stress the difference we can all make here.

For me, personally, the day always starts with the basics – in finding the time to talk.

The world has changed dramatically in the decade since I myself fell ill. We are now in a world where the stigma has begun to be challenged;

where people are asking twice; where knowledge and understanding is so much better; and where it now feels possible to make that time and to begin those conversations.

And, just as importantly, to begin those conversations in the workplace.

We can do some of the maths here:

The average British worker spends 34 hours a week in their place of employment; or some 3,600 days during their lifetime. We only spend more time in bed.

It is, therefore, the place where our mental health can be most impacted, either positively or negatively – we might bring our problems and concerns into work; or work itself can be a major concern.

Our workplaces, therefore, should

provide the perfect opportunity to support mental health concerns – but it's one we consistently miss. In 2014/15, 9.9 million days were lost to work-related stress, depression or anxiety.

Each year mental ill-health costs the UK economy an estimated £70 billion through lost productivity, social benefits and health care.

The numbers make sense for both employers and colleagues: Engage early, create the space to explore the issues, and provide the support – and it will pay back, professionally and personally.

This is why we spent the morning of World Mental Health Day 2019 exploring the Swedish tradition of fika at Hiscox UK. Taking time with cake, coffee, and whoever felt able to join us and talking, beginning those conversations.

## Microsoft Japan's four-day week trial sees boost in employee happiness

Technology company Microsoft has trialled a four-day week policy in Japan and found that employees were more productive and happier.

The company's Work-Life Choice Challenge Summer 2019 gave the entire 2,300-person workforce Fridays off for five weeks without decreasing pay.

Productivity increased by 40% and absences reduced by 25%. 92% of staff said they liked the shorter week.

"Work a short time, rest well and learn a lot," Microsoft Japan president and CEO Takuya Hirano said in a

statement.

"I want employees to think about and experience how they can achieve the same results with 20% less working time."

It is unclear if the four-day week will be implemented permanently at Microsoft Japan but the company plans to put the policy in place again this winter.

### What is the four-day week?

The four-day week is gaining traction around the world as a viable option to traditional working hours. Staff are paid for a normal five-day week but are generally given Friday off.

Despite the reduction in working hours, productivity has been shown to improve thanks to improved staff morale and focus. On top of this, absences typically reduce, thanks in part to staff having better work-life balance and the benefits that time off has on mental health. Both are evidenced by Microsoft Japan's trial.

In many cases, the four-day week even improves a company's turnover because of the increase in productivity and reduction in absences.

Most importantly of all, staff mental health is improved.



# Running battle

**Brain Page, Mental Health Awareness Advisor and Instructor at Aquarius Mental Health Solutions, explains how finding and sharing his passion for running helped his mental wellbeing.**

I first experienced mental health problems after having a TIA (mini-stroke) in May 2009. The sudden and hard-hitting 'flash of mortality', the simultaneous loss of certain banks of memory, the loss of general knowledge, the lack of ability to think on the spot and the patchy concentration were all quite difficult to come to terms with.

I had to improve my physical health for my own survival, and discovered the treadmill in a local gym, which was the start of my journey into running and a new lifestyle. My mental health was still suffering though, and after a few minor breakdowns in the summer of 2010, I started taking anti-depressants a few months later.

Through running, I found my way forward through what was becoming my very own mid-life crisis. I discovered that running helped me focus; I took pride in what I was doing and actually discovered 'self-esteem' for the first time in my adult life. However, concentration and memory were still difficult, and depression still continued outside my running exploits.

Enthused by my new-found life-style, I became keen to promote physical activity in general, and looked for every

opportunity to encourage friends, family and colleagues to get up and try running; passing on whatever knowledge I had mustered in the previous two years.

My aim was to encourage sedentary people to become active, with plenty of support and encouragement while improving their own mental well-being. I had found the channel to promote and engage community running through my own ideals and ethos; running without barriers – with mental health problems being the paramount barrier to overcome.

Creating my own clubs and groups was the way forward; it filled me with pride and self-esteem, but it also brought several anxieties, with my own mental health problems nibbling away at me. Despite this I found that although it is sometimes difficult to raise yourself from depression, I realised for me it was even more depressing to let someone down, brood over it and spiral down even further.

