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Government  
launches Every  
Mind Matters  
*Page 7*

'Alarming'  
shortage of  
psychiatrists  
*Page 9*

Many mental  
health units are  
dangerously  
decrepit  
*Page 11*

# Mental health on-screen

The depiction of mental health in film and on TV:

**Joaquin Phoenix's Joker, Peaky Blinders and horror classics**

*Page 39*



**SSRIs: How do they actually work?**

*Page 25*

**Video games and mental health: A complicated relationship**

*Page 27*

**Changing Lives through Horses: Therapy for troubled teens**

*Page 31*

**Sam Fender review: Mental health in focus on debut album**

*Page 47*



# 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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# Awareness, self-diagnosis and irresponsible language

Welcome to the November edition of Aspire2. We hope you had a happy World Mental Health Day and enjoyed our special edition on the day.

In October we saw the Royals launch the government's Every Mind Matters campaign (see page 7) and ITV launch their Britain Get Talking initiative (page 6). There's been a lot of talk about raising awareness and keeping the conversation about mental health going.

Though hopefully created with good intentions, many see the Every Mind Matters campaign as something of a smokescreen by the government to paper over the cracks of under-investment in mental health services.

Though the government announced that it would invest a record amount in mental health in the UK this year (£12bn), it seems this simply isn't enough.

Indeed, the UK is facing a psychiatry crisis (see page 9) and a shortage of suitable mental health wards (page 11) with trusts and charities urging the government for further investment. Currently, 10% of UK consultant psychiatrist positions are unfilled – a figure which has almost doubled in just six years. And though the government has pledged to invest in 40 new hospitals for physical conditions, mental health hospitals will receive a fraction of that.

Every Mind Matters essentially asks people to self-diagnose their mental health conditions to try and take the pressure off local mental health services by treating "less severe" conditions with things like going for a jog or doing something you enjoy. These things will help for some people. But for those with serious mental health conditions who are scared to seek help, telling them that they might not need to see their GP and to try other things first is deeply irresponsible.

Awareness about mental health will help to reduce the stigma, which might in turn help people in the future seek diagnosis, but it certainly won't help people who need help now.

What those with severe mental health conditions need, immediately, is proper treatment, performed by professionals.

On another note, we're now heading for another general election in which Brexit will be the main talking point. It will be interesting to see if mental health is mentioned by political parties, and if much-needed investment in our mental health services is promised.

Prior to the announcement that an election would go ahead, prime minister Boris Johnson once again told Jeremy Corbyn to 'man up.' Given the tragic suicide rate for men in the UK (which increased last year), this type of language from the country's leader is highly irresponsible. The idea that men should be any certain way stops them from getting the help they need, and this kind of toxic masculinity has no place in society.

**This edition of Aspire2 has an in-depth focus on the portrayal of mental health on-screen. Given the Halloween festivities and the recent release of the smash hit Joker, many of you will have recently watched depictions of mental health conditions. How accurate are they? See page 39 for the full section.**

Thank you for reading and have a fantastic November.

**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)

# 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)



## Bake Off winner Nadiya Hussain reveals PTSD is a result of childhood sexual assault

Nadiya Hussain, who famously won 2015's Great British Bake Off, has revealed that she was sexually assaulted aged five by a relative in Bangladesh.

Hussain has spoken previously about her lifelong struggle with anxiety and said she considered killing herself when she was 10. The trauma of the assault "played a role" in her subsequent PTSD.

She told the Mail on Sunday that the memory of the event has "stayed with her forever."

Hussain's forthcoming book, *Finding My Voice*, is the first time she has written about the assault.

"I think it's important to talk about it because it probably happens much more than we care to talk about," she said.

The book explains how she was a victim

of bullying at her school in Luton, including an incident where boys forced her head into a toilet, which she still has flashbacks about now.

She has also written about how she tried to take her own life aged 10.

"I didn't know what death was. All I knew was that it meant not living the life I had now - and I didn't like my life," she writes.

Hussain explained how the bullying affected her in the BBC One documentary *Nadiya: Anxiety and Me*, earlier this year.

In the documentary, she allowed cameras to follow her as she sought diagnosis and treatment for extreme anxiety.

In 2017, she described her constant struggle with a panic disorder she calls a "monster."



## 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.

### 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)**

### **Campaign Against Living Miserably (CALM)**

**Call 0800 58 58 58 – 5pm to midnight every day.**

### **Papyrus – for people under 35**

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

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

### **Childline – for children and young people under 19**

**Call 0800 1111 – the number won't show up on your phone bill**

### **The Silver Line – for older people**

**Call 0800 4 70 80 90**

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.

## IMPORTANT

**Is your life in danger?**

**If you have seriously harmed yourself – for example, by taking a drug overdose – call 999 for an ambulance or go straight to A&E.**

**Or ask someone else to call 999 or take you to A&E.**

For more information visit:

[www.nhs.uk/conditions/suicide](http://www.nhs.uk/conditions/suicide)

## HBO to add mental health messages before some programmes

American TV network HBO, famous for shows including Game of Thrones, The Wire and The Sopranos, will add messages to the start of episodes to identify the mental health challenges faced in the programme.

The It's OK initiative is part of HBO's push for people to talk about mental health and will appear as alerts along the lines of "the following programme contains depression," encouraging anyone who needs help to contact the National Alliance on Mental Illness. They will be added to new shows and retrospectively to old titles.

HBO explained that these are invitations to talk about mental health, rather than warnings.

"We are not saying 'viewer discretion is advised,' we are saying 'viewer conversation is encouraged,'"

Jason Mulderig, HBO's Vice President of Brand and Product Marketing, said in a statement.

Other networks including Netflix have introduced advisories about mental health content, but these have been warnings rather than what HBO has introduced.

# Half of UK parents are worried about their children's mental health

## But many are unsure how to support mental wellness

Statistics from a new survey show that 55% of parents in the UK are concerned about the mental health of their children but don't know how to talk to them about it. Significant numbers also said they don't engage in regular conversation with their children.

YouGov conducted ITV's Britain Get Talking parent survey and found that just 28% of parents would know what to do to take care of their child's mental health despite 72% of parents agreeing that mental health issues are rising among children. Parents now believe mental health is more of a concern than diet, fitness or hygiene.

Just 11% of parents talk to their children about their mental health and only 58% of parents of teens have a meaningful conversation with their teenager every day.

"While many parents do an incredible job supporting their children, it isn't always easy for young people to tell their families if there are problems at school, on social media or in their relationships with friends. That's why it's really positive that, through Britain Get Talking, ITV are encouraging parents and carers to have regular conversations with their children about how they're

feeling from a young age. Strong relationships mean young people can share their feelings and worries more openly, with confidence that they will be listened to and understood," said Emma Thomas, YoungMinds' Chief Executive.

"The expert advisers from our Parents Helpline have provided practical advice for the campaign's website about how to raise difficult subjects with your children, and how you can help if you're worried they're going through a challenging time," she added.

**Britain Get Talking** was launched by ITV in partnership with Mind and YoungMinds. It encourages making mental wellness a priority with regular, meaningful conversation between parents and their children as an effective way to connect with and support mental health in young people.

It is the first stage of a five-year commitment from ITV to promote mental wellness with the goal of getting 10 million people to take action to improve their mental or physical health by 2023.

In support of the campaign, a Britain Get Talking website is now live online - [itv.com/BritainGetTalking](http://itv.com/BritainGetTalking)

The graphic features the ITV logo at the top. Below it, the words 'BRITAIN GET TALKING' are arranged in three speech bubbles: 'BRITAIN' in a pink bubble, 'GET' in a white bubble, and 'TALKING' in a yellow bubble. Underneath, the text reads 'AN ITV MENTAL WELLNESS INITIATIVE TO HELP FAMILIES GET CLOSER'. At the bottom, it says 'Supported by' followed by the logos for YOUNGMINDS (with the tagline 'fighting for young people's mental health') and mind (with the tagline 'for better mental health').

If you are worried about your child's mental health, **YoungMinds** can help. You can call their free helpline for confidential, expert advice.

0808 802 5544

Mon-Fri from 9.30am to 4pm – available in England, Scotland, Wales and Northern Ireland.

# NHS Every Mind Matters initiative launched

A new government campaign aimed at supporting people with mental health conditions was launched on TV by the Dukes and Duchesses of Cambridge and Sussex in October.

A short film, which was narrated by the quartet, was shown during simultaneous ad breaks on Sky, Channel 4, ITV, Channel 5 and MTV to launch the new campaign.

The three-minute video was watched by an estimated 10.3 million viewers and also featured Gillian Anderson, Glenn Close, Andrew Flintoff, Nadiya Hussain, Clare Balding and Davina McCall. It described the new platform, a free website which will provide users with a personalised 'mind plan', with tips for managing anxiety, low moods and stress.

The initiative was created by Public Health England (PHE) and the NHS to help people look after their mental health. The aim is to empower people to practically manage their symptoms to stop their mental health escalating, easing pressure on clinical services.

Within minutes of the advert being broadcast the website crashed, thanks to a surge in web traffic. It was back online soon after.

To get your own personalised mind plan, visit [nhs.uk/oneyou/every-mind-matters](https://nhs.uk/oneyou/every-mind-matters). There are only five questions to answer after which you are given a variety of advice.

Of course, if you are worried about your mental health, we urge you to seek advice from your GP. You can also talk to one of the many mental health charities designed to help you.

To see the campaign's launch video, visit [youtube.com/watch?v=hMoLwGixWdM](https://youtube.com/watch?v=hMoLwGixWdM)



## £70m for community mental health services in England

The government has announced that around 1,000 additional mental health workers will be recruited in 12 pilot areas around England.

The funding is the first portion of the government's pledge to invest £975m in community mental health services over the next few years.

"[This announcement] will pave the way for a huge step-change in how the health service supports those with mental health issues in their communities. We know there are many causes behind mental illness – including significant life changes, problems at work or addiction – so it is only right that the NHS brings

services together to serve patients in their communities," said Mental Health Minister Nadine Dorries.

"This funding, the first step in our extra £975 million investment in community mental health care, will allow local areas to recruit extra staff to run brand new specialist services, helping them transform the lives of those suffering from poor mental health," she added.

As part of the pilots, service providers will be told to build closer ties with charities and local councils in order to support people with severe mental health communities, and to recruit staff with mental health expertise.

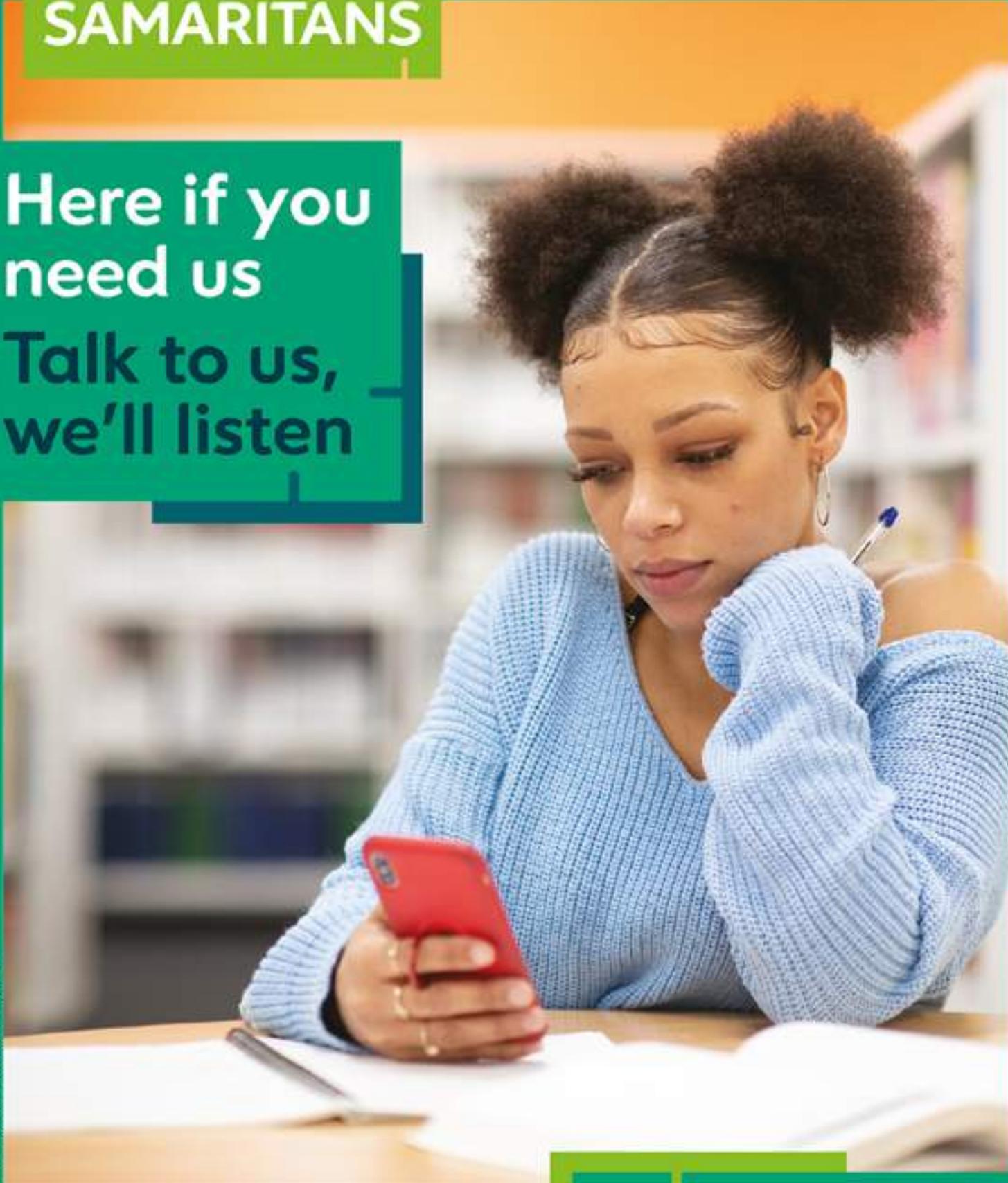
The 12 pilots will be run in Cambridge and Peterborough; Hertfordshire and West Essex; North West London; North East London; Herefordshire and Worcestershire; Lincolnshire; Humber Coast and Vale; South Yorkshire and Bassetlaw; Cheshire and Merseyside; Frimley; Surrey Heartlands; and Somerset.

The funding comes as part of the extra £2.3bn planned to be spent on mental health as part of the NHS Long-Term Plan, announced in January this year by former Prime Minister Theresa May.

**Have your say**  
Is this enough? Share your thoughts by emailing [sam@aspire2.org.uk](mailto:sam@aspire2.org.uk)

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## 'Alarming' shortage of psychiatrists as one in 10 UK consultant posts unfilled



Mental healthcare in the UK is experiencing a huge shortage of trained psychiatrists with services for children, people with eating disorders and struggling postnatal mothers struggling most with the staffing crisis.

A report by the Royal College of Psychiatrists found that 9.6% of consultant psychiatrist positions in the UK are unfilled, a number which has almost doubled since 2013.

12.1% of posts in child and adolescent mental health services (CAMHS) are vacant; slightly lower than the 13.1% of posts in perinatal mental healthcare services for new mothers. 15.6% of eating disorder consultant positions are unfilled – the highest proportion of all disciplines.

These gaps in the workforce for psychiatry “come at a time of soaring demand for mental healthcare, with a shortage of psychiatrists contributing to the lengthy waits for treatment many patients face. The impact on patients’ lives can be devastating, including divorce, debt and job losses,” the report warns.

Professor Wendy Burn, president of RCPsych said the findings were “very alarming,” and that they raised doubts about whether the government plans to improve mental healthcare would be delivered.

The shortages are worst in Wales, which has a vacancy rate of 12.7%. England’s is 9.9%, Scotland’s is 9.7% and Northern Ireland’s is 7.5%.

Mental health charities have voiced their concerns at these worrying statistics.

Tom Madders, campaigns director at YoungMinds said: “We know from calls to our parents helpline that young people too often have to wait months to access support. With more and more young people looking for help, it’s crucial that action is taken to recruit and retain professionals specialising in children and young people’s mental health.”

“But we need to do more than this. There has been welcome investment in the NHS, but services will remain overstretched unless more young people get help early on, before their problems escalate. That’s why we need a new government strategy that focuses on tackling the factors that lead to poor mental health and improving early support,” he concluded.

A spokesperson from The Department of Health and Social Care said: “Expanding the mental health workforce is a key priority. We know more work is needed to meet rising demand on services and to ensure patients are getting the best treatment.”

The Royal College of Psychiatrists has urged ministers and NHS chiefs to improve working conditions for psychiatry staff and increase the supply of homegrown doctors by doubling the number of places in medical schools to 15,000.

## Outrage as jobseekers advised to call depression ‘low mood’ on applications



Welfare officials at Jobcentre Plus have told people to hide their depression on job applications and instead call it ‘low mood.’

As reported by The Guardian, the advice surfaced when a man in Dorset shared a leaflet online that he’d received from his jobcentre. The leaflet advises jobseekers to produce a “positive health statement,” also suggesting that they should avoid disclosing if they have ME and instead calling it a “fatigue-related condition.”

The leaflet, created by the Department for Work and Pensions said: “You may wish to avoid terms such as depression, ME or low back pain and use more general terms such as low mood or a mental health condition, a fatigue-related condition, an ongoing pain condition etc.”

Mind said the advice was “really worrying” and made clear that the law should provide protection to disabled people – which includes people with mental health conditions that have a substantial adverse effect on normal daily activities.

“Anyone who discloses a mental health problem at work deserves to be treated with respect, and jobcentres should not be reinforcing stigma by advising people not to disclose,” said Ayaz Manji, a senior policy officer at Mind.

“People with mental health problems have just as much to offer as anyone else in the workplace, and it’s right that this advice is being challenged,” he added.

