

A Toolkit for Mental Health Awareness



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The aim of this toolkit is to provide you with information on how to run a Mental Health Awareness session with members of your community. You do not have to follow the toolkit exactly, but it will give you ideas, exercises and information to help you and your community understand what mental health is, and give you information on how to keep your mind healthy.

Section A - Background Information

This section is important to read through to get to know the background information about mental health. It includes some facts about mental health which you can use as an introduction to the session.

Section B - Session Material and Handouts

This section will give you an example of what a Mental Health Awareness session will look like, including timings for each part of the session and well as hand outs and exercises to make your session a success.

Section C – Further Information

This section includes further information and resources. It includes signs and symptoms of some of the most common mental health problems.

Section D - Local Information and Resources- This section contains a directory of local resources with contact details for local organisations and support services. This information is local to Cardiff and Vale, please amend this information to your local community.

Developed by Awetu, Cardiff and Vale Public Health Team, Cardiff Mind, Cardiff and the Vale Mental Health Development Project and Mewn Cymru.





Section A – Background Information.

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- **Key Facts - Black and Minority Mental Health Statistics (information from the count me in census, 2010)** **5**

Key facts about mental health.

- One in four of us will experience a serious problem with our mental wellbeing at some point in our lives. This means it is highly unlikely any of us will make it through life without having a problem, or being close to someone who does.¹
- Mental health problems are estimated to cost the UK economy over £77 billion a year through the costs of care, economic losses and premature death.²
- Total economic cost due to lost work and absenteeism associated with depression and anxiety disorders is around £12 billion each year.³
- 300 people die by suicide each year in Wales.⁴
- Only about 20% of people with severe mental health problems and around 50% of those with less serious problems are in paid employment, yet 80% want to work.⁵
- About 1 in every 200 adults experience a psychotic disorder, like schizophrenia or bipolar disorder, in any one year.⁶
- People with serious mental health problems die on average 10 years younger than other people. This is because of the greater risk of physical health problems and poorer access to healthcare.⁷
- 70% of people affected by mental illness say they have experienced discrimination at some time because of it.⁸
- Most people say they would not want anyone to know if they developed a mental illness.⁹
- 1 in 5 children have a mental health problem in any one year, and about half of all mental health problems are rooted in childhood.¹⁰
- 1 in 20 people have some form of dementia.¹¹
- 1 in 15 young people self harm.¹²

Key facts - Black and Minority Mental Health Statistics, information from the count me in census (2010)

- 70% of all patients from black and minority ethnic groups were patients at 28 of the 264 organisations involved with the census
- 6% of all patients reported that English was not their first language
- Rate of admission to a mental health unit were lower than the national average among the White British, Indian and Chinese groups and were average for the Pakistani and Bangladeshi groups. They were higher than the national average among other minority ethnic groups - particularly in the Black Caribbean, Black African, other Black, White/Black Caribbean mixed and White/Black African mixed groups—with rate over three times higher than average, and nine times higher in the other black group
- Rate of referral from GPs and community mental health team were lower than average among some Black and White/Black groups and rate of referral from the criminal justice system were higher. Patterns were less consistent for other minority ethnic groups.
- 46% of all patients were detained under the Mental Health Act on admission. Overall rates of patients subject to the Act were higher than average among the Black Caribbean, Black African, other Black and White/Black Caribbean mixed groups and in the other White group
- Detention rates have remained higher than average among the Black Caribbean, Black African and other Black groups in four annual censuses conducted from 2005 –2008; the same pattern was seen in the 2009 census in terms of overall use of the mental health act, including CTOs.
- A consistent pattern across all five annual censuses was the higher than average detention rate under section 37/41 the Black Caribbean and other black groups.
- Seclusion rate were higher than average among the other White and White/Caribbean mixed groups, the high rates that were evident for Black groups in some previous censuses were not apparent in 2009.
- Median lengths of stay were among the longest for patients from mixed groups and among the shortest for patients from the Chinese, South Asian, Black African, White British and other groups.