I've since gone on to become a Mental Health Champion and a Run Leader Mentor with England Athletics, as well as Mentor with a local Mind group, and have attended several Mental Health and Suicide Prevention courses and

workshops as part of my continuing professional development.

These roles have given me more confidence and have been increased my opportunity to liaise with people with their own mental health challenges, and finally becoming a Mental Health Awareness Advisor, creating Aquarius Mental Health Solutions and qualifying as an Instructor in Spring 2019.

My experiences of mental health, along with my desire and ability to promote what I believe in, and to assist people with similar mental health issues as myself, has a great bearing on my own mental wellbeing. There may well be future bouts of depression and anxiety in my own social, working and family life, but I can draw down from the experience and knowledge that I have endured from my training over the years, and apply skills and techniques to help counteract them.

For me there is no greater challenge than to help turn someone's life around through utilising physical activity to improve mental wellbeing, and the impact on my own mental health issues has been greater than I could ever imagine.



**Aquarius Mental Health Solutions are North Kent-based Mental Health Advisors, Champions & Instructors, who specialise in Mental Health Awareness and Training in the workplace and within the sporting environment.**

Tel: 07833 640800

[www.aquariusmentalhealth.com](http://www.aquariusmentalhealth.com)



retailTRUST<sup>®</sup>

# Improving the wellbeing of everyone involved with retail

retailTRUST has been improving the lives of retail employees and their families since 1832 through emotional, physical, vocational and financial support.

As the one of the oldest charities in the UK, the Trust supports retail employees throughout their lives, from getting into retail all the way through to retirement.

The charity offers a diverse range of services and programmes which include:

- Emotional support
- A free and confidential helpline
- Face-to-face and telephone counselling
- Personalised wellbeing support
- Cognitive behavioural therapy
- Financial assistance
- Non-repayable grants
- Redundancy help
- Legal guidance
- Critical incident support
- Career development
- Coaching and mentoring
- Training to develop new skills or re-skill
- Apprenticeship degrees
- Supported living for retail retirees.



## Transforming wellbeing through preventative self-help resources

A new addition to the holistic support offered by retailTRUST is their wellbeing website [myrtwellbeing.org.uk](http://myrtwellbeing.org.uk). The confidential site contains expertly curated digital content which can be personalised to support the wellbeing of you and your colleagues.

The charity's aim is to make it easier for people to access personalised tools to manage their health and wellbeing, and develop their skills.

**“This life-changing initiative offers retail employees proactive and preventative self-help resources, so they can get timely support before any issues escalate. The site is designed to be personalised to assist individuals and meet their needs throughout their lives.**

**“Employees can access the website through their employer. With over 350 pieces of digital content to support a person's home and work life, this latest addition enables retailTRUST to deliver all-round wellbeing support including face-to-face, over the telephone, on site and now digitally. The platform will enable us to help more retail employees and make a difference to their lives.”**

Cliff Lee, Head of Wellbeing at retailTRUST

**For more information about how retailTRUST can support your organisation, visit [retailtrust.org.uk](http://retailtrust.org.uk)**



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## Stress management techniques: tips for staying well every day

When we're doing things that are good for us on a daily basis we tend to manage stress more effectively as and when it arises. This is not to say that we won't face challenging times or bad days but when we're in a good place physically and emotionally, we're more likely to address stress proactively and with a clear head.

Everyone does things to stay well on a daily basis (whether habitually, consciously or unconsciously), and while the following might not immediately look like stress management techniques, they are...with the added bonus that they're easy to do, enjoyable and don't cost much – if anything!

Stress management is about keeping yourself well before stress becomes overwhelming. Just like brushing your teeth is essential for good oral health, eating healthy foods is no different. When we're well nourished, we simply manage stress better. Similarly, when we get a good night's sleep, have time on our own to relax, take a walk in the evenings or get organised for the day ahead, we're much more likely to manage stress proactively and effectively.

### What are the benefits of your daily stress management activities?

Every daily stress management activity you're practising is having a positive impact on you – physically and emotionally. If it didn't, why would you keep doing it?

It's amazing how things that we do every day (usually without even realising it) have a profound impact on our wellbeing and ability to manage stress.

Here are some examples of how you can stay well each day:

- Spend time with your family and friends
- Remember to take a break at lunchtime
- Learn something new
- Watch the sunset
- Have a cup of tea
- Eat healthily as often as you can
- Have some 'me time'
- Take a relaxing bath
- Laugh!