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## Many mental health units are 'dangerously decrepit'

Mental health patients are at risk of suicide because many of the buildings they are treated in are dangerously decrepit, NHS chiefs have said.

Crumbling buildings are unsafe as they can make it easier for mentally vulnerable people to fatally harm themselves, according to the mental health trusts in England.

"Continued under-prioritisation of the mental health estate is having a real impact on patients. Mental health trusts continue to be neglected despite clear evidence that critical improvements are required. Mental health trust leaders are increasingly concerned that the lack of investment places their patients at increased risk," said NHS Providers in a warning on their website.

Claire Molloy, chief executive of Pennine Care NHS Foundation Trust, which runs mental health and learning disability services within Greater Manchester, said:

"The environment has a significant impact on mental health patients, as well as the staff caring for them."

"It affects the rehabilitation and recovery of people at an incredibly vulnerable and difficult point in their lives, and yet so many of the buildings are old and unsuitable," she added.

This comes after the Care Quality Commission (CQC), the NHS regulator, said that it was concerned that too many mental health units were "unsafe and provide poor quality care" in "old and unstable buildings," some of which date back to Victorian times. New figures have shown a rise of 8% in patient safety incidents in mental health units

caused by problems with staffing, facilities or treatment environments. There were seven "never events" – incidents that are supposed to never happen in mental health trusts, in 2018.

Despite the Government's commitment to improve mental health services, with a record spend of £12bn this year, NHS Providers have made clear that units in need will not receive the funding they need.

The organisation has urged the Government to fund a generation of modern psychiatric hospitals to match the £13bn pledge to build 40 new hospitals for physical illnesses:

"The analysis stands in contrast to the recent funding announcements from prime minister Boris Johnson. None of the six hospital trusts given funding to develop a new hospital or the 21 trusts given seed funding in the government's health infrastructure plan, and just three of the 20 hospital projects which received funding earlier in the summer, are mental health trusts," it said.

Saffron Cordery, deputy chief executive of NHS Providers, said:

"As our research shows, we have seen repeated warnings of the risks – sometimes fatal – arising from the long-term neglect of our mental health estate. And we have heard repeated pledges from the government to ensure parity of esteem for mental health conditions."

"How bad does the situation have to get before these warm words translate into practical steps to ensure a safe therapeutic environment that respects the dignity and privacy of patients who rely on these services?"



## Gucci model: Mental health is not fashion

The Gucci model who used their catwalk to protest against the brand's use of straightjackets will donate their fee to mental health charities.

Ayehsa Tan Jones, who prefers they/them pronouns wore a straitjacket on Gucci's runway in September and held up their hands to reveal the words 'mental health is not fashion.'

The Italian fashion brand outfitted models in straightjackets and outfits designed to allude to mental health patients, which Jones described as in 'bad taste'.

Gucci has confirmed that it didn't know about the model's intentions before the show, claiming that the jackets were not made to be sold and were designed to represent "the most extreme version of a uniform dictated by society and those who control it."

Jones, who has suffered from mental health issues, said on their Instagram page: "Presenting these struggles as props for selling clothes in today's capitalist climate is vulgar, unimaginative and offensive to the millions of people around the world affected by these issues".

"Models are not given the space to have a voice when it comes to what designers put them in, what clothes they have to wear. One of the things that sparked this protest was that I'm just fed up. I've been modelling for 12 years now. It felt contradictory for me to not speak out and use this platform," Jones told BBC Newsbeat.

## Mental illness one of the 'biggest emerging threats to children', United Nations warns

A decline in mental health is among the biggest emerging global threats to children, the United Nations Children's Fund (Unicef) has said, warning that global leaders must address growing challenges facing the young.

"Childhood has changed and we need to change our approaches along with it," Unicef's executive director, Henrietta Fore, said in an open letter.

The letter calls for the prioritisation of treatment for young people affected by mental health issues, with depression now among the leading causes of disability in the young.

"Children and young people of today are taking the lead on demanding urgent action, and empowering yourselves to learn about, and shape the world around you. You are taking a stand now, and we are listening," Fore added.

The letter also names climate change and online misinformation as major threats to young people. It warns that the latter leaves children vulnerable to grooming and abuse and that young people should be taught to be more resilient online.

"We should start by equipping young people with the ability to understand who and what they can trust online, so they can become active, engaged citizens."



## Accusations of 'sadfishing' harming young people's mental health

A report by Digital Awareness UK (DAUK) has found that young people are being accused of 'sadfishing', with negative effects on vulnerable children and young people with mental health problems.

### What is sadfishing?

The social media phenomenon 'sadfishing' is where people who are looking for support online for their mental health problems are told that they're simply doing it for attention. A person might post on a social media platform that they're struggling with sadness and in return face the mocking term 'sadfishing,' and bullying.

Sadfishing is an alteration of the word 'catfishing', where someone poses online as someone that they're not in order to attract attention from others (particularly romantically).

The term evolved as a result of celebrities including Kendall Jenner being accused of exaggerating their problems on social media to gain attention and followers.

### The report

DAUK conducted 50,000 face-to-face interviews with schoolchildren and found that accusations of sadfishing could be

making mental health problems in the young worse, where asking for help online should actually help.

"DAUK is concerned about the number of students who are bullied for sadfishing (through comments on social media, on messaging apps or face-to-face), thus exacerbating what could be a serious mental health problem. "We have noticed that students are often left feeling disappointed by not getting the support they need online," the organisation said.

The research also found concerns that vulnerable young people could be targeted by groomers who prey on them by responding to their posts with sympathy in order to gain their trust.

The study was commissioned by the Headmasters' and Headmistresses' Conference (HMC).

Chris Jeffery, chairman of the HMC wellbeing working group and headmaster of Bootham School in York, said: "It is encouraging to read of the growing signs of increased control that many young people are taking over their use of technology, but it is also helpful to know new ways in which it is proving to be a burden for them."

# State of the nation report

A government report on the wellbeing and happiness of children and young people was published on World Mental Health Day. Here are the findings:



The State of the Nation report commissioned by the government's Department for Education found that social media use is not strongly linked to girls' mental health, unless they are bullied on it or if it disturbs their sleep.

The effects of bullying on wellbeing is eight times stronger than social media, and spending time with friends and getting the right amount of sleep were "consistent protective factors for positive psychological health across adolescence," the report said.

"Social media use had one of the smallest effects of all the factors we examined: getting enough sleep and seeing friends were about three times larger."

"When accounting for other factors such as the effect of bullying, physical health and sleep, and the frequency of seeing friends, social media use had only a minimal unique association with psychological health."

Education Secretary Gavin Williamson explained why the government report was important: "The pressures young people face today both in and out of school are vastly different to those their parents and grandparents experienced, so we need to listen to what they have to say and act on it."

"We have given teachers the power to tackle bad behaviour like bullying so that school is a safe place for every child to thrive, but [this] report helps shine a light on where to focus these efforts," he concluded.

The effects of social media on mental health is a widely debated subject, and while this far from disproves that social networking is bad for us, it does show that parents and teachers may have more pressing concerns.

## Nearly one in five young people are unhappy

Last month, Aspire2 reported news that happiness in children is believed to be at its lowest in ten years, according to a report by The Children's Society.

Now, the State of the Nation Report has revealed that almost one in five young people are not happy with their lives.

The report, which 7,000 young people aged between 10 and 24 were questioned for, found that just 82.9% reported high or very high life satisfaction.

As reported in the article on the left, bullying (including cyberbullying) plays a major role in youth happiness and it was rated as one of the highest reasons for poor mental wellbeing – with girls more likely to be negatively affected.

One in five people aged between 16 and 24 said they had experienced high levels of anxiety.

Professor Peter Fonagy, CEO of child mental health research organisation the Anna Freud Centre, said:

"It's heartening that four out of five children are happy. However, we cannot ignore the fact that one in five children are not."

"We should be pleased that so many young people are resilient to the pressures of 21st Century life and be both prepared to stand by and support those who struggle," he added.

Health secretary Matt Hancock explained how the study will be used to better mental healthcare for young people: "We are training a new dedicated mental health workforce in schools and colleges across the country, to ensure quicker access to a range of support and treatments, as well as teaching pupils what good mental health and physical health looks like."

# Having a mental health crisis?



Text **YM** to **85258** for free 24/7 support across the UK if you are experiencing a mental health crisis.

All texts are answered by trained volunteers, with support from experienced clinical supervisors.

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# Student mental health helpline **axed** as Keele University entered fresher's week

The mental health helpline 'Nightline' is a student run, voluntary helpline that exists in 36 universities throughout the UK and Ireland. The success of the service allowed posts to develop in America, Canada, Switzerland, Australia and Germany.

Nightline is an anonymous, confidential and non-judgmental helpline for students in need of support to call during the night. On top of this, most Nightlines also offer contraception, attack alarms and pregnancy tests for students to access should they feel the need.

Having helped 1.8 million students across the UK and Ireland, Keele University is opting to cancel the society and instead is leaving support services to an outsourced establishment.

Speaking to the Mirror, a Keele University spokesperson noted that: "Nightline was a student society that operated a volunteer-led telephone support line...It was not part of the University's official mental health support services that are staffed by professionals".

Nightline is a non-advisory and non-directional resource, meaning that the students who volunteer to host

phone conversations are unable and unqualified to either give advice or direct the focus of the conversations. The volunteers simply create a safe environment in which the conversations the student in need feels the need to have.

The outsourced company Keele University is outsourcing to is Big White Wall® a 24/7 online community operating both as a forum for students to anonymously discuss various mental health subjects in a, monitored and virtual environment and an interface between students and accredited, qualified counsellors and cognitive behavioural therapists, unlike Nightline which is entirely run by students on a voluntary and time dependent basis.

Steve Flatt, director of the Psychological Therapies Unit in Liverpool stated that "To ensure the best possible support for our students we need to ensure that those giving support are professionally trained in line with sector best practice. Unfortunately, the existing Nightline society was unable to meet these standards."

Nightline was run for 48 years before being axed in nine Universities across the UK and Ireland. At the same time, a mental health alert was sent out

reporting 95 student suicides in England and Wales over the past 5 years.

Student Jessie Day said of the move: "How dare the university take away such a vital resource?"

Currently, just over 4,000 people have signed a petition calling for Nightline's reinstatement, as worries spark that Big White Wall® lacks the human connection vital for effective non-advisory support.

Again, a spokesperson for Keele responded that: "Student support and mental health provision at Keele has increased significantly in recent years.

The University provides dedicated specialist student support services, including our counselling and mental health team, and recently introduced trained out-of-hours support staff who are available throughout the night."

"Furthermore, students have access to our network of trained mental health peer supporters and resident advisers... This decision was driven entirely by our duty of care to our students, and was not based on any financial considerations whatsoever," the statement concluded.

## University dog Bessie helps student mental health in Newcastle



Last month, Aspire2 featured an article about the benefits of pets on our mental health. Now, Newcastle University has demonstrated this by introducing Bessie, a 3-year-old Jack Russell whose job is to help students' wellbeing.

Students at the university can take Bessie for hour-long walks around local parks, with the intention that this will help them de-stress and clear their minds, as well as providing friendly company.

The initiative was launched by Bessie's owner, Sally Ingram, who is director of student health and wellbeing at the university. She told the BBC that research showed time spent with animals can "alleviate worry, provide comfort and help people deal with feelings of isolation and loneliness."

A similar scheme is currently in place at the University of Warwick with Rolf, a cat whose Twitter bio describes him as an "Ambassacat for student wellbeing."



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Helping families face dementia



## Alzheimer's Society says care failures are costing businesses in England £3.2bn

Alzheimer's Society says care failures are costing businesses in England £3.2bn

Businesses in England lost £3.2bn last year through staff leaving their job or changing work patterns in order to care for someone with dementia.

The research done on behalf of Alzheimer's Society found that almost half of the 355,000 people working while caring for someone with dementia had to reduce their hours or struggled to balance their job while caring. More than 112,000 people had to give up their job completely, with many retiring early to spend more time caring.

The shortage of social care for dementia patients has meant that many employees have no choice but to put their jobs second and care for their loved ones instead, resulting in businesses in England losing £3.2bn – a figure which has doubled in the last four

years and is expected to rise to £6.3bn by 2040.

Jeremy Hughes, Chief Executive of the Alzheimer's Society has urged the government to overhaul social care "to ensure a minimum standard of care and security for everyone with dementia."

"Up and down the country families are desperately trying and often failing to get the good-quality dementia care their loved ones need."

"The knock-on cost to businesses is only going to get bigger, with more and more people set to develop dementia, and no solution put in place to sort out social care. It's devastating for people with dementia, devastating for their families and carers, a drain on the NHS and now we see how badly it's affecting our economy," Hughes said.

Alzheimer's Society is calling for the

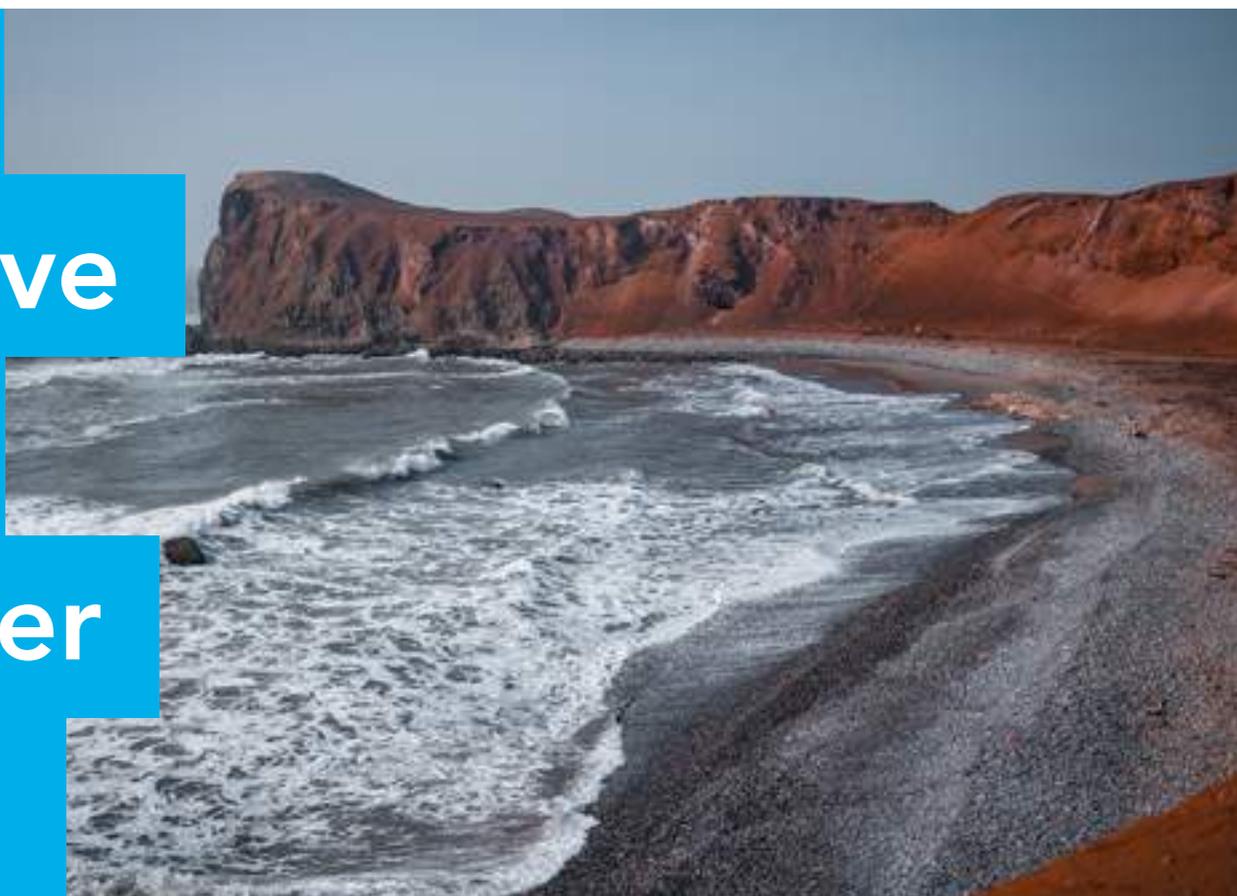
government to end the dementia care crisis by putting forward proposals in the Queen's speech that result in long-term social care reform.

A government spokesperson said: "Carers make an invaluable contribution to society and this must not come at the expense of their careers. We are working with employers to promote carer-friendly, flexible jobs and ensure better access to advice and support, and will consult on dedicated employment rights for carers."

"The government will set out plans to fix the social care system in due course," they concluded.

"This can't go on. It should work like the NHS, schools and other public services, where everyone gets quality care based on their need, not their wallet," Hughes said.

# Brain waves: people who live closer to the sea have better mental health



Oh, I do like to be beside the seaside, as the famous song goes. It's true though, as evidence shows that living near the coast is officially good for our mental health.

Research from the University of Exeter found that people who live close to the sea have better mental health than those who don't, regardless of their household income.

The report, which used survey data from more than 25,000 respondents, discovered that people who live less than a kilometre away from the coast are 22% less likely to have symptoms of a mental health condition than those who live more than 50km away.

People from low-income households

who live less than a kilometre from the sea are around 40% less likely to have symptoms than those earning the same but who live more than 50km away from the sea.

The researchers claim that the findings add to the growing evidence that access to 'blue spaces' such as coastal environments improves health and wellbeing.

"Our research suggests, for the first time, that people in poorer households living close to the coast experience fewer symptoms of mental health disorders," said Dr Jo Garrett, who led the study.

While it isn't fully clear why living near the sea is good for your mental health,

there have been theories for years.

For one, it has been suggested that sea air (generally fresher and cleaner than city air) helps you sleep better, having a positive impact on your mental health. On top of this, the sound of waves can be soothing to many, reducing stress levels and helping clear the mind.