Mental Health Awareness Session 1 (general overview - 1 hour)

Duration: 1 hour

Group size: 20

Aim: To provide participants with an increased understanding and awareness of what mental health, common signs and symptoms and how to look after your own mental health.

Time	Activity	Teaching Method	Resources
2 mins	Introduction Personal introduction, aims of the session, ground rules	Session leader	
10 mins	<u>What is mental health?</u> In small groups or pairs discuss what mental health is/ means to you. Feedback to group Go through the official definitions Exercise A	group discussion session leader	 Exercise A Slides
10mins	<u>Mental Health Continuum</u> Go through Exercise A – you can use celebrities as examples of where people may be on the continuum	Session leader Group discussion	Exercise A Slides/ flip chart paper
5mins	<u>Stigma</u> – ask the group to think of names associated with someone with a mental illness and then some one with diabetes. Feedback and discuss stigma around mental health Go through the definition for mental illness and the risk and protective factors Exercise A	Group discussion Session leader	Flip chart paper Exercise A Slides

5 mins	<p><u>Signs and Symptoms of mental illness</u> - Ask the group to call out different mental health illnesses. Go through the signs and symptoms slides Handout 1</p> <p>NB* Stress importance of visiting their GP if they are worried about their mental health.</p>	Group discussion Session leader	Handout 1 slides
15mins	<p><u>Case Studies</u> Split into smaller groups and give out the case studies Handout 3. Discuss each situation and answer the questions. Feedback to the group.</p> <p>For more information on the issues discussed in these examples, please refer to Section C.</p>	Group discussion	Handout 3
10 mins	<p><u>How to look after your own mental health.</u> Hand out poster from the Mental Health Foundation Section C. In small groups or pairs ask individuals to make their own plan using Handout 2. Feedback to the whole group with examples.</p> <p>NB* Discuss how important it is to look after your mental health in order to try and prevent severe mental health problems developing.</p>	Group/individual work	Mental health foundation poster Personal action plan
2 mins	<p><u>End of session</u> Any questions? Evaluation – what did people learn/ like/ did not like</p>		

Mental Health Awareness Session 2 (general overview - 2hours)

Duration: 2 hour

Group size: 20

Aim: To provide participants with an increased understanding and awareness of what mental health, common signs and symptoms and how to look after your own mental health.

Time	Activity	Teaching Method	Resources
5mins	<u>Introduction</u> Personal introduction, aims of the session, ground rules	Session leader	
20mins	<u>What is mental health?</u> In small groups or pairs discuss what mental health is/ means to you. Feedback to group Go through the official definitions Exercise A	Group discussion Session leader	Exercise A Slides
20mins	<u>Mental Health Continuum</u> Go through the Exercise A – you can use celebrities as examples of where people may be on the continuum	Session leader Group discussion	Exercise A Slides/ flip chart paper
10mins	<u>Stigma</u> Ask the group to think of names associated with someone with a mental illness and then some one with diabetes. Feedback and discuss stigma around mental health Go through the definition for mental illness and the risk and protective factors Exercise A	Group work Session leader	Flip chart paper Exercise A Slides

10mins	<p><u>Fact v Myth</u> Discuss the fact v myth sheet Exercise B For further information on the signs and symptoms of some of the issues described please refer to Section C</p>	Group work Session leader	Exercise B
20mins	<p><u>Signs and Symptoms of mental illness</u> - Ask the group to call out different mental health illnesses. Record on flip chart paper and ask them if they know the symptoms for these illnesses. Go through the signs and symptoms slides Handout 1 and/or use the information from Section C NB* Stress importance of visiting their GP if they are worried about their mental health.</p>	Group work Session leader	Handout 1 slides
15mins	<p><u>Case Studies</u> Split into smaller groups and give out the case studies Handout 3. Discuss each situation and answer the questions. Feedback to the group. For more information on the issues discussed in these examples, please refer to Section C.</p>	Group discussion	Handout 3
15 mins	<p><u>How to look after your own mental health.</u> Hand out poster from the Mental Health Foundation Section C. In small groups or pairs ask individuals to make their own plan using Handout 2. Feedback to the whole group with examples. NB* Discuss how important it is to look after your mental health in order to try and prevent severe mental health problems developing.</p>	Group/ individual work	Mental health foundation poster Personal action plan
5 mins	<p>End of session Any questions? Evaluation – what did people learn/ like/ did not like</p>		