### Weekly stress management: what are you looking forward to?

It's crucial – regardless of the kind of week you're having – to have something to look forward to at the end of it. And it doesn't have to be a grand gesture, most often it's the simple things in life that give us the most pleasure. It's really relaxing to think ahead at the start of the week and plan even one thing you'll enjoy (and if you have children, include them in the decision as well). No matter what happens in the week at work or home, you know that you'll be rewarding yourself for a job well done at the end of it.

Make a commitment every Monday to plan something to look forward to at the end of a busy week. Here are just a few ideas but you'll have loads of your own too:

- Try a new hobby
- Spend some time baking
- Try a new sport
- Spend time with your pets
- Volunteer for a local charity
- Visit friends or family
- Take a local walking tour
- Read a book in a peaceful place.

### Get in touch

If you work in the retail sector or supporting service industries, retailTRUST can help you during times of need.

Their free and confidential helpline is available 24 hours a day, seven days a week on **0808 801 0808** or by emailing [helpline@retailtrust.org.uk](mailto:helpline@retailtrust.org.uk)

[myrtwellbeing.org.uk](http://myrtwellbeing.org.uk) | [retailtrust.org.uk](http://retailtrust.org.uk)

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## Mental Health Won't Wait: Email your future MP today

Let's make mental health a priority for the next government. It's unacceptable that - in 2019 - people living with severe mental illness still face so many challenges.

From struggling to access mental health services and the benefits they need, to not having a say in how they're treated under the Mental Health Act, and not getting the right support to help manage their mental illness at work.

It's time for a fair mental health system

Will you email your local candidates and ask them to make a mental health a priority?

Visit [campaigns.rethink.org](https://campaigns.rethink.org)

**Our goal is to make sure everyone affected by severe mental illness has a good quality of life.**

To find out more about future events, the work we do and support we provide, visit:

[www.rethink.org](https://www.rethink.org)

## Advice and Support

We provide over 200 expert mental health services in England. These can help you or someone you know with everything from advocacy, to housing to criminal justice and secure services, as well as nursing care and carer support, among others. You can also access over 140 of our local support groups which are run by people with experience of mental illness. Each one offers a welcoming, non-judgemental space in which you can talk openly about your experiences and receive support. Please go to our website at [www.rethink.org](https://www.rethink.org) to see what services and groups are in your area or call us on 0121 522 7007.

Advice and Information Service (RAIS)

Our RAIS service offers practical help on a wide range of topics such as The Mental Health Act, community care, welfare benefits, debt and carers' rights. We also offer general information on living with mental illness, medication and care.

Tel: 0300 5000 927 (Opening hours 9:30am-4pm, Monday to Friday)

Email: [RethinkMailbox@rethink.org](mailto:RethinkMailbox@rethink.org)

**Rethink  
Mental  
Illness.**

**Together we are stronger**

# Run, Run, Rudolph for Mental Health Foundation

Join over 4,000 runners in the beautiful setting of Victoria Park, London, for a fantastic festive fundraiser in a Santa suit on Sunday 8th December 2019.

Now in its 10th year, the Santa Run is the largest in London and is the perfect winter challenge for the whole family to enjoy.



There are two distances available: a 5K run and a 10K – it's up to you to choose on the day which one you want to do!

The picturesque route is pram and wheelchair friendly and the flat paths make it perfect whether you're a beginner or you're looking for a chance to beat your personal best.

Free costumes will be provided on the day so don't forget to grab yours so you can transform into Father Christmas at the drop of a (bobbled) hat! Alternatively, you can bring your own costume – there is a fancy-dress competition for adults, children and even dogs so why not be creative?!

There is lots to keep you entertained on the day at the festive Christmas Event Village, which has delicious food stalls, entertainment, a photobooth area and more!

The sign-up fee is only £25, and the fundraising target is £100 which will be more than achievable with everyone in the festive giving spirit.

You can sign up for the London Santa Run, supporting the Mental Health Foundation by visiting <https://www.mentalhealth.org.uk/get-involved/active-challenges/run/santa-run>

If you have any questions, please email us at [events@mentalhealth.org.uk](mailto:events@mentalhealth.org.uk)



Mental Health  
Foundation

## Brand Ambassador of the Month



Aspire2 Ambassador  
of the month!