It has also been suggested that the sea is linked to happy holidays for most people, bringing feelings of relaxation by association. They are often less crowded than cities, with more natural environments.

In the past, patients were sent away for holidays by the sea to improve their health.

## Support your club and mental health with bespoke Mind badges

As part of the English Football League (EFL)'s partnership with Mind, bespoke 'On Your Side' pin badges have been produced in unique colourways of all EFL clubs, so that fans can show their support for better mental health.

Mind is the official charity partner of the EFL, with all clubs in the three EFL leagues featuring Mind's logo on

shirts in an effort to raise awareness of mental health to fans and players alike.

EFL and Mind are encouraging football fans to wear On Your Side badges with pride, with badge sales going toward Mind's life-changing services.

You can buy yours directly from Mind by clicking [here](#).





## £10m research centre to “shine a light” on adolescent mental health problems

A new research centre at Cardiff University will investigate why young people develop mental health conditions and will aim to develop new ways of reducing anxiety and depression.

The Wolfson Centre will track thousands of teenagers and adolescents to gain a better understanding of why mental health conditions develop. It will find out if factors like parents, family, genetics, social media, lifestyle and environmental issues play a part.

“It’s an appreciation of this area of research, the significance of the problem and involves schools, young people, healthcare professionals, scientists and government working together to try to understand the causes and develop new methods of ensuring there is adequate help and support early on,” said Professor Fran Rice, a psychologist at Cardiff University.

Cardiff University will work in partnership with experts at Swansea University as well as the Welsh Government, NHS Wales and universities and schools across Wales. The Wolfson Foundation will invest £10m in the centre over the next five years.

The Wolfson Centre will focus on five scientific areas:

- Examining data to track children over time to better understand how anxiety and depression develop
- Looking at the role of genetic and environmental factors on anxiety and

depression in young people

- Developing earlier intervention to help young people cope better when a parent suffers from depression, something Cardiff University has already been working on for a decade
- Looking at the role schools play in promoting positive mental health in youngsters, including working with all secondary schools in Wales
- Working jointly with Swansea University to use anonymous medical records to better understand the long-term outcomes of young people with anxiety and depression

Mind Cymru said in the last year to June that there had been 21,000 referrals and that their recent survey found one in seven children describing their mental health as poor or very poor.

“There are a lot of things we don’t know, the rise of social media is still an area of very little research, exam stress, job prospects - all of those sorts of things can impact on children and young people,” said Rhiannon Hedge, Policy Office at Mind Cymru.

Stephan Collishaw, Co-director of the Wolfson Centre project said: “Wales is a living lab of some 1.3m young people.”

“This major investment will allow us not only to understand the causes of anxiety and depression but help create early interventions to ensure that young people get the right help, advice and support they need,” he added.

# BOYS GET SAD TOO

Looking for something new to wear? Want to show your support for men’s mental health?

Boys Get Sad Too is a clothing line aimed at encouraging conversation around men’s mental health.

Created by Londoner Kyle Stranger, 22, the range is full of t-shirts, hoodies, caps and other products brandishing the Boys Get Sad Too slogan, a nod to the stigma of men feeling ashamed of showing their feelings.

The brand has gone from strength to strength in the year that it has been selling and has built an impressive customer community, with praise from London Mayor Sadiq Khan.

Kyle was inspired to create the clothing line by the fact that he had to help his father, who struggled with depression, from an early age.

You can browse and buy Boys Get Sad Too products by clicking [here](#). 10% of profits are donated to CALM.



# 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 importance of self-care

I had planned to write something this month answering some really good questions about finding the right therapist or therapy (I will answer these on my Instagram) however towards the end of the month the focus of people's questions changed and they mirror something I see in my practice frequently.

In response to letters this month, I want to talk about what happens when you can't get the support you need, when you find yourself in crisis repeatedly and you desperately need a different experience but aren't sure what your options are or how to find a self-help pathway through. The themes that people describe feeling are powerless, desperate and isolated. I could write reams on this but I think the best way forward is to start to feature, over the next few issues, ways of changing this situation.

### Safety

Firstly, if you are in crisis, then we need to keep you safe, your GP is

a good first point of call, they are well versed and experienced in signposting you to the immediate support you need; if you've been through this process, its likely you have used your local crisis service for support - or charities such as the Samaritans. You'll find the details of services that can help within this newspaper: use them - they are often staffed by people who know what it feels like to be in your shoes, there's no judgement, just lots of care and compassion.

### Stability

When we work with what I call a downward spiral, that feeling you start to have when it feels like everything is against you, we need to get in some stability.

This requires us to work on a few different levels, the first being distress tolerance.

Distress tolerance is the name we give to techniques that help stop those intense feelings of despair, anxiety, impulses to harm, to binge etc.

Heightened feelings of distress often involve our bodies. We can feel

flooded with intense feelings and the areas of our brain that help us to respond logically can't work as well when they are under such intense pressure. For this reason, I ask my clients to work on getting their body and breathing under control before we start to address the thoughts. I'm really aware that that in itself is often hard to do and can take practice but it's worth sticking with practices that involve your body as we now know that the mind-body connection is vital for good mental health and wellbeing.

I ask my clients to develop a phrase in their minds to use when distress reaches high levels; something as simple as "okay, pause and breathe." The idea is to try and pause those thoughts that can quickly flood us whilst we try to calm the body down.

Mindfulness is a great technique to use, it's very hard for the body to panic when the central breathing pattern is slow and steady. Again, mindfulness takes some practice but there are lots of free resources online. Anchoring activities that ground you in the "here and now" are also good, such as counting five things you can see/hear/feel.

Distraction, whilst not always a great long-term strategy, can be really beneficial when you are feeling overwhelmed. We often ask clients to foster an activity that creates a sense of flow - that place where you lose yourself in something - painting, gardening etc.

There are a number of practical techniques that I will share with you via Instagram including progressive muscle relaxation and an EMDR technique.

It's important when you are in a place of distress to not get frustrated with yourself. It's important to recognise that part of you is feeling overwhelmed and needs compassion. Sometimes, when we haven't experienced much compassion in our lives, it's hard for us to show it to ourselves but this is such an important part of the jigsaw.

Often our internal thoughts about ourselves can mirror what we see back from others

and this exacerbates our mood and our stability. The negative self-talk we can develop in our minds can really trigger us into feeling distress.

Getting some control and insight into our patterns can be helpful, start noticing when you feel a drop in mood or increase in anxiety - journal your feelings. Often themes, patterns and insight can emerge.

I'm going to write next month about how to work with the patterns that emerge; if anyone has any they would like to share confidentially, get in touch.

Lastly, I'm always humbled by the stories people share with me, be it in person, via email or through social media - it's all a privilege. I want to thank those people who have written in this month. I'm in awe of the everyday bravery people show in their battle back to good mental health. ”



## 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**



# T'M FINE

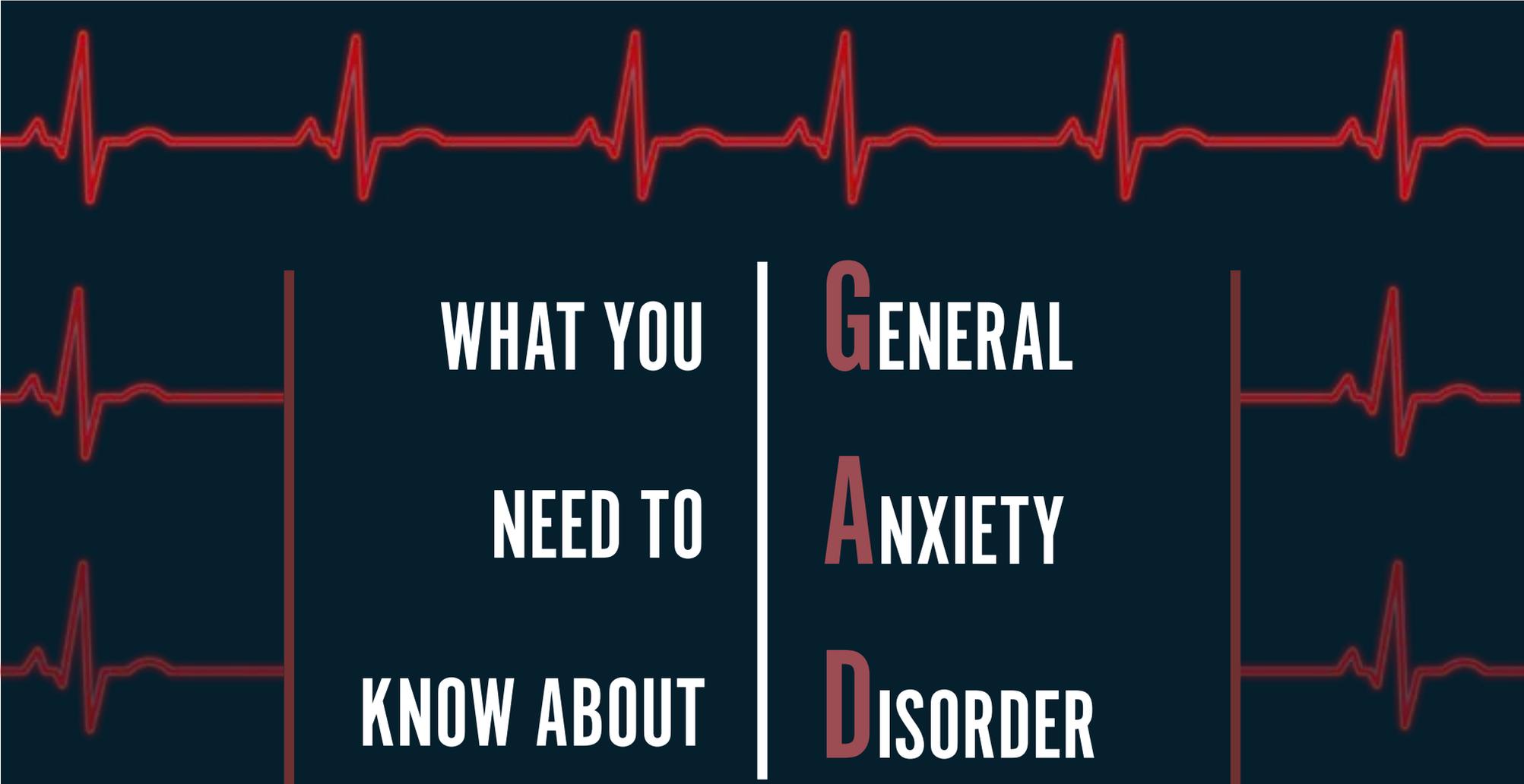


SOMETIMES HUMANS SAY THEY'RE FINE WHEN THEY'RE NOT. BUT WITH MENTAL HEALTH PROBLEMS AFFECTING 1 IN 10 YOUNG PEOPLE, TO REALLY FIND OUT, **ASK TWICE.**



**time to change**  
let's end mental health discrimination





# WHAT YOU NEED TO KNOW ABOUT GENERAL ANXIETY DISORDER

Words and illustrations by Alex Morrall

**A**nxiety is something all of us experience at various points in our life. Before a big exam, an interview or meeting your significant other's parents for the first time, it is common to have feelings of worry and unease and it is completely normal.

But unlike the commonplace 'butterflies in your tummy' feeling, General Anxiety Disorder (GAD) is a condition in which those feelings of dread and fear can inhibit leading a happy and functional day. The fears become more constant and very difficult to control.

One of the most common mental illnesses in the UK, around 3 million people (5% of the population) suffer from anxiety, on par with (and often alongside) depressive disorders.

Living with GAD can at times be extremely difficult. As a disorder it can affect many aspects of your life, from personal and social to professional spheres. At times it can feel as if the only thoughts possible are anxious fearful thoughts and as one worry leaves another takes its place. At its worst

anxiety can be completely debilitating and make almost all form of regular function seem impossible.

Women are slightly more likely to report symptoms of anxiety than men, as are people over the age of 35. But as with any mental illness, anxiety can be managed through a multitude of interlinking methods such as: medication, therapies or more holistic approaches such as meditation.

At times of difficulty it can be impossible to envision a way out of the burdens of constant worry, but it is vital to seek the right help so you can live the life you deserve, without falling victim to overwhelming anxiety.

Sharing some of the same symptoms as major depressive disorder but also involving some more physical symptoms and responses, anxiety and depression often go hand in hand. Because of the normalcy of feelings of occasional worry true GAD can slip under the radar and go unnoticed. Symptoms that match general anxiety disorder include:

- Persistent feelings of unease and dread
- Restlessness
- Panic or anxiety attacks
- Heart palpitations
- Difficulty sleeping
- Irritability
- Perspiration
- Light-headedness
- Difficulty concentrating

It can be difficult to spot the signs of any disorder in a peer, and it is the same with anxiety. But some of the things to look out for include:

- Persistent fidgeting
- Visible trembling
- A decrease in social interaction
- Lack of appetite
- Visibly tired
- No tolerance for uncertainty – needing to know what is going to happen and how it is going to happen

It is common to misinterpret GAD as just part of normal life and that these feelings of prolonged worry are the same for everyone. To be classified as GAD and not just normal instances of nervousness the symptoms previously have to be persistent and prolonged (for a matter of weeks or months).

It is important to note that GAD is NOT as simple as 'feeling worried' and you can't 'fix' someone else's anxiety for them. You can simply be a support to them.

What you can do is talk to them. Remind the person that they are present with you in the moment, describe to them your surroundings and what exactly is happening. This is known as 'grounding' and works on the principle that reminding yourself or another of their immediate physical surroundings will alleviate thoughts of elevating stress and overwhelming fear.

You may find it useful to sit or lie them down or give them sips of water. Most importantly remind them that you are there for them throughout this difficult time and that it is a temporary feeling. It is okay not to understand fully but want to help.

Offering company on walks and other physical activities is a great place to start, to encourage regular levels of dopamine and norepinephrine

to resume as well as a life outside of their home. Encouraging them to seek help is also one of the best things you can do, whether it be the GP, a therapist or even the emergency services if necessary. You can start the ball rolling in terms of support if you gently encourage professional support.

If you suspect yourself of showing signs of GAD it is important you seek support.

Firstly, if it's an intense episode of anxiety (often called a panic attack) these steps may help stabilise your condition and allow the episode to pass easier:

- Deep breathing
- Recognise and accept you are having a panic attack
- Close your eyes
- Focus on the physical sensations you are familiar with, like digging your feet into the ground, or feeling the texture of your jeans on your hands. These specific sensations ground you firmly in reality and give you something objective to focus on.
- Muscle relaxation techniques
- Repeating a mantra such as 'I am here, I am safe, this will pass'
- Sip water

It is vital you reach out and contact someone with concerns of your own anxiety, whether a friend, a family member or a doctor.

Stay active. It can feel daunting at first but allowing yourself physical activity especially cardiovascular exercises can be incredibly helpful when feeling overly anxious. The natural endorphins and sense of control can improve your mood massively.

Many people find therapy extremely effective, as well as various medications to regulate mood and heartrate, speaking to your GP will let you know what is available to you and which treatments would suit your situation best.

But, if you feel that you may not need such support quite yet, there is a wealth of self-help and self-care resources both online and in local communities throughout the country, books, meetings and online courses are there if you feel they may help.

# SSRIs: How do they actually work?

Aspire2 Deputy Editor [Alex Morrall](#) explains the science behind many of our common antidepressants

Everyone nowadays seems to be on medication; whether its painkillers, blood pressure tablets or antihistamines, the media seems to predicate the notion that we are a nation of prescription happy, routinely medicated people, dependent on mass produced, non-naturally occurring substances.

More so than anything else, antidepressants regularly come under scrutiny. With 70.9 million prescriptions for the 'happy pills' being submitted every year, you would think we as a society know our stuff about the stuff.

SSRIs are the most commonly prescribed class of antidepressants in the UK, with sertraline leading the way of others such as fluoxetine (Prozac), citalopram and escitalopram. SSRI or selective serotonin reuptake inhibitor is a form of antidepressant which works on the premise that an imbalance of serotonin can be a contributing factor to depression. So, what does that actually mean?

Well, serotonin is a chemical that has a wide variety of functions in the human body. You may have heard to it referred to as a 'happy chemical' along with dopamine or endorphins.