@annyjay229

Every month, Aspire2 will feature a brand ambassador of the month. Our ambassadors are shining lights of social media, working hard to raise awareness of mental health and giving their time to talk to people who need help.

Our ambassador this month is Anna, who represents Aspire2 in the UK:

“Hey! My name is Anna, I’m 17 and currently looking to heal.

I believe that one way to heal from past trauma is through our spirituality; meaning going further than our own ego’s

belief system, going past our conscious and subconscious. It means decomposing ourselves to then transform and relive.

The hardworking people at Aspire2 are all so genuine and generous so don’t hesitate to get it touch.

Art, music, nature are things I personally care for. I’m looking to create mental health-related art and you can follow my progress on Instagram if you wish!

Until then, have a good read and live on happily. Love, Anna.”

If you’d like to get involved as an Aspire2 brand ambassador, email Tiegan at:

[Tiegan@aspire2.org.uk](mailto:Tiegan@aspire2.org.uk)



Hi everyone! I’m Tiegan, I’m the Social Media and Marketing Executive at Aspire2!

Each month I’ll be giving updates on the work I do at Aspire2 and spreading the inspiring stories and amazing work of our brand ambassadors.

Since starting my role with Aspire2, I have been promoting the work we do and increasing our following on social media.

I reach out to people to create more awareness of the company and general mental health. I feel that social media can be a cruel place at times, so hopefully I inspire our followers and sign post people to services that will benefit them.

I couldn’t be happier in the work I do, especially knowing

that it’s going to have a positive impact on people.

I recruit brand ambassadors who are as passionate about mental health as I am; it’s lovely to see how many people want to get involved and share their own stories!

If you think you have what it takes to become a brand ambassador feel free to contact any of our social media pages or email me at:

[tiegan@aspire2.org.uk](mailto:tiegan@aspire2.org.uk)

Follow us on social media!



# Lonely at uni:

## Where are my friends?

*"I don't go to a large university or stay in large accommodation halls but I thought that I would easily make friends because that's never been an issue for me"*

**Aspire2 Social Media and Marketing Manager Tiegan explains her experiences at university so far and how the student lifestyle can leave students desperately lonely.**

Within today's society, I question the balance of our lifestyle and the time we make for our loved ones. With such high financial demand with life, it's difficult to balance relationships with professional and financial commitments.

I wouldn't say that I have much of a social life in terms of friends. As a young person, I did what society advised me to do - go to university and build a platform to develop a profession.

University is supposed to be all about support making friends and having the time of your life, however, I couldn't disagree more.

I left my hometown Grimsby and moved to Newcastle to study fashion. Being passionate about the nightlife industry I thought Newcastle, as a location, would have been perfect for me and my social life.

However, I'm currently doing the opposite and have only had 3 nights out in Newcastle – none of which I particularly enjoyed.

I don't go to a large university or stay in large accommodation halls but I thought that I would easily make

friends because that's never been an issue for me.

I think we have this image built up in front of us that we will go to university, have the best days of our lives and set up our career and 'everything will be great' because it's a step forward in our education and personal goals.

But it sickens me the way the university is portrayed in this way, and I've never felt lonelier. Loneliness is something that we associate with the older generation, people who have been widowed or survivors from the war, but what about young people like myself?

I'm scared for other students considering going to uni because of my experience. I'm concerned about other peoples' wellbeing as it can be an awful place if it doesn't go the way it's shown to us - having friends, drinking and socialising.

Loneliness is quite bizarre when somebody is so confident, outgoing and approachable. I can talk for hours on end, laugh and hold a good conversation but when it comes to friendships, am I doing something wrong? I start to question if it's myself

who can't make friends, or maybe the northern society that I'm not used to?

Or is it that people just don't like me and my personality?

I can't quite put my finger on what exactly it is, because I have tried to create this relationship I long for. I put myself in situations and go to flat parties where I know nobody (which sends my anxiety through the roof) but still nothing?

I can't quite understand how these people make friends - why can't I?

It's a confusing time for young people, and I think the way university and the associated lifestyle is advertised needs to be changed, and more guides and support from the universities need to be created, but what exactly can they do? They can't force people to interact and be kind.