Serotonin transmits messages in the brain believed to help regulate mood and social behaviour, appetite and digestion, sleep, memory, and sexual desire and function. It is produced in the intestines and the brain. It is also present in the blood platelets and the central nervous system (CNS). Serotonin cannot pass through the blood-brain barrier, so any serotonin that is used inside the brain must have been produced there. Often characterised as a

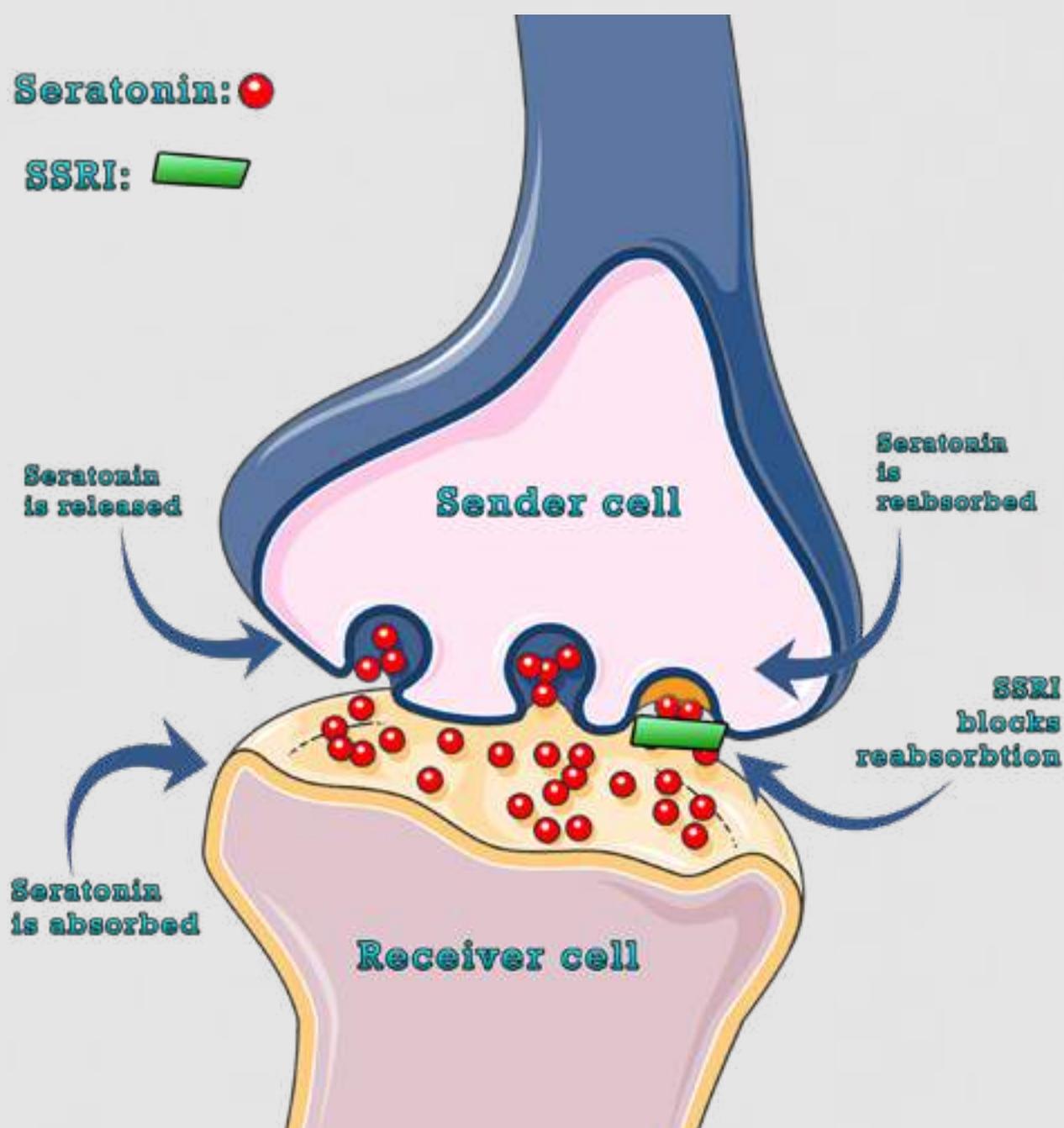
neurotransmitter but sometimes a hormone the definitive classification of the substance is still up for debate.

Serotonin carries signals between brain nerve cells, allowing for impulses and thoughts to travel through different parts of the brain. The gap between brain nerve cells or 'neurons' is called a synapse; a little gap in which serotonin is used to send signals from one cell to another. Think of serotonin like little paper airplanes carrying messages from a 'sender' brain cell to a 'receiver' cell.

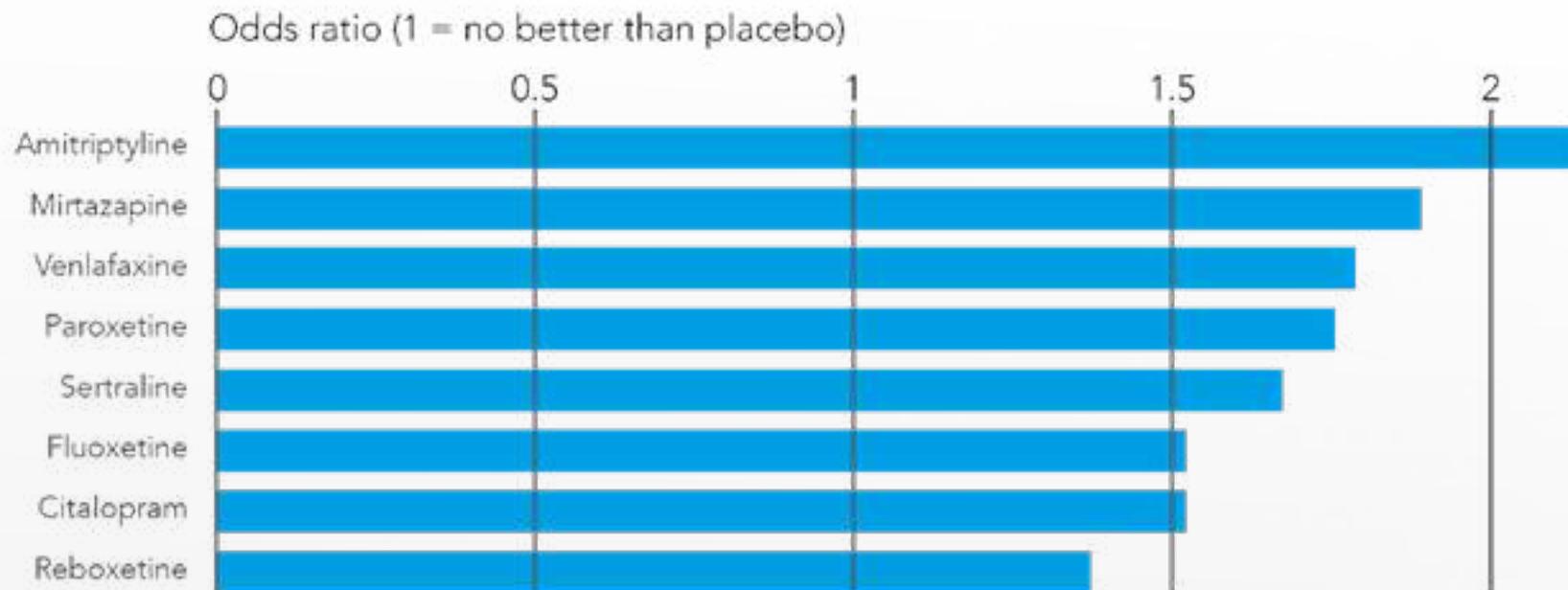
So, SSRIs work on the theory that an imbalance of this dubbed 'happy chemical' in the brain means not enough signals are passing between brain cells to regulate mood and can lead to symptoms of depression such as sadness, interaction with others, appetite, sleep and energy levels.

Thus, the SSRI is used to help regulate serotonin in an attempt to restore a bit of equilibrium in our minds. Making sense so far?

SSRIs regulate the amount of



## Effectiveness of selected antidepressants compared to placebo



serotonin between brain cells by limiting the amount of serotonin reabsorbed by the 'sender' cell. SSRIs essentially 'block' the channels the serotonin is reabsorbed back through, turning them into 'one-way doors' so that serotonin is released but less is absorbed back into the sender cell.

This allows for more messages to be delivered than previously, boosting the levels of serotonin (happy chemical) and hopefully alleviating symptoms of depression.

A common concern surrounding antidepressants (or any medicine really) is the potential side effects associated with a certain drug. This is an understandable and relatable concern, especially with medicines that affect the brain.

However, in conflict with many Hollywood movies and horror films the side effects aren't as severe as often portrayed (you won't be sat, docile staring into space all jelly-legged and wide-eyed). Often many side effects reduce or go away entirely after a few weeks as any Doctor will tell you and it is important to stick with the medication long enough for it to take effect properly (up to six weeks in some people).

So, what are the side effects? Well, they vary massively depending on

many factors: what medication it is, your gender, age, existing health, weight and genetic makeup. So, one list of definitive effects is quite impossible to determine as no two depressions are the same.

What is vitally important is a continued and honest dialogue with your doctor about how the medication is taking effect and any concerns you may be having. The list on the pamphlet inside your medication may be exhaustive and intimidating but it is highly unlikely all those side effects will happen to you; the pharmaceutical company is just covering all bases just in case. Consider this: are the possible side effects worse than depression?

The most common side effects include:

- Nausea
- Tiredness
- Temporary insomnia
- Dry mouth
- A change in appetite and weight
- Anxiety
- Loss of sexual desire or function
- Irritability

Along with these it is common for symptoms of depression and depressive thoughts to increase temporarily at first as one start taking

the medication. This is entirely normal but if your depression worsens significantly or you become suicidal go straight to your doctor or call the appropriate helpline.

With all medicine it comes down to your personal choice. But, taking on your doctor's advice is often the best option and finding a medication that works for you could take time and most of the time require persistence. Meds are, of course, not a total fix, but with the right support as well as a balanced lifestyle of self-care (such as diet exercise and other fulfilling activities) medication can be incorporated seamlessly into a lifestyle equipped to manage depression and anxiety and with time hopefully overcome it.



## THE COMPLICATED RELATIONSHIP BETWEEN

# VIDEO GAMES AND MENTAL HEALTH



In the last two decades, video gaming has become an essential part of the lives of many people. Home games consoles have meant that gamers can spend as long as they want immersed in the virtual world of games and that has led, fairly or not, to many worrying that video games are bad for us.

Video game addiction is now classed as a mental health condition and, for years, people have been claiming that video games make young people violent and prevent them from forming personal relationships. But it's not that simple, and gamers don't inherently develop mental health problems from games – in fact, gaming can help.

So, here is the breakdown of the complicated relationship between video games and mental health.



### The bad

Last year, the World Health Organisation classified gaming addiction as a mental health condition for the first time, naming it 'gaming disorder.'

Though a controversial move, it is true that people can be addicted to video games in the same way they can be addicted to anything else.

Video games are highly immersive compared to many other activities young people might partake in, and often require time and dedication, so it is easy (from a very basic point of view) to see how addiction could happen.

The criteria for gaming disorder describes it as a pattern of persistent or recurrent gaming behaviour so severe that it takes "precedence over other life interests." It advises that this should be evident for a period of at least 12 months, though this could be shorter if symptoms are severe, and that it should affect basic things like sleeping, eating, socialising and going to school or work.

It was announced in October this year that the NHS is opening the UK's first specialist clinic to treat children and young adults who are addicted to computer games.

Many countries around the world are making decisions around video games and their perceived effects

including South Korea, where a ban was introduced that means children under 16 won't be able to access the online features of games between midnight and 6am.

Video games are argued to cause aggression and violence and prevent children from spending time on more 'mentally enriching' activities such as playing outside with friends, partaking in sports and creative arts like music. Grand Theft Auto has faced repeated claims that it increases aggression in young people and World of Warcraft has been thought to damage players' interpersonal skills. Both of these points, however, have limited scientific evidence.

Recently, MPs in the UK have provided a case for the UK to follow in the footsteps of Belgium by banning loot boxes, a feature of online gaming where people use real money to buy virtual boxes containing random items in games – without knowing the quality or in-game value of the items. Features like this, the MPs argued, are a form of gambling.

With all of this in mind, it's easy to

see why some people, parents in particular, might be concerned about the amount of time their loved ones spend playing video games.



### The good

However, many believe that video games (in moderation) are actually very good for the mental health of those who play them. Games, like other media forms, can be therapeutic when feelings and memories become associated with them and they can be used to self-assess our own mental wellbeing.

YouTuber and video game journalist for Eurogamer Johnny Chiodini created a video series entitled Low Batteries, which explores the relationship between video games and mental health.

Johnny explained to BBC Newsbeat how he uses video games to improve his mental health:

*“For pretty much my whole life I’ve used video games as a support tool to help me deal with difficult times,” he said.*

In Low Batteries, Johnny elaborates on this further, introducing the idea of the ‘sadgame’ – a video game that we turn to when we’re feeling the effects of poor mental health (mine is Skyrim – a game I still play often even though it’s now eight years old).

This might be an old favourite or something we connect with emotionally. It might remind us of a time we were happier, or it might help us process our feelings better. It might just relax us or take our mind off what’s troubling us.

*“These games, whatever form they take, can act like a bit of a circuit-breaker. When I’m feeling anxious or depressed I can boot up my current sadgame and I know that my internal monologue will be turned off*

*for a bit. I can put up a little buffer between myself and the immediacy of what’s troubling me and provide a little breathing room,” Johnny said in a video.*

*“Games can occupy our conscious mind, leaving the unconscious to help process things in the background,” he added.*

Johnny also explained how the choice of which video game we are in the mood to play can be an indicator of how we’re feeling, before we might even know.

*“As is this case for a lot of people worldwide, video games play a fairly significant part in how I perceive and process my own mental health difficulties,” he said.*

*“We can infer how we’re feeling by what games we feel like playing, even if the emotions or issues haven’t actually become apparent to us yet. In this way games can be useful in a diagnostic sense, helping us catch things we otherwise might have missed, as well as helping us deal with the stuff we do know about,” Johnny explained.*

Using video games as a coping mechanism is a useful way of managing our feelings but like all coping mechanisms, they should be used in moderation as “they can become an excuse not to confront our problems rather than a useful part of a wider set of tools for confronting and processing mental health issues.”

And while the World Health Organisation has deemed video game addiction a genuine cause for concern, it might not be as common as you think. In fact, a study by Andy Przybylski, director of research at the Oxford Internet Institute found that just 0.3% of gamers might experience problems controlling the amount of time they spend on video games.

The study also revealed that although gaming does cause emotional changes in players, these are all short-term. A gamer might experience a spike in happiness from a victory or irritation or anger if they lose, but none of these effects affect the player’s long-term mental health.

Johnny believes that video game addiction is an effect of poor mental health, rather than a cause of it:

*“I think instead of puzzling over whether game X or Y might be addictive, we should be questioning which people might be more susceptible to developing problematic behaviours involving video games,” he said.*

In recent years, the creation of VR gaming has been viewed with interest by people looking to create mental health therapies using the technology. In 2016, game designers launched DEEP-VR, an experience where players are placed in a virtual underwater environment which helps them learn to combat the symptoms of stress and anxiety.

Movement in the game is controlled by the real-world breathing of the player, which teaches better breathing techniques for managing anxiety and depression. These breathing techniques can then be used in real life.



### The verdict

**While it is true that gaming addiction is a cause for concern, there is very limited evidence to suggest that video games, in basic moderation, are anything more than good fun. What’s more, gaming can provide a much-needed escape for people suffering with stress, anxiety, depression and other mental health conditions. They may even provide effective therapy, particularly in the future.**

# FIVE GAMES THAT EXPLORE MENTAL HEALTH

In recent years, several video games have addressed mental health, helping players think about theirs and raising awareness of what it's like to live with a mental health condition. Here are some of the best.



## Celeste – Anxiety and Depression

Retro indie title Celeste tells a story of a young woman's attempts to climb a mountain – a metaphor for her struggles with anxiety, depression and self-doubt. The game has been praised for its story, and gamers have said it encouraged them to take better care of themselves and manage their mental health conditions.

Throughout the game, protagonist Madeline's mental illness manifests into a physical form, becoming the main antagonist. Beating "shadow Madeline" and climbing to the peak of the mountain provides a sense of achievement to the player and the knowledge that yes, they too can battle their mental illness.

## Pry - PTSD

A mobile game/hybrid experience that won awards for its story, Pry attempts to show you what it's like to have PTSD.

Players follow the experiences and subconscious of a Gulf War veteran, using touchscreen commands and a minimal approach to gaming to uncover the story between the lines of protagonist James' thoughts, which are obscured by his trauma.

## Night in the Woods – Depression and anxiety

Night in the Woods follows the everyday struggles of Mae, a college dropout who doesn't know where she's going in life to detail the uncertainty of modern young adulthood, dealing with issues including Mae's depression and anxiety, which are abstracted as parts of the story.

Players praised the game for its portrayal of mental instability and understanding of how it feels to be aimless. Mae's story, like that in Celeste, shows players that they can battle their mental illness and provides validation that they're not alone in what they're going through. Some players have said that Mae's fight with her inner demons helped them ask for help.



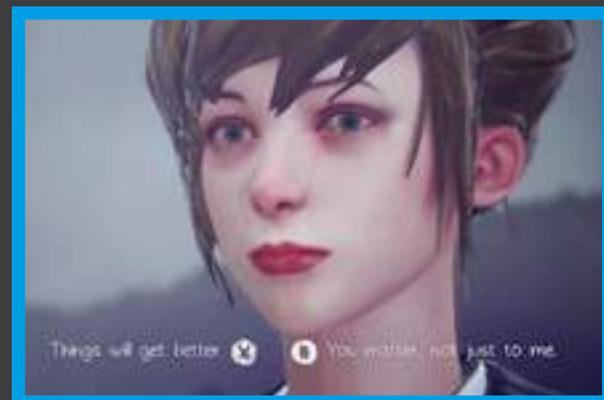
## Hellblade: Senua's Sacrifice – Psychosis

Hellblade follows the dark story of Senua, who suffers from psychosis. This is represented in the game in the form of voices in her head which you, the player, hear as clearly as she does.

The game's story is a metaphor for Senua's struggle with her mental health, which she believes is a curse, and the main antagonist of the game is the 'Darkness,' which manifests itself as the voices in her head and memories from her past. The creators of the game worked closely with neuroscientists, mental health specialists and sufferers of

psychosis to ensure the condition was being represented accurately.

The game was praised for its exploration of mental health, which many said was the best aspect of the highly-rated title.



## Life is Strange – Depression and suicide

The highly-popular story-based game follows main protagonist Alex, a teenager with the ability to rewind time.

One way it explores depression and suicide is through the character Kate, a student at school with Alex who is bullied relentlessly. This leads to severe depression and eventually to Kate standing on the roof of her school building, ready to take her own life. The player is then given the highly sensitive task of talking Kate down.

This tragic storyline brings awareness of mental health to audiences as well as the consequences of actions. The game's creators made sure that this story is important throughout the game and with time, Kate begins to recover, showing the player that people with depression can get better.

The developers also produced a web resource for those affected by issues raised in Life is Strange.