I wonder how many other people feel the same way I do? Is this the reason why one UK student dies every four days from suicide?

It's a very sad and lonely world we live in and unfortunately, I'm trapped in it. It's a stressful, heart-breaking experience.

**We believe that no-one  
affected by mental illness  
should face crisis, distress  
or despair completely alone**

**SANEline**

**0300 304 7000**

4.30pm – 10.30pm daily



Registered with  
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REGULATOR**

SANE (limited by guarantee), Registered Company  
Number: 2114937 Registered Charity Number: 296572.  
Registered address: SANE, St. Mark's Studios, 14  
Chillingworth Road, Islington, London, N7 8QJ Tel:  
0203 605 1790

SANE offers emotional support and information to anyone affected by mental health problems through our helpline, Textcare and our online Support Forum where people share their feelings and experiences.

**SANE**



# Childhood poverty: **Alarming implications**

*By David Jones*

I do not understand how a country as prosperous as the United Kingdom has even one child living in poverty - never mind the reported five million children that will by 2020. I don't know what the benchmark is that allocates such a label to a child but one thing that I have learned is that this country loves labelling things. 'Give something a name tag and we can work with it'.

I find it alarming that five million children could be in such dire straits that they fit into the category of 'poverty'. This is also truly worrying for the next generation of adult mental health service users, service providers and the public.

This is surely a public scandal that society must not only take responsibility for but urgently put right. That power not only rests with the elected government but all members of parliament who have a duty to protect vulnerable children and provide the best wellbeing, education and welfare opportunities they can.

**What sort of life must these children**

**have living in poverty? Is this all the UK can offer the next generation?**

According to the Children's Society, almost a third of children live in poverty. That's around nine in the average classroom. The Society says the situation is getting worse, with the number set to rise to five million by 2020.

The key question is: what are the physical and mental effects of poverty on children?

**Children living in poverty are more likely to:**

- Have poor physical health
- Experience mental health problems
- Have low sense of wellbeing
- Underachieve at school
- Have employment difficulties in adult life
- Experience social deprivation
- Feel unsafe and experience stigma at school.

Living costs, low pay and benefit cuts are three areas the Children's Society raise as instrumental constituents in why children end up in poverty.

Having children in poverty must be classed as a form of 'psychological abuse' by the state, who desert them in childhood and label them as mental health service users in adulthood.

Is it any wonder so many children and young adults take their own life if a nation can only offer lifelong despair?

Then the other debate is the economic cost to the country: in treatment and services, socially, physically and mentally. The country cannot even use the arguable defence of ignorance, because the poverty is very well-documented.

It's utterly shameful that a country as wealthy as the UK can strategically prepare to bring about a generation of the next mental health service users when they cannot even provide for adult service users now.

**My next article will discuss the evidence that if you are a mental health service user, you are likely to earn less than £200 per week for a full-time job.**

# How you can help us:

Aspire 2 depends solely on capital raised through advertising, donations, grants, and sponsorship.

## Donations

We gratefully accept any and all donations. No amount is too big or too small and your money will be reinvested into the company to raise awareness of mental health.

To donate, click [here](#).

## Advertising

If you would like to advertise your company or product on any of our media services then an advertising package can be found that would benefit both parties.

## Sponsorship

If you would like to sponsor Aspire 2 we would be delighted to discuss this with you in more detail. Sponsorship packages are offered in the following areas and can be for periods of one, three or five years:

- The Company as a Whole
- Sponsorship of the entire website or one page of the website
  - Social Media Sites or one social media site
  - Sponsorship of the Online Digital Newspaper
- Sponsorship of Events, Road Shows, Mental Health Choir, Award Ceremony
- Sponsorship of the Newspaper Publication, Distribution, Competitions & Prizes
  - Sponsorship of Radio Station & Recording Studio
  - Office Running Costs

To enquire about advertising or sponsorship, contact Peter at [peter@aspire2.org.uk](mailto:peter@aspire2.org.uk)

## There's light in the tunnel

### Aspire2 Mental Health Media & Events

Hargrave House  
Lavender Grove  
York  
YO26 5RX

Phone: 07504 635123  
Email: [support@aspire2.org.uk](mailto:support@aspire2.org.uk)  
[www.aspire2.org.uk](http://www.aspire2.org.uk)