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# CHANGING LIVES THROUGH HORSES

**Guest writer and equine enthusiast Val Atkin investigates the Changing Lives through Horses programme, which has transformed the lives of young people with mental health conditions.**

I have had a lifelong love of horses. From the age of twelve I would cycle three miles and back every day to a riding stables where I would help out. Eventually I was bought my own young horse. The horses were my soulmates throughout my troubled teenage years; my friends and my solace. I would go to see them when I felt stressed or anxious and the calming effect of them and their environment was my comforter. That was many, many years ago.

However, humans benefitting from the positive mental health effects of horses goes back even further: the Greeks documented the horse's therapeutic value in 600BC and French physician Cassaign concluded in 1875 that equine therapy helped certain neurological disorders. This was before even I can remember!

If I were given the choice between being a teenager now or thirty years ago, I'd take thirty years ago any day of the week. My teenagers sit alone for much of the time in their bedrooms, but their lives are never private, they never escape the intense scrutiny of their online contacts. They communicate with the whole world on devices that can do a plethora of tasks far beyond my understanding, yet I feel that they, like most young people today, have never been so isolated

and shut away from that one-to-one interaction with people, animals and our natural world that I enjoyed as a child.

It is with no surprise to me that the proportion of young people who reported feeling depressed or anxious doubled between 1988 and 2018. Figures in the UK last year show that 1 in 8 (12.8%) have at least one mental health condition. In 2018, 10.9% of 16-24-year-olds weren't in education, employment or training (and 3.5% of all 16-17-year-olds). There were nearly 8,000 permanent exclusions from secondary schools, and this number

has been steadily increasing for the last ten years.

Fortunately, we now have an increasing number of organisations who have the potential to reach these young people at a critical point in their lives.

## **Changing Lives through Horses**

Recently, I learned of a programme by the British Horse Society (BHS) called Changing Lives through Horses. The BHS are working in partnership with children's charity and mental health experts Place2Be, as well as a wealth of other organisations with the aim:

"To improve the lives of disengaged young people, regardless of their background, and give them the opportunity to develop skills that enable them to return to education and/or employment. To celebrate the powerful impact that horses can have on our society and the unique development of life skills which can help young people for the rest of their lives."

Changing Lives through Horses provides young people with 15 hours of Alternative Education Provision at riding centres around the country. Participants can gain nationally recognised 'Achieve Awards' under the topics of Communication,



Confidence, Relationships, Teamwork, Responsibility and Personal Achievement which can lead them on to employment or further training.

More importantly, perhaps, the BHS see the programme's use of horses as "a powerful way of inspiring young people to reconnect with society."

I was eager to find out more about the impact of this programme and the individuals who run it, and I was lucky enough to meet one man who, along with his team, delivers the Changing Lives through Horses programme to many young people from the towns and cities in Nottinghamshire and Yorkshire.

Andrew Stennett (pictured below) has lived at the family farm in Misterton, Nottinghamshire for nearly 50 years. Set in the peaceful countryside between the towns of Gainsborough and Doncaster, it's from here that Andrew has built and run his equine business, Grove House Stables, for the last 28 years.



He has had an accomplished equine career on a national and local level and his many roles have include being an accredited coach with the British Equestrian Federation as well as being involved in many country-wide participation projects since the London Olympics to get people riding.

Andrew told me that five years ago he would have said he was a horseman first and small business owner second. However, his interest in the development of individuals and lifelong learning has led him to the journey he is on now.

*"I was very much the classical riding school teacher but now I've had the research and training, I look at it from a different point of view. I regard myself as a social entrepreneur first and a horseman second. An entrepreneur in the sense I'm able to give people opportunities. It's helped me educate myself and look at things from a different route and brought me out of my bubble," he said.*

*"I have had great opportunities to ride very advanced horses with top people in the country and been quite privileged - not everyone has that opportunity. I've always worked hard but suddenly I realised what an amazing opportunity I have. When I originally trained, my emphasis was on correct riding positions, exams, or competition success but now it's very much more a holistic approach. My success now might be just giving someone that ability to enter that arena and trot round and be part of a group."*

But Andrew also has more personal reasons for his work. As a child he always gravitated towards horses and ponies and he believes this was because of his own challenges with anxiety and



depression which stemmed largely from his dyslexia and dyspraxia. From being a shy sixteen-year-old lacking any confidence, unable to even stand up in front of the class, Andrew now addresses large conferences on his vision and the value of his work and believes that this is through working with horses.

#### **So, what's so special about horses?**

Though it's not as well-documented as with animals like dogs, horses are perfect therapy animals by their very nature.

*"Horses are non-judgemental - they aren't bothered whether you are the Queen or the dustman's daughter. They sense somebody who has struggles and challenges, they have that instinct and the environment around horses creates the opportunity for an individual to heal," Andrew explained.*

*"A horse needs to feel security, it's a fight or flight animal and realises the sensitivities of the human condition. Humans can build up a relationship with a horse based on trust and understanding. This relationship has often been diminished when individuals have issues, particularly mental health issues, and a horse can be a conduit for having trust in society and the bigger world."*

*"To develop a relationship that is not based on what they they look like, where they come from but how they interact, is pretty huge," Andrew continued.*

*"The sheer physicality of the animals expands the opportunities for someone's development. They are, like all animals, unpredictable, but there seems to be a calmness about them. They inspire people and give them the confidence to reach out like I did myself," he said.*

### **How successful has the programme been?**

How effective the programme is can be measured by the success stories Andrew and his team have. All therapy has mixed results but Changing Lives through Horses has seen remarkable transformations in the people it helps. Andrew explains:

*"We had a lad on the Autistic spectrum, totally disengaged from education, looked at his phone all the time, didn't speak to anyone or come out of the room. After two weeks, one lunchtime, he went over and started talking to one of the young horses. I saw the horse was showing an interest in him. I went over to talk to the horse to talk to him, using the horse as a conduit, and he started telling the horse about his concerns and anxiousness, how his epilepsy frightened him as he didn't know when he was going to have a seizure and that made him stand out from the group. He talked about self-harm, and so much came out. The stress relief was amazing."*

*"I thought, 'wow, that's not me, that's the horse.' It didn't say to him, 'pull yourself together', it felt his vulnerability."*

*"Another of our best success stories was a young man of 14 with several issues. He had been excluded from three schools because he could not control his language and temper. He would throw chairs and stand on tables. He was verging on serious*



Andrew runs his Changing Lives through Horses programme from Grove House Stables in Misterton, Notts

*trouble. He has now graduated into becoming a volunteer with the stables and helps out every weekend. Most of the time he controls the language, especially when he is here. All in less than a year. Amazing."*

*"If we make a difference to one person's life, we have been successful," Andrew added.*

### **What's next?**

Andrew feels that non-traditional learning methods could play a major part in helping young people with mental health conditions in the future, and he hopes that programmes like his will continue to thrive.

*"I think the whole concept of non-traditional learning will open up more and more, brought very much into the health and wellbeing agenda. But we must keep real to our true principle - it*

*has to be led by the horses," he said.*

*"Come back in five years and I hope we will be linked up to other centres," he added.*

Andrew's main motivation now is helping people overcome their conditions to reach their potential.

*"Consistency is a key factor with these individuals because life has let them down; either by circumstances or service providers. The government and health professionals need to be aware how much programmes like this benefit people," he said.*

*"My ambition is for this work to be mirrored across the whole country. When someone has broken their leg you can see it, but not if people are hurting inside. Sometimes it can look to the rest of the world like you are doing a marvellous job but really you just don't know how to go forward."*

*"I think animals, particularly horses, have the ability to lead us forward into a shared environment. I just want to open a door so people who need help can gallop through it. Some might not gallop but as long as they keep going they'll be a success," Andrew concluded.*

**While I'd rather have been a teenager 30 years ago, it's reassuring that young people now can be helped by programmes like Changing Lives through Horses. I hope the centre's fantastic work continues and I look forward to returning to write an update.**

**For more information about the Changing Lives through Horses programme visit the British Horse Society website:**

<https://www.bhs.org.uk>



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Hope Virgo, body image and mental health campaigner and author of *Stand Tall Little Girl*, explains why therapy worked for her when she felt her mental health slipping.

## Say Yes to Therapy

by Hope Virgo

*If you knew me and what I did, you would most likely think I am someone who loves therapy. Having spent a year in hospital recovering from anorexia when I was 17 (the hospital quite literally saved my life) and because I am a Mental Health Campaigner, surely I love therapy?*

*While I have always believed some people need therapy, and therapy works for so many, I don't always put myself in that camp. Instead I have become one of those people who knows what my coping mechanisms are and what I need to do.*

*I thought I had everything sorted, I knew what my triggers were, I knew the power of talking and I also knew about keeping moving forward in the right direction.*

*Well that's what I thought... how far wrong could I be?*

Over the last year I have really struggled. I don't just mean like the odd day, but my days have been really tough. I hated so much of life, grew to resent everything around me and I felt completely trapped. I convinced myself that everything was okay. That life would and could just be amazing if I worked harder at my job. What I missed was those triggers, those things that should have been the warning signs.

I think for me it was a few big things:

1. I was a workaholic
2. Trying to please too many people
3. Letting people get to me
4. Focusing on fixing others rather than embracing my feelings
5. Sexual abuse - I reported this back in September, a massive thing for me to do. But again was so hard having boxed something up for that long and then releasing it all out in to the world. I thought I was strong enough for no professional support at the time but when I had flashbacks surely this should have been a warning sign... but no! Instead, I let it get the better of me, as my guard built up round me to protect me. Again, hurting those closest to me. Some people could beat themselves up for realising this, and at first I felt myself slipping in to that pit. I hated my brain, I hated that I lost so much to my past

but I knew there was no point stressing about this now. Instead I had to get back on track before it slipped even further.

8 weeks ago I realised this. I was sitting at Kings Cross Station in between meetings crying. Not entirely sure what to do with myself. I wasn't suicidal but I was just so broken. Friends had been telling for months to get support but I hadn't listened. This was the time to tackle this and I had to act fast.

I decided what I needed was therapy.

Saying yes to therapy felt so difficult for me. I was scared about talking, sharing my whole life and opening up this complete can of worms from my past that I had never really dealt with. But I knew that if I didn't do it now, I was going to continue my life with a lot of unresolved issues. I was saying yes to moving forward, to healing fully and therapy was a huge part of that.

This starts with:

**Therapy:** I never thought I would say this but I actually love it. I look forward to my sessions and having the space to talk about how I feel really openly. I have let my guard down more so than I have ever done before.



For me it was also about not having someone who was focused on eating disorders. At this point I didn't need support with my food, or body image but the emotional side. I hoped the therapy would tackle most of the above but there were still things I needed to do to really help me get back on track.

*Top Tip: Find a therapist you can do this with. Find someone you trust and are able to build that rapport with and let your guard totally down.*

Focus on a positive a day: This is something I had tried quite a few times but I made this effort to do this properly. By focussing on the positives it meant that I felt more in control over turning around my mood. Yes, this wasn't always easy (and sometimes I had to blast Kelly Clarkson through my headphones) but it was about being proactive and pushing myself back in to that positive mind-set.

*Top Tip: to help with this I have a notebook in my bag with my positives in, I have a feel-good folder on my phone and a feel-good playlist on Spotify. And a few people I can text and say "I don't feel so good" and people that I can celebrate my wins with (including my most recent one which was not crying when I spilt bin juice all over me and the floor!)*

Appreciate those around me: For me this was also about apologising. I could spend so long beating myself up over those things that I had done that had hurt people in the past. For me this was about saying sorry to those I had hurt with my mood and the way I had been

Do something for myself: This was something I have always tried to do and I talk a lot about the power of self-care, but this was slightly different. It was actually doing things for me. So not dropping my plans to swoop in save others, or doing things that make me happy. There was a fine line here as I didn't want to be nasty, but it was essential that I started to do more for me.

Challenge myself daily: This is something that I just needed to up my game on. It wasn't just about food, but challenging myself with clothes and restaurants. I knew that I could do it if I put my mind to it and I was even more determined to crack this once and for all.

*Top Tip: This is crucial for where I am in recovery right now, but don't beat yourself up if you aren't there yet. It takes time and that is totally okay.*

I make it sound so simple... And it isn't going to be. The reality of living in recovery is that there are highs and lows! But what I do now know is that is okay, and I can do it. I am finally cracking this once and for all and I feel so determined to not let my past dictate my future!

## 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.



# Q&A: Hope Virgo

*"We don't give eating disorders the coverage they need because we don't think they're mental health conditions"*

## 1. It seem you've had quite an inspiring journey – if you can, give us a summary of what led you to where you are now?

I developed anorexia when I was about 13 years old and I ended up being hospitalised by it when I was 17. Since leaving hospital it's been really positive apart from a couple of little hiccups along the way.

I think for me now it's important to share my story and admit to myself that yes, I've had a hard time with my eating and with abuse but, actually, you can come out the other side of it and turn it around into a really positive thing.

## 2. What have been your highest and lowest points?

Last year I cycled from John O'Groats to Land's End on my own, stopping along the way to do talks in schools and hospitals about mental health. I probably had my highest and lowest points on that bike ride.

The low was that I absolutely hated it and wanted to give up, and the high was actually finishing it. For me, that was a massive achievement in itself.

Another big one for me was taking my petition (Dump the Scales) to Downing Street, which meant so much to me but also meant so much to thousands and thousands of people across the country. It was amazing to have the chance to be a voice for those people.

## 3. What motivates you? What motivated you to beat your anorexia and what motivates you on a day-to-day basis now?

I wanted to go travelling and I had the realisation in the hospital that it wouldn't be possible if I still had that

anorexic part of my brain. So, a huge amount of my time in hospital was spent looking at that motivation and trying to focus on what I could get out of my life if I started to recover.

What keeps me motivated now is the work that I do; coming into contact every day with so many people who struggle with their mental health and having the platform to make that change happen. It means that even on those days where I'm struggling with my mood or I'm having a bad body image day, I'm doing it for a much wider purpose.

## 4. What was the best advice you received when you were battling your anorexia?

In the last 11 years, the best advice I had was someone reminding me to not give up and to focus on myself and get myself well, and that if I did that the rest would come after.

What I've found over the last few years is that we find it difficult to talk honestly about our feelings but the more we do, the better it is – not just for us but for society on the whole.

## 5. Do you think there is a lack of awareness of eating disorders as mental health conditions?

I think there is, and I think the reason for that is because people still think they're physical illnesses. Quite often we judge people on their outward appearance, and because it's an eating disorder, you might not see that.

We don't give eating disorders the coverage they need because we don't think they're mental health conditions. There's so much stigma around eating disorders still; people with eating disorders get told they're lazy, people

with anorexia get told they're really vain. It definitely needs to have more of a spotlight on it.

## 6. How can people with eating disorders be supported better?

By feeling like they have their voice heard. When they go to their doctors to get a diagnosis or when they're in their work environment, it would help if their doctors or colleagues treated the condition more seriously and sensitively. When I worked in an office I used to hate the diet chat and I found it quite triggering. Being able to make your colleagues understand that small comments can have a long-term impact would help a lot.

## 7. Why did you decide to write Stand Tall Little Girl?

I wrote it was because I wanted people to have more of an understanding of eating disorders, but also because I wanted people to understand what it's really like to recover. I think a lot of recoveries only focus on that end point so looking at those ups and downs along the way is important.

## 8. What's next for you?

At the moment I'm doing a lot for the Dump the Scales campaign, so I'm (trying!) to work closely with the government on making it happen. I'm also just continuing my activism work across the country, so I'm putting together support packages for hospitals and spreading the message further.

There's still a long way to go when it comes to tackling the stigma around eating disorders but it's amazing that I have the platform to go into places and talk about them.

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# Film, TV and mental health

In this new section, we'll be looking at TV shows and movies, and how they successfully (or otherwise) depict mental health conditions. This month, we're looking at *Peaky Blinders*, the horror genre and Joaquin Phoenix's *Joker*.

## JOKER: Truth behind the clown mask?

*Aspire2 deputy editor Alex Morrall's thoughts on the highly-acclaimed Joker, which has a hauntingly poignant portrayal of trauma and mental illness.*

It's overcast. A decaying city bustles in 1981. Garbage bags and rats glitter on the damp pavements, illuminated by overhanging advertisements. Amidst the graffiti and smoke, in a dank dressing room sits Arthur Fleck, professional clown and failed comedian, troubled and skeletal. Painting his face in the lit mirror he holds the corners of his mouth in a twisted, grotesque smile as a single blue stained tear rolls down his powdered cheek. A sad clown sits alone in Gotham City. And thus, Todd Phillips' *Joker* begins.

Arthur Fleck (Joaquin Phoenix) is a man in suffering, an outcast, a 'freak' for whom the ordinary functions of a society (even one as unstable and unfair as Gotham's) are inaccessible. Fleck has had a life of abuse, mistreatment and neglect since childhood, he has known very little besides pain and isolation as he himself tells a negligent therapist 'All I have are negative thoughts...I just don't want to feel so bad anymore'.

Growing up in the system and existing on a cocktail of seven different medications, Arthur lives apart from everyone; partly due to a condition which causes irrepressible episodes

of maniacal and painful laughter. Often in crowded or stressful situations Arthur laughs through twisted joints, pained eyes and tears, incapable of stabling himself as the world recedes further from him in crushing prejudice.

The film is much more than a typical comic book origin story, it is a deep and slow-burning character study. It is less about the 'Joker' and more an exploration of Arthur. His transformation starts as the system in which he is treated begins to collapse, abandoning him and his psychological needs. Arthur at his core just needs to be heard, throughout the film it is this niggling need that evolves into an anarchist war cry as the film reaches its climax.

As Arthur, Joaquin Phoenix is remarkable. He inhabits the character entirely, losing enough weight his bones cast shadows on his exhausted looking



skin, his movements are subtle and suggestive as if every gesture has been thought through.

His intensity is magnetic if not exhausting at points (in the best way). This is no Joker the screen has seen before, this is a human being on the verge of evolution spurred on by abandonment and numbed by pain, both physical and emotional. Every injury, every 'negative thought' is visible in Phoenix's Oscar tipped performance.

When it comes to the conversations surrounding this film, media outlets have concentrated largely on the violence and uprising of the working class as inflammatory to our own unsteady political climate. Quite unabashedly, director Phillips critiques class divide and socioeconomic oppression in society and those of us 'left behind' by the seemingly omnipotent ruling class. But responses citing incels and gun control as the most salient points of Joker, to me, have missed the point entirely. Joker paints an image of mental illness and its mistreatment.

Joker is predominantly a story about Arthur Fleck slowly losing control over himself as he repeatedly attempts to make sense of a world that seems to have nothing but contempt for him. His laughing condition is also entirely real, Pseudobulbar affect (PBA), or emotional incontinence comes as a result of secondary to a neurologic disorder or brain injury (both of which Arthur is stated to have). The condition causes intense and uncontrollable displays of emotions i.e. laughing, crying or a mixture of the two.

Phoenix is recorded as having researched this condition at length whilst developing his characterisation as well as reading both psychological and criminal literature. The film gives an indication that 'Joker' could be any one of us, given the right concoction of childhood trauma, mental illnesses

and societal rejection. These contributing factors facilitate Arthur's descent into a perceived madness.

For many of us suffering with mental illness be it depression, anxiety, bipolar etc. the need to hide it to 'fit in' exists very much in our world as it does in Gotham City.

Society at large is still uncomfortable or unwilling to face mental illness (though it is improving) and acknowledge the routine struggles of so many individuals. This feeling of being ignored, of the world around us hiding from the truth of what it means to be mentally ill, is what fuels a need to be heard. Arthur mourns this lack of empathy. "You're not really listening," he tells his counsellor.

Last year it was found mental ill health accounts for 28% of the overall disease burden in the UK, yet it receives just 13% of NHS funding. And with longer waiting times to seek professional help as well as misdiagnoses and fewer facilities to deal with the strain, Arthur's reality seems to mirror our own all too well.

No, Joker isn't a cautionary tale for our own society. Todd Phillips isn't predicting nor inciting violence or an uprising and if anything they seem entirely separate from Arthur's central struggle. The icon of the character here is used as an allegory for the abandoned and alone, the forgotten and ill. It critiques the failings and misgivings of the human population through an unapologetically raw and gritty character study. The Joker may not be real, but the masks Arthur hides under certainly mirror many of our own.

*Joker is in cinemas now and is set to become the highest-grossing R-rated film of all time.*



# PEAKY BLINDERS AND PTSD

## HOW THE BBC'S SERIES' PORTRAYAL OF POST-WAR PTSD IS PERFECT

Written by Aspire2 Senior Editor [Sam Atkin](#). This article contains major spoilers for all five seasons of the show.

Peaky Blinders, which recently concluded its fifth season on BBC One, has become one of the most talked about TV shows in recent history. Its gripping plots, brilliant cinematography, explosive use of violence, unique style and use of modern music make a modern classic of a TV show. And that's before you even mention the performances of the cast, led by now-iconic lead character Tommy Shelby (Cillian Murphy).

Initially set just after the First World War (1919), with the most recent season set in 1929, Peaky Blinders follows the Shelby family and their growing business enterprise.

While the plots have been fantastic throughout, what I find most interesting about Peaky Blinders is the characters, nearly all of whom are morally grey. After all, who doesn't love an antihero?

With Tommy Shelby and older brother Arthur, a major part of their personalities comes from the PTSD that they suffer as a result of their involvement in WW1.

"The PTSD that some of these characters suffer from is there in 1919 and

still present in 1929 and will still be present in 1939," said show creator Steven Knight.

"[With Tommy], from the very beginning we're introduced to him as an amoral and morally switched off character whose values have been destroyed by seeing so many human beings destroyed in war," he added.

### Shell shock

Tommy and Arthur would not have been alone in suffering from post-WW1 PTSD. It is thought that up to 20% of the six million British men who served in the Great War suffered with PTSD afterwards (which was known back then as shell shock).

Sadly, doctors didn't know that what soldiers witnessed while fighting was likely the cause of the condition. Some believed that it was a result of physical damage to the brain caused by explosions, despite the fact that not everyone experiencing the condition had been close to artillery fire. As a result, PTSD went untreated, as shown by the fact that on the show both Tommy and Arthur still struggle with it after ten years.

### Tommy

In season one, Tommy's PTSD brings unwanted and vivid memories of when he was tunnelling, a tactic where infantrymen would dig a tunnel beneath no man's land with the aim of planting explosives near to the enemy lines. A flashback shows that Germans broke through to Tommy's squad's tunnel, ending in violence



where Tommy is almost killed. As a result, Tommy hears scratching at his bedroom wall every night, a hallucination that someone is going to break through and attack him. He also struggles to sleep and has nightmares about this, among other things.

People close to Tommy tell him that he had a drastic personality shift after the war. Actor Cillian Murphy, who plays Tommy, said he “built a hard shell around himself after the First World War,” characterised by his lack of expressive emotion and repeated ambivalence towards events which would typically be happy or sad.

Tommy continues to have vivid and distressing memories and hallucinations throughout the show, only made worse by the death of his wife Grace in season 3, and brother John in season 4.

Tommy’s PTSD is at its worst when he tries to relax and taking time off work only allows his mind to dwell on his trauma. He becomes disconnected from his family and focusses only on those addictions that make him feel better in the short term – alcohol, smoking and drugs (specifically opium).

In season 5, Tommy regularly sees and has conversations with a hallucination of Grace, which actively encourages him to try to take his own life several times. Tommy’s suicidal thoughts grow to the point where in the final shot of the season he’s holding a gun to his head, ready to pull the trigger.

### Arthur

Arthur does not struggle with recurring memories, dreams or hallucinations, but he is unable to control his anger or impulse to kill. He calls this ‘the devil inside’, a hangover from the violence of the war which he is unable to let go of.



*Brothers Tommy and Arthur display very different symptoms of PTSD*

After his anger issues get worse and his reliance on substances grows, Arthur attempts to kill himself at the end of the first season. Tommy is apathetic, again reinforcing the idea that his own emotions have been numbed by his PTSD.

Throughout the series, Arthur grapples with his morality, aware that he has an aggressive side but unaware of what causes it.

Other characters with the condition include Tommy’s squad mate Danny Whizzbang, whose first appearance in the series is during one of his violent psychotic episodes where he believed he was still at war. This eventually leads to him unwittingly killing a man because of the strength of his hallucinations.

Another member of Tommy’s squad, Barney Thompson, was locked up in what was then called a lunatic asylum, such was the nature of his psychosis and the lack of understanding of such conditions in the time the show was set.

Because of the lack of treatment, coping with PTSD is tough for the show’s characters. Tommy keeps his hallucinations and vivid memories at bay by smoking opium with a clay pipe and drinking excessive amounts

of alcohol and Arthur drinks even more than his brother, also using cocaine regularly.

### Perfect portrayal?

The performances of Cillian Murphy (Tommy) and Paul Anderson (Arthur) are moving, and how their PTSD is shown on-screen at least appears to be perfectly accurate. But is this the case?

According to the NHS, symptoms of PTSD include:

- Reliving traumatic events through nightmares and flashbacks
- Feelings of isolation, irritability and guilt
- Sleeping problems

All of these symptoms are suffered by Tommy.

According to Mind, other symptoms may include:

- Being easily upset or angry (Arthur)
- Irritability or aggressive behaviour (Arthur)
- Self-destructive behaviour or recklessness (Arthur and Tommy)
- Feeling like you have to keep busy (Tommy)
- Feeling emotionally numb or detached from your body (Tommy)
- Unable to express affection (Tommy)

- Using alcohol or drugs to avoid memories (Tommy)
- Feeling like you can't trust anyone (Tommy)
- Suicidal feelings (Arthur and Tommy)

PTSD also has physical effects because people with the condition continue to produce cortisol and adrenaline (which cause the body's Fight, Flight or Freeze response) even when they're no longer in danger. This is shown in Arthur repeatedly.

I asked our UKCP accredited consultant psychotherapist Kirsten Antoncich whether she thought the portrayal of PTSD in Tommy and Arthur was accurate and realistic.

"When someone gets PTSD it presents in lots of different ways and it's really unique to that person. The way that *Peaky Blinders* has done it is really effective," she said.

"It's very accurate and it's a multifaceted portrayal. What I was really interested in was the depth of the characters. We know that people with PTSD are more susceptible when they've had a multitude of traumas and when they've had a difficult developmental history, or when they aren't connecting well with external support, all of which we see in *Peaky Blinders*."

**The window of tolerance**

The window of tolerance is a term used to describe how effectively someone's natural instincts function. When someone is within their window of tolerance, the brain is normally functioning well and can process rationally.

Conditions including PTSD can push someone out of their window of tolerance, resulting in either hyperarousal or hypoarousal. Stress and trauma can shrink someone's window of tolerance, making it easier for this to happen. Hyperarousal can make someone

anxious, angry, out of control and overwhelmed and causes the fight or flight instinct to take over. It is safe to assume that Arthur's PTSD has shrunk his window of tolerance and he displays all of the characteristics of hyperarousal.

Hypoarousal makes someone spacy, zoned out, numb and frozen. The body wants to shut down. While not as perfectly characteristic of Tommy's personality as hyperarousal is for Arthur, it is reasonable to assume that Tommy's PTSD pushes him at least some of the time to hypoarousal.

Kirsten says the window of tolerance theory could have been in the minds of the showrunners, which would explain the contrast between Tommy and Arthur's PTSD.

"Tommy's becoming more and more avoidant in his behaviours and struggling with hallucinations. He's had so many people die and he's shot a lot of people so he's got layer upon layer of trauma. You can only fight in so many cup finals and I think he's unravelling," said Kirsten.

"Then you've got Arthur who's really displaying a strong hypervigilance and a lack of self-control and increase in irritable and aggressive behaviours. That's the sort of self-destructive, impulsive behaviour that we often see with people who've had quite complex PTSD," she added.

Kirsten says her favourite character is Arthur because of the way he clearly wants to be a better man but is ultimately unable to because of his trauma.

"For Arthur, he's always been rejected by his father figure. So not only does Arthur have this PTSD, he's had layers upon layers of rejection. He has this want to be good but this awful PTSD impulsivity that's taking over him."

"Danny Whizzbang was also a really good portrayal of just how much

trauma can intrude into your reality," she added.



*Danny Whizzbang is a great representation of classic combat PTSD*

**Style and substance**

The show is unique in how it delivers information about mental health, which Kirsten says is more realistic and honest than most TV shows.

"It shows the mess of mental illness and the darkness and the rawness. I think sometimes TV shows just show the surface of mental health conditions whereas *Peaky Blinders*, even the cinematography, the darkness of the scenes, the richness, really represents what it's like to be in somebody's head. Even though mental health is such a common topic, TV shows don't often show the extent of the mess," she said.

So, yes - *Peaky Blinders*' interpretation of PTSD is pretty perfect. It's a haunting and eye-opening window into the world of how people can suffer with post-traumatic stress, made worse by the lack of treatment they receive.

Treatment in the modern day is still imperfect but we can be thankful that there is treatment at all. *Peaky Blinders* is fictional, but it is true that hundreds of thousands or more soldiers who returned from the Great War were never the same again, thanks to their PTSD and the lack of diagnosis or treatment.

**For everything that the show does so well, *Peaky Blinders*' portrayal of PTSD is maybe what it does best.**

# Mental Illness: The horror genre's most tired cliché?

Aspire2 deputy editor Alex Morrall explores how mental health is exploited in horror films and how this impacts the societal stigma of mental illnesses

With Autumn in full swing and the nights drawing in, the usual signs of the season begin to surround us: the air is starting to cool, the trees have changed colour and Halloween takes over our shops, streets and televisions. But, as lots of us indulge in both classic and new horror flicks (for better or worse) perhaps we should take time to really think about some of the themes, images and motifs we see creeping onto our screens this time of year. Most of all: mental illness.

Ever since the 1920s with *Dr Caligari*, through the 1960s' *Psycho* era right into the 2000's with movies such as *Gothika*, *The Babadook* and recent Hollywood blockbusters like *Split*, horror films have tended to explore (or exploit) mental illness as a doorway into the world of

the horrific, violent and taboo. It seems a convenient and common device to use haphazardly, allowing for transgressive behaviours and frightening atmospheres. Need a villain? Make him mad. Need a scary setting? Put it in an asylum. Need a twist ending? Make it all happen inside someone's delusion.

Now, I love the horror genre as much as the next cinephile. They can be incredibly entertaining, artistic and clever. Often citing some of the most iconic works of fiction or scientific theory. My issue here isn't the use of provocative subject matter (it's actually quite the opposite) it is simply the irresponsibility and laziness of some horror flicks to use a tired and repetitive portrayal of mental illness in place of any engaging and nuanced cinematic endeavour.

We fear what we do not understand and the continuous mystification of otherness in the pursuit of an easy scare misrepresents mental illness which otherwise gets very little honest onscreen portrayal (though that is improving). The violent representation of the mentally ill is unfortunately where many get their information on lots of issues such as psychosis, personality disorders and even depression. Let me put it this way:

If we look around us at the reality of what a mental health facility looks like, it's often a very normal building in cities or suburban areas surrounded by other facilities and homes, with people bustling around it and the odd individual walking in and out of the completely regular building.

But on our screens, what do they look like? They're often dark and looming, an old decrepit Victorian monstrosity dominating a misty bleak skyline, alone on the outskirts of society (*Shutter Island*, was exactly that; an island). There are often few signs of life save for a few screams or 'mad' mutterings that seem to come from the cold, dripping walls themselves. Cliché? Cliché.

American psychologist Dr Danny Wedding unpacks several issues in his book *Movies And Mental Illness*:

"Films such as *Psycho* (1960) perpetuate the continuing confusion about the relationship between schizophrenia and dissociative identity disorder (formerly multiple personality disorder); *Friday the 13th* (1980) and *A Nightmare On Elm Street* (1984) both perpetuate the misconception that people who leave psychiatric hospitals are violent



and dangerous; movies such as *The Exorcist* (1973) suggest to the public that mental illness is the equivalent of possession by the devil; and movies such as *One Flew Over the Cuckoo's Nest* (1975) make the case that psychiatric hospitals are simply prisons in which there is little or no regard for patient rights or welfare. These films in part account for the continuing stigma of mental illness."

Cinema, especially in the horror genre demands a complete narrative, but the problem is that mental illness does not comply with the notion of having an 'ending'. It is an ongoing conversation, abstract and often volatile, sometimes getting better and then better and worse again. So, what we get in these films is a condensed, heightened and uniformed portrayal often ended in the most convenient way; tragedy.

Mostly death but occasionally imprisonment, the triumph over mental illness in these films continues to be killing or imprisoning the character experiencing the illness (often the villain). TimeToChange.org states that mentally ill people are more likely to be victims than perpetrators of violent crime, making such a portrayal even more misunderstood.

The Mental Health Foundation confirms that social stigma surrounding mental health issues makes recovery more difficult; and that nine out of ten people with mental health issues believe that stigma around mental illness has a negative effect on their lives. These tropes and stereotypes only serve to perpetuate these stereotypes.

The 'sane' character stuck in a 'looney bin' or the violent madman who never speaks but frequently kills. These films have real world consequences. Just see, this Halloween, if anyone



*The Cabinet of Dr. Caligari has influenced western horror films for almost 100 years*

you encounter is dressed as a 'mental patient' or 'mad-doctor' or even a 'bloody nurse'. The season seems to suspend the faux pas of appropriating and warping the lives of people suffering mental health issues and allows it to become a scapegoat for fictitious violence and horror.

The genre is built on exploring the taboo, the transgressive and carnal. It builds on our shared psychological and evolutionary fears to spin a thrilling and cathartic narrative that suspends the rules of everyday life for the freedom of artistic expression. But it seems such an ethos is being lost to cliché and the exploitation of mental illness as a one-note plot device.

It is time to stop feeding the prejudices that our society still propagates against people living with mental illness. Difference does not always equal evil. It is true that anyone of us can develop a mental

illness at any time, at any stage of our lives, and the old tired 'lunatic in a dark cell' character is making the different reality we live in scarier and much more difficult to treat.



*The Babadook (2014) uses a monster as a metaphor for mental illness*

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**SANE**

Written by Aspire2 Senior  
Editor Sam Atkin

# Hypersonic Missiles: Mental health in focus in Sam Fender's debut album

Few records are as lyrically ambitious, self-aware and honest as *Hypersonic Missiles*, the debut album by Tyneside's newest singer-songwriter, Sam Fender.

Drawing on musical influence from his hero Bruce Springsteen, Fender sings about mental health, suicide, a society under fire from divisive politics and toxic masculinity. Like Springsteen, he does this without mincing his words, something that helped him earn the 2019 Brits critics' choice award.

With catchy guitar lines and punchy lyrics, *Hypersonic Missiles* is as easy to listen to as it is interesting to dissect.

Mental health gets a much-needed spotlight on multiple tracks throughout the album, with Fender keen to raise awareness that the north east, where he comes from, has the worst suicide rate in England.

The best example of this is on *Dead Boys*, an account of two of Fender's friends who lost their lives to suicide.

We all tussle with the black dog / Some out loud and some in silence / Everybody 'round here just drinks / 'Cause that's our culture, Fender sings. The black dog, of course, refers to depression, next dealing with the fact that while some people do talk about our mental health, many still don't. Fender explains

that where he comes from, drinking to deal with it is the norm.

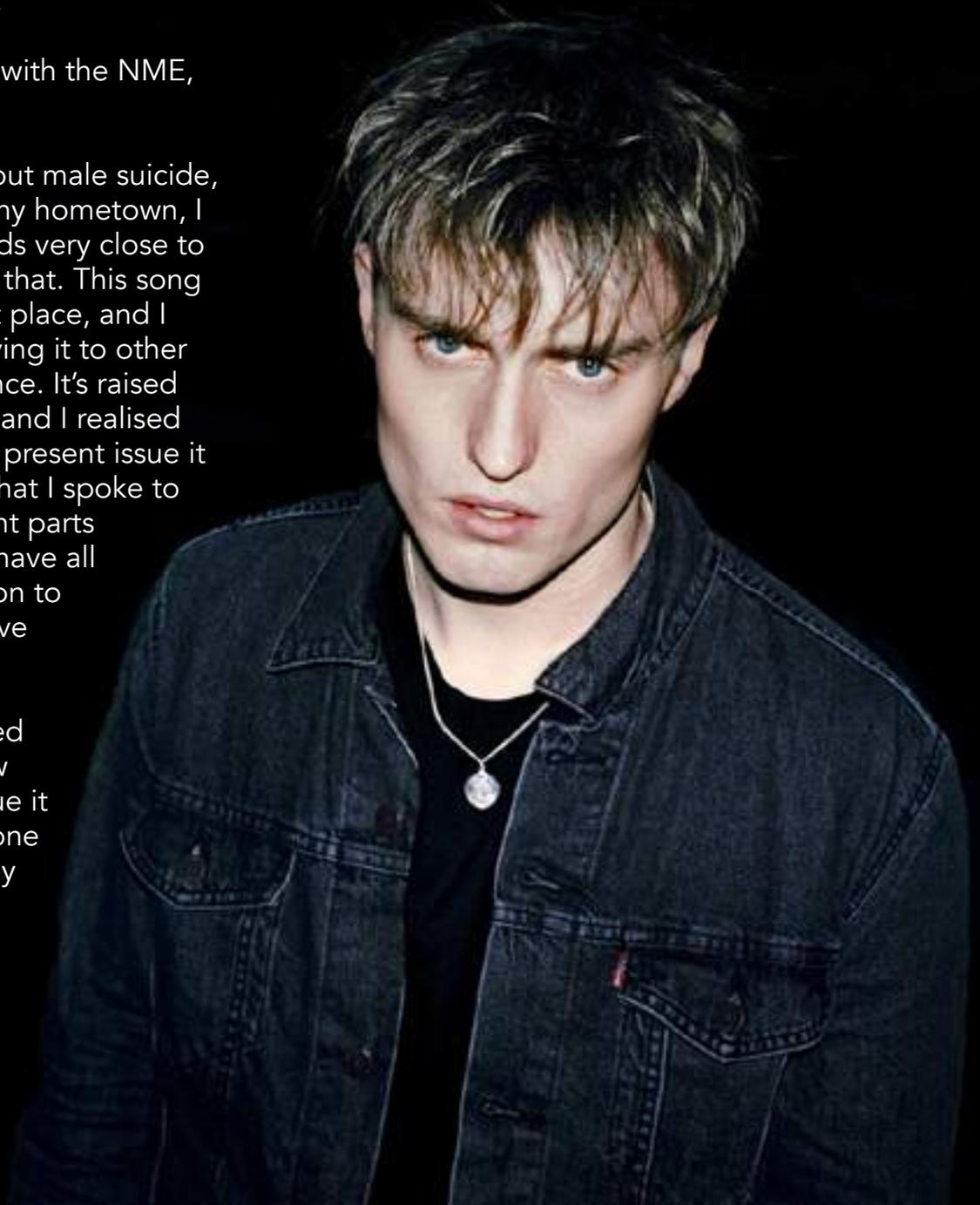
*We close our eyes, learn our pain / Nobody ever could explain / All the dead boys in our hometown.*

In an interview with the NME, Fender said:

"It's a song about male suicide, particularly in my hometown, I lost some friends very close to me because of that. This song came from that place, and I have been playing it to other people ever since. It's raised a conversation and I realised how much of a present issue it is. Everybody that I spoke to from all different parts of the country have all got a connection to someone they've lost."

"It really opened my eyes to how much of an issue it is. If it gets to one person and they feel like they should reach out and talk to somebody, then it has done a good job."

It's clear that Fender is passionate about mental health which may stem from when he looked after his mother, who had a mental illness, when he was younger. [Continued next page...](#)





He is particularly passionate about raising the profile of mental health in men, and believes it is still a major taboo for men to be emotional:

“I remember specifically for me as a kid growing up or as a young teenager if I ever cried or got upset in front of anybody, I would be so humiliated. I’d be so angry with myself for being upset and then it would just become this catch 22 situation. It’s that attitude that stops men from talking and stops men from being able to turn to each other. Men just need to be open and not emasculate one another,” he said in an interview with the NME.

When asked what he thought was causing this taboo, Fender blamed toxic masculinity.

“This really archaic, out of date idea of how a man is supposed to conduct himself. I think that’s what kills men, genuinely,” he said.

Fender stresses through his lyrics that problems in the north east go

unnoticed, particularly with regards to mental health, and he grapples with societal issues like the gap between rich and poor. That Sound explores Fender’s own mental health while You’re Not the Only One details himself and his friends ‘coming out of a bad place.’

Hypersonic Missiles and Saturday deal with feeling powerless in a world that doesn’t want to help anyone, Play God is an Orwellian take on the control of society and how the working classes are treated and White Privilege is a candid summary of modern problems like Brexit and the patriarchy while Fender admits he’s lucky to have privileges, despite his working class roots. Without a doubt, his greatest strength lyrically is his awareness – of both himself and the world he lives in.

The subjects of these tracks are almost entirely critical and only Call Me Lover, which Fender admits he isn’t keen on, discusses romance (a pop rock trope) at all. Despite this

lack of warm-feeling, Hypersonic Missiles is a well-rounded and thoroughly re-playable album that uses its lyrical themes to deliver a succinct message. It tells you what Fender thinks about the world, wrapped up in well-produced pop rock.

While the singles That Sound, Play God, Dead Boys and Hypersonic Missiles are the highlights of the album, the other tracks aren’t simply album-fillers and have merit all of their own.

What Hypersonic Missiles shows is that Fender is a young musician with major potential whose lyrics paint a rough but honest picture of our society. The subject of mental health needs to be talked about in music and it’s inspiring that Fender is so ready to do so.

**Hypersonic Missiles is available to stream, download and purchase now via Spotify, Apple Music, Amazon, HMV and other retailers and streaming services.**



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# Rob Hill Foundation



**FREE York workshops  
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## About the charity



**The Rob Hill Foundation** (Registered Charity No. 1181220) is dedicated to Rob Hill (left), brother to Chris Hill, who tragically lost his life May 2014 to an accidental drug overdose. The charity aims to reach out to as many people in the world as possible and share the solution to beating addiction; so that other families do not suffer such a tragedy.

After losing his brother and having battled 20 years of addiction to drugs, alcohol and nicotine, **Chris Hill** discovered the solution to overcoming addiction. He published his best-selling book ***Get Your Life Back: The Road to Freedom from Addiction***. He then extracted the self-help section from the book, to create his addiction recovery programme.

@ [chris@beatmyaddictions.com](mailto:chris@beatmyaddictions.com)

@ [team@robhillfoundation.org](mailto:team@robhillfoundation.org)

📞 0800 644 6313

📘 [robhillfoundation](https://www.robhillfoundation.org)

**The Rob Hill Foundation provides free addiction and mental health workshops and support groups.**

**We are aiming to launch these nationwide to help anyone struggling with addiction.**

For workshop locations visit  
[www.robhillfoundation.org](http://www.robhillfoundation.org)

# 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.

## Self Portrait

by Vincent Van Gogh

Our featured artist this month is Vincent Van Gogh, who is often thought of as a representation of the idea of the 'tortured artist' – someone whose brilliance is a result of a traumatic life.

Of course, Van Gogh is now one of the most recognised artists there has ever been but in his own time, he was regarded as a talentless madman, and struggled to make a living from his art.

Van Gogh suffered badly with his mental health. It is commonly thought that he had bipolar disorder but it's also believed he had borderline personality disorder. On top of these, he struggled with severe bouts of depression and anxiety.

This self portrait (called Self Portrait) was painted in 1889, the year before Van Gogh died, and it's thought to be the final portrait he painted. He painted himself because he couldn't afford to hire models.

Art historians believe that Self Portrait was painted following Van Gogh's admission to hospital after cutting off his ear and that it signals that his state of mind was under intense strain and pressure.

Untitled

by Fearne Cotton

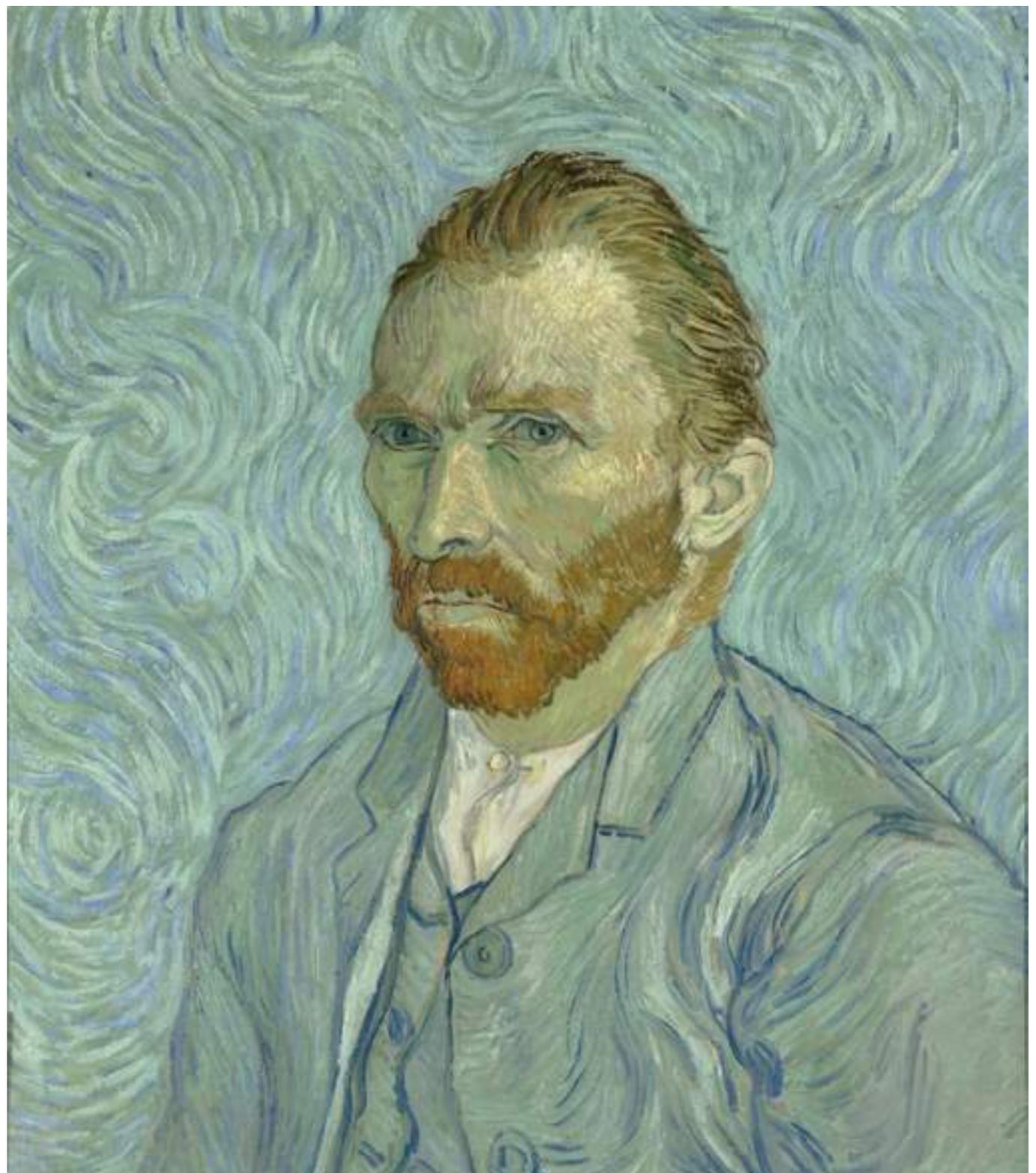
Don't chase happiness it's not racing ahead,  
It's not to be caught, trapped, contained or fed.

It's not what others have, yet unattainable to you,  
It's not something to be bought, all shiny and new.

What about contentment? And simply feeling ok?  
Without begging and wishing the feeling would stay.

What about sadness and the value there?  
Lessons to be learned from anger, pain and despair.

Cherish each emotion don't suppress or shun,  
Happiness will rise again like the warmth of the sun.



**Depression***Dean Irwin*

It's so quiet around me  
 Yet so loud inside  
 Thought going out would  
 help  
 But just walked and cried.

Trying to avoid people  
 As I don't want to converse,  
 Cos some things they say  
 Just make it worse.

Like "look what you've got  
 How can you be  
 depressed?"  
 Or "there are people a lot  
 worse  
 You should feel blessed"

But you dont know  
 What it's like in my mind  
 When negative thoughts  
 Are all I can find

I'm surrounded by people  
 Who love me and care  
 And they tell me to know  
 That they'll always be there

Yet with this horrible illness  
 I still feel alone  
 And that I'm fighting a  
 battle  
 All on my own

I'm tired, I'm anxious  
 I'm sad and I'm weak  
 I'm sick, I'm sore  
 And I shake when I speak

I can't sleep at night  
 Have little energy in the  
 day  
 I am always asking God  
 Why don't you just take it  
 away?

Being two different people  
 Is a hard thing to do  
 Pretending you're happy  
 When you're broken and  
 blue

But I tell it how it is now  
 When people ask  
 I'm ill with depression  
 And I've binned my mask

Its time to talk about this  
 illness  
 And how deadly it can be  
 Hopefully helping others  
 speak out  
 As well as helping me

And break the stigma  
 That still surrounds it today  
 That it is an illness  
 And it just doesn't go away

Right now I'm struggling  
 Its the hardest it's been  
 Its dark, it's scary  
 There's no light to be seen

Its a hard place to be  
 When you just break down  
 and cry

Where you don't want to  
 live  
 And you don't want to die.

**Have you got art or poetry created about or inspired by mental health?**

**Aspire2 are looking for content for next month's Art and Poetry section. If you would like to contribute, we would be delighted to feature your work.**

**Email [sam@aspire2.org.uk](mailto:sam@aspire2.org.uk) and show us your talent!**



## The Perspective Project

Each month, Aspire2 will feature artworks from The Perspective Project, an online gallery containing mental-health inspired art. This month's featured pieces can be found on the next page.

**Mark Anscombe, the founder of The Perspective Project, explains more:**

"The Perspective Project is a charity ending the stigma around mental health through art and creativity. We provide a therapeutic outlet for those affected by mental health conditions, highlighting different perspectives on mental health to the wider public.

Since our foundation in 2017, we have worked with over 200 artists, poets and writers, sharing perspectives on mental health from around the world. We host our multimedia work across our digital galleries and social media in 4 languages, providing a free and open platform for our artists.

We run exhibitions, pop-up events, artist lead workshops and corporate services across the UK – all with the goal of eradicating stigma and promoting greater understanding about mental health conditions.

We believe it is vital to support artists affected by mental health conditions by providing a cathartic, therapeutic space to express themselves – and validating their talent and worth as artists and people. We do not define our artists by their experience or their diagnosis. We also know that the art they create is an extremely powerful tool in promoting empathy in the audience and wider public.

The emotional response many people have when they see the art or read the poetry that we host can be far more powerful than simply reading an article or textbook. This response and understanding is a massive step towards dismantling stigma.

We are a small charity, relying entirely on donations and volunteers to provide our services. If you would like to get involved with our work, volunteer your time, donate, or submit your art, poetry or writing – visit us online at [www.theperspectiveproject.co.uk](http://www.theperspectiveproject.co.uk) or find us on social media."

**You can find The Perspective Project on Facebook, Instagram and Twitter:**



## Community

Carla Cannon

"Admittedly, there has been an increase in recognising the issues regarding mental health. Yet at times the subject may be treated lightly and with much humour. I would not expect peers, friends and family to walk on eggshells but I would like them to question, recognise and address emotions felt. At times it still feels that you find yourself continually wearing a mask as to ease others misunderstandings or ignorance whilst true feelings and expressions remain hidden."



## Bipolar Depression

Eden Day

"I have stopped paying much attention to time. Minutes slip into hours and hours disappear into days and so on and so forth. Whereas I spent the last few months obsessing over time, treating minutes like precious jewels that had to be treasured, I now fail to get anything done within the space of even a whole day. Mornings are spent desperately trying to fall back into the oblivion of sleep and afternoons are wasted with aimless wanderings or staring blankly into space. The evenings are the worst. I had become too used to filling time with writing and drawing, making art and reading of beautiful, impossible things. I had filled my own head with unattainable dreams. Now, I waste the hours. I waste them because I have no idea what else to do with them. This little life is too small for me and I feel stifled by it. I have the unshakeable sensation that I am completely lost in the world, but that world is surrounded by an impenetrable glass dome. It is like being trapped in a snowstorm within a snow globe. There is very little room to really lose yourself and there is no chance of escape - unless you succeed in smashing the edges of it to bits - but, because of the ceaseless snowfall, you see no way out, therefore believing yourself to be lost."

## The 12

Jungle John



"My great-great Grandmother had 12 children. They all spread around the world. In some ways, this painting shows their stories. But in truth, it shows my daily struggle with life. Why hide the truth with another story? Because that is how I cope. Always masking my mental health, which is not good. Painting is really helping me with my demons. The power of creativity will be my recovery."

# Live your best working life

**Visit [mentalhealth-uk.org/best-working-life](https://mentalhealth-uk.org/best-working-life) today for tips to help boost your mental health.**

Mental Health UK has been supporting people affected by mental health problems for over 40 years. Working across every part of the UK, we bring together four national mental health charities to provide advice, information and support.

Mental  
Health  
UK

## Lloyds Banking Group extends Mental Health UK charity partnership

This will support a new programme to reach half a million young people across the UK

LLOYDS  
BANKING GROUP



Mental Health UK and Lloyds Banking Group have announced an extension to their charity partnership for another two years. The partnership's aim is to raise £4 million by the end of 2021 to expand 'Bloom' which supports the mental health of young people. The funds raised through the extension of the partnership will enable Mental Health UK to reach half a million young people as well as train over 2,500 teachers.

The scheme will help prevent long-term mental health challenges in later years, developing practical resources to provide the skills needed for staying mentally healthy. According to The Mental Health Foundation, 50% of mental health issues start before a person is 15 years old and 75% of mental illnesses start before a person's 18th birthday.

Secondary school is a crucial space to support young people, and Mental Health UK have created a programme designed for 14 to 18 year olds, equipping them with resilience tools so that they can manage stresses in their life, both now and in the future.

According to a recent Young Minds survey, 51% of young people said that they didn't ask for help with their mental health because they didn't understand what they were going through. Bloom addresses this by raising awareness amongst young people and teachers and starting the conversation early.

Joe Baldwin, Assistant Principal Learner Journey at Bridgend College in Wales,

who has signed up to delivering Bloom said: "As a college we are committed to supporting a diverse community of students and enabling them to fulfil our college mission statement - 'be all that you can be'. We want to provide our students with the guidance, support and tools they need to achieve, progress and lead happy and fulfilled lives. This project will provide us with the fundamentals to do just that."

The programme will help enable an environment where teachers feel able to open the conversation about mental health with students.

The press release by Lloyds Banking Group said: "We are proud of our charity partnership with Mental Health UK and we're delighted to announce that we're extending our Mental Health UK partnership for another two years to the end of 2021 in order to support young people's mental health right across the UK."

"Lloyds Banking Group colleagues have raised over £10 million in three years for Mental Health UK. In 2018, Lloyds Banking Group colleagues voted overwhelmingly to support young people in mental health and colleague fundraising over the next two years will go entirely to 'Bloom', with the aim that half a million young people will go through the programme and 2,500 teachers will be trained to support them, said António Horta-Osório, CEO of the group.

Brian Dow, Chief Executive of Mental Health UK said: "Lloyds Banking Group

colleagues have shown astonishing passion and energy from the moment our partnership started, and that drive has meant that the last three years have led to huge successes."

"The next two years provide us with a unique opportunity to deliver further change together helping to prepare the next generation for future life with Bloom, our programme that supports young people to better manage their mental health. To achieve so much yet still have the desire to do more speaks volumes for the level of commitment everyone at Lloyds Banking Group has demonstrated and we are simply grateful beyond words," he concluded.

### Bloom

Bloom is a UK-wide programme which supports young people's mental health resilience. Delivered in schools and colleges, Bloom equips young people with the tools and knowledge to maintain their mental health through life's transitions, both now and in the future.

To find out more, visit [mentalhealth-uk.org/partnerships/projects/bloom/](https://mentalhealth-uk.org/partnerships/projects/bloom/)



# Concerned about dementia?

Call your local helpline today on  
**03300 578592**

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



## Our Services:

- Information & Advice
- Dementia Support Advisors
- Home Visits
- Signposting
- Emotional Support
- A listening ear
- Peer Support
- Social Activities
- Education
- Practical Support
- Weekly wellbeing cafés
- Dementia specialist nurses

**Dementia Forward is North Yorkshire's leading support charity for people living with and affected by dementia.**

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)**



Care and Support for Life

Registered Charity no. 1148225



## Campaigns

### We Are Undefeatable Campaign

This joint campaign with the Richmond Group of Charities and Sport England intends to change the misconception that people with a long-term health condition can't be physically active. The aim is to encourage, empower and motivate people to increase the amount of physical activity they do to improve their health and wellbeing. For people living with severe mental illness, the average life expectancy is 15-20 years less than the general population. This is partly down to physical health conditions that develop as a result of their illness, side effects of medication and lack of perceived opportunities to be active. Rethink Mental Illness wants to reduce this mortality gap and support people severely affected by mental illness so they have the best quality of life possible.

## Events and Fundraising

### Members Day 2019

This year, our Members Day takes place on Saturday 9 November at the Holiday Inn, Regents Park in London. Members will need to register online at [www.rethink.org](http://www.rethink.org) or call us on 0207 840 3132 to do it over the phone. It is free for members and e-members are expected to make a £10 contribution. The day will include inspiring speakers, workshops, awards and lunch.

## 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](http://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)

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](http://www.rethink.org)



**Together we are stronger**



Aspire2 Ambassador  
of the month!



@blvc\_butter

## Brand Ambassador of the Month

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.

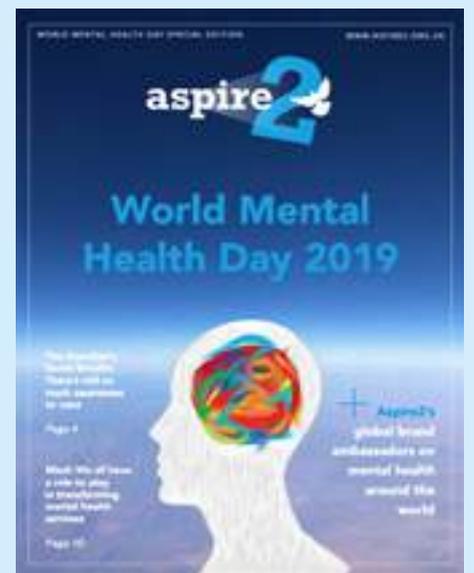
Our brand ambassador this month is **Ohemaa**, who is currently persuing a Bachelor's Degree in Journalism and Media Technologies in Namibia.

Ohemaa contributed to our World Mental Health Day Special, writing about mental health in Namibia.

### Did you read our World Mental Health Day Edition?

To mark World Mental Health Day 2019, Aspire released a 12-page special edition including articles from our brand ambassadors around the world.

You can read it at [aspire2.org.uk](http://aspire2.org.uk).



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!**



# The importance of hope

*Aspire2 Brand Ambassador Scott Baker tells his inspiring story of overcoming his mental health problems when the help wasn't helping*



## About Scott

Scott is a brand ambassador for Aspire2 in Scotland.

He works hard on his Twitter and Instagram pages to raise awareness of mental health conditions and he has suffered with ADHD, anxiety, suicidal thoughts and addiction.

Scott's article here describes how he felt like specialists were unable to treat him, and instead, help came in the form of the charity The Hope Café.

His story of recovery was turned into a video, which you can see by clicking the image below.

Follow Scott on Twitter and Instagram:



I started to struggle with my mental health from a young age. I got diagnosed with ADHD, I couldn't sit still and I was always getting taken out of class.

The teachers didn't know what to do with me. People would shout at me and say I was badly behaved but looking back I understand it was my condition and I couldn't help it.

At home I was taking medicine about three times a day to keep me calm but I hated it and I felt like a zombie.

When I went to high school my anxiety got worse and I was taken out of class most days. Teachers just looked down at me and said 'you're never going to make it, you're too loud you're not doing your work.' In the back of my mind I kept saying to myself 'I wish I was normal, why do I act and feel this way?'

I felt like the school let me down big time. I just felt I was treated differently from everyone else.

So, I left school and then my mental health started getting even worse.

I started drinking and smoking cannabis every day. I was just trying to block everything out, but every day was a struggle. I started going to more appointments with GPs where I would tell them how I was feeling.

I was told there was nothing wrong with me, that I needed to get a grip and that there was nothing they could do for me.

It was very upsetting and I was angry that no one was giving me any support, so the drinking got worse and I ended

up getting into trouble with the police.

I wasn't getting on with my family so I left home and was stayed with friends. I went on to the homeless list. After a year, I got a flat in Lanark.

It was great having somewhere I could call home, but my mental health was still getting worse. I was going from extreme lows to extreme highs.

I started taking a new medicine that would stop all the horrible thoughts I was having and I went to see a therapist for CBT to manage my feelings.

But I was still struggling so I didn't go back after a few months. My drinking and drug habits got worse and I started going to addiction services who said there was nothing they could do because my mental health was causing the addictions. Then I'd go to the psychiatrist and they would say it was addictions.

By time I was 18 I was living by myself. Days would pass where I struggled to get out of bed, wash or eat. Everything just felt like one big struggle.

I felt like there was a dark cloud above me. I had no self-worth or hope, so time went on and I stated getting into more trouble with the police. One time I was very low and I was sitting on a bridge when the police came. Rather than taking me to a hospital, they locked me up.

I kept thinking maybe it would better if I killed myself so all this pain would go away and I wouldn't have to put up with this.

I went back to the hospital and was kept in for a few days to detox and clear my head.

Once I was discharged, I had CPNs



coming to see me. I started going to the Hope Café, a small charity that was set up around peer support. Everyone was so friendly and what I loved about it was that everyone that was there had lived experience of mental health.

I began to volunteer there, building my confidence up, meeting new people and getting to listen to peoples' stories.

I wrote down my own story. Then, for the Scottish Mental Health Arts Festival my story was turned into a play. I felt amazing.

I took part in the first Walk a Mile in Edinburgh with See Me, and in Strathclyde Park, where I got the chance to walk with Chris Young, the creator of Walk a Mile.

By the time I was 20, my mental health was in a good place. I was volunteering most days, I was meeting new people trying to tackle stigma and sharing my recovery to help others.

For the first time I was happy. People

treated me like a human.

But at 21 I was still drinking and occasionally smoking cannabis to self-medicate. I wasn't getting much sleep, so I used to get very tired and angry. I would take it out on friends and family.

After a few months, the Hope Café came to an end. I was upset because it really helped get my life finally back on track.

Fortunately, a couple of volunteers started up a new charity called Esteem Clydesdale. It was based on peer support and offered people a place to come and chat and feel safe and not judged.

We started to do more events. We got the word out that no one needs to suffer in silence and that we were here to help. Life seemed to be still back on track.

I believe everyone should be treated as an equal, it doesn't matter if you have a mental health condition, different coloured skin, whatever your sexuality,

we should all be treated the same and not judged.

I'm now 22 and I have a partner. He's just amazing, and he understands my mental health. I still have good and bad days, but I have the right people in my life and life's good.

Now I want to help others, tell people that it's okay not to be okay and this shall pass. We are human, we all have struggles and problems.

### See Me

See Me is Scotland's Programme to tackle mental health stigma and discrimination. It's funded by the Scottish government and Comic Relief and managed by SAMH and The Mental Health Foundation.

See Me is passionate about tackling the prejudice, ignorance, and misguided stereotyping about mental illness.

To find out more about See Me, visit [seemescotland.org](http://seemescotland.org)

## HeadCase Podcast

Introducing Stephanie Hoffman, our newest brand ambassador and host of the HeadCase Podcast.

Stephanie explains her passion for mental health:

"You can say I'm a mental health advocate who is sharing the whole truth about what it means to suffer from mental illness. Mental illness is not black and white, it's a vast spectrum that we all fall on due to genetics or circumstances at some point in life and now is the time for the stigmas to end and our conversations to be heard. This is why I started my podcast!"

"The response has been amazing, everyone has been welcoming, kind and really accepting of the stories we've shared. It's so humbling. I love the mental health community and just from the people I've met, I've personally become a more empathetic and open minded person who is no longer as quick to judge another. We should all give others the benefit of the doubt, no matter their beliefs or pasts."



**HEAD CASE**  
THE PODCAST YOU'VE BEEN PERSONALLY WAITING FOR

## HeadCase Podcast

**ABOUT**

Mental health and illness has been a taboo subject for far too long and a topic that many people know nothing about. Founder and host, Stephanie Hoffmann breaks down the boundaries by diving deep into the world of mental health and all that relates to it. This show establishes real and honest mental health conversation through stories and discussions straight from the people who've experienced them. HeadCase's purpose is to spread awareness and end the stigma by enlightening audiences on the lack of education, information and options for those who suffer through or are directly affected by it. HeadCase is the podcast you've been ANXIOUSLY waiting for.

You can listen to the HeadCase Podcast now on [Spotify](#) and [Apple Music](#)

# The dark escape called depression

## Aspire2 brand ambassador Prudence Onaah on coping with depression

Life can get so fuzzy that we crawl into our own heads. When time takes us forwards physically but backwards mentally and it feels like our past mistakes are catching up with us, we recede into our shells. A shell that is in our heads and that transports us into our dark moods. Depression is a very real thing.

I write this on a relatively cool morning as I feel a slight bang in my head from all the sights of yesterday and a feeling of having taken the wrong paths.

We cannot see the future and no matter how well intentioned our actions are, we cannot impose our own interpretation of them on others. People will make conclusions that they want to make. To add that to a feeling of not having progressed in your life even when others think that you have is such a weight to carry.

Depression manifests differently for everyone. Yours might not result from similar scenarios but still, it is a dark escape that our minds play us into. We need a little detachment from all the hustle and bustle. When we don't create that our bodies do the work for us. We may not like the results.

In this article, I want to talk about the signals that tell us that we might be derailing emotionally and how to get out of that locked room. Think about it like feeling lost in the woods in unfamiliar territory. Mental illness of any kind can feel so much like that. But maybe there is a path, and maybe we can find that path. If your particular situation is depression, here's what you need to know as you retrace your steps and take the correct turns on your way back home.

Depression is sometimes subtle but sometimes intense. It would take



professional diagnosis to conclude that you are depressed. However, the symptoms can range from declined excitement to insomnia. Depression has to do with serious mood shifts that make you begin to lose your joy in life. If nothing excites you and you are beginning to show irritability towards your friends, hobbies, routines and family members, it may be time for you to seek professional consultation.

If you know that you continue to choose escapism on a regular basis, you may need to find ways to get back to your former joyful self. Getting out of the dark escape called depression requires you to pull in some willpower. You need to choose to do it. Begin to confront your fears and engage in activities that once gave you joy. When you do not feel like doing it is the right time to participate in that task, push yourself. Avoid staying alone as loneliness can trigger depression. I know it's hard but, if you can, talk to people and get out more often.

Socialise with friends and family even when you do not feel like talking to them and they irritate you. Try to be

present and drag yourself out of your thoughts. To leave depression behind, you have to be active. So, stay active. Look for things that preoccupy your mind in positive ways. Exercise regularly and eat well.

The best tip for dealing with depression is to seek professional help. Schedule that appointment with your therapist and make sure that you meet with them. A professional can help you check your progress and can help you deal with relapses. It is vital to overcoming depression that you seek help. Do not keep quiet about what's eating you away and try to reach out to people who can watch your improvements and help you cope and heal and thrive.

You can use the helplines in this newspaper to get the support that you need. Staying mentally well is important to your overall wellbeing and to the strides that you make in your life. It preserves your energy and time for more productive things. Going after your wellness is a heroic thing to do. You have got to take practical steps to start your journey away from depression today. And you can do it!

# IT'S GOOD TO TALK

## Our Peer Support Service can help veterans start the conversation

If you're a former serviceman or woman finding life difficult due to your experiences in the armed forces, our Peer Support Service can help. Led by veterans for veterans, it's a chance to talk and share experiences, receive support, give support and socialise with others who have also served.

To find out more, visit [combatstress.org.uk](http://combatstress.org.uk) or call our Helpline on **0800 138 1619**

You can text or email our Helpline too on 07537 404 719\* or [helpline@combatstress.org.uk](mailto:helpline@combatstress.org.uk)



It's good to reminisce about the old times and talk about the new times ahead."

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\*Standard charges may apply for texts, please check with your provider.

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**COMBAT  
STRESS**  
FOR VETERANS' MENTAL HEALTH

**Everyone  
is talking**

**But is everyone  
qualified to  
listen?**

### Written by David Jones

As a long-term service user I was extremely humbled and touched by recent campaigns on national television, radio and in the press that promoted the idea that it was 'good to talk' about mental health with the family, down the pub or with work colleagues.

During prime-time television on a Saturday evening ITV stopped Britain's Got Talent for one minute and paved the way for conversations to start across front rooms. It was a stunning tribute to mental health and clearly demonstrates that the subject of mental health is truly taking shape and its high on the public radar.

Mental health is extremely complex, it can be a very frightening experience and subject, let alone the symptoms, issues, diagnosis, prognosis, availability of treatments and services which are extremely challenging. Use the word 'schizophrenia' and for all the wrong reasons most people run a mile.

With the mental health system in crisis, and I use that word 'crisis' with real meaning and passion

solely because if you cannot provide the services and treatments, the right amount of beds, professionals, extreme waiting lists that in my view amount to psychological abuse and ill treatment then 'crisis' seems dignified. It's fantastic getting people to talk and raising publicity about mental health - truly amazing - but should this be a concern?

Are we as a nation putting the onus of responsibility onto friends, family, loved ones, work colleagues because the system is in meltdown? The complex issues that surround mental health require 24/7 professional services from trained personnel.

I want to put forward a scenario to support my article. A family are all around the table having an evening meal when the father, mother or one of the children says, "I've been thinking of taking my own life." That bombshell, that very statement has far and wide reaching consequences that will last this family a life-time.

Yes, a risk has now been identified.  
Yes, you can leap to the phones and

call Samaritans, call crisis lines, GPs and mental health services. But the family are in a state of shock, the normal 'irrational response' is one of guilt, blame, "how will your mother cope" "or if you kill yourself, who's paying the mortgage and bills?"

It's great to talk and be open about your feelings but talking to untrained professionals has its risks.

With a system already in crisis and more people talking and opening up, a new danger exists. If the system cannot cope now what do you do with tens of thousands of new identified cases?

There is truly a place in a modern and free society to openly talk to friends and family, especially if you are struggling with mental health. But, as a society, we must not push far reaching responsibilities onto people who are not professionally trained in complex matters because mental health services are underfinanced, understaffed, underpaid and always play second fiddle to physical treatments and services.

# 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

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[www.aspire2.org.uk](http://www.aspire2.org.uk)