Mental Health Awareness Session 3 (general overview and stress)

Duration: 1 hour

Group size: 20

Aim: To provide participants with an increased understanding and awareness of what mental health, common signs and symptoms and how to look after your own mental health.

Time	Activity	Teaching Method	Resources
2 mins	<u>Introduction</u> Personal introduction, aims of the session, ground rules	Session leader	
10 mins	<u>What is mental health?</u> In small groups or pairs discuss what mental health is/ means to you. Feedback to group Go through the official definitions Exercise A	group discussion session leader	 Exercise A Slides
10mins	<u>Mental Health Continuum</u> Go through the Exercise A – you can use celebrities as examples of where people may be on the continuum	Session leader Group discussion	Exercise A Slides/ flip chart paper
5mins	<u>Stigma</u> – ask the group to think of names associated with someone with a mental illness and then some one with diabetes. Feedback and discuss stigma around mental health Go through the definition for mental illness and the risk and protective factors Exercise A	Group work Session leader	Flip chart paper Exercise A Slides

15mins	<p><u>League table of stress</u> go through Exercise C and ask for feedback if participants are happy to share</p> <p>Have a discussion and share ideas on how people can deal with stress. NB * if people are worried about their stress levels it is important to encourage them to see their GP.</p>	Individual Group discussion	Exercise C
15mins	<p><u>How to look after your own mental health.</u> Hand out poster from the Mental Health Foundation Section C. In small groups or pairs ask individuals to make their own plan using Handout 2. Feedback to the whole group with examples. NB* Discuss how important it is to look after your mental health in order to try and prevent severe mental health problems developing.</p>	Group discussion/ individual work	Mental health foundation poster Personal action plan (Handout 2)
2 mins	<p><u>End of session</u> Any questions? Evaluation – what did people learn/ like/ did not like?</p>		

Mental Health Awareness Session 4 (general overview and self esteem)

Duration: 1 hour
Group size: 20

Time	Activity	Teaching Method	Resources
2 mins	<u>Introduction</u> Personal introduction, aims of the session, ground rules	Session leader	
10 mins	<u>What is mental health?</u> In small groups or pairs discuss what mental health is/ means to you. Feedback to group Go through the official definitions Exercise A	group discussion session leader	 Exercise A Slides
10mins	<u>Mental Health Continuum</u> Go through Exercise A – you can use celebrities as examples of where people may be on the continuum	Session leader Group discussion	Slides/ flip chart paper Exercise A
5mins	<u>Stigma</u> – ask the group to think of names associated with someone with a mental illness and then some one with diabetes. Feedback and discuss stigma around mental health Go through the definition for mental illness and the risk and protective factors Exercise A	Group discussion Session leader	Flip chart paper Exercise A Slides

20 mins	<p><u>Self Esteem</u></p> <p>Discuss as a group (or in smaller groups)</p> <ul style="list-style-type: none"> ~ what is meant by self esteem ~ what can cause low self esteem ~ how could some one over come self esteem problems <p>Use Handout 4 and information from Section C for referral information</p>		Handout 4 Flip chart paper
15 mins	<p><u>How to look after your own mental health.</u></p> <p>Hand out poster from the Mental Health Foundation Section C. In small groups or pairs ask individuals to make their own plan using Handout 2. Feedback to the whole group with examples.</p> <p>NB* Discuss how important it is to look after your mental health in order to try and prevent severe mental health problems developing.</p>	Group/ individual work	Mental health foundation poster Personal action plan Handout 2
2mins	<p><u>End of session</u></p> <p>Any questions? Evaluation – what did people learn/ like/ did not like</p>		

Mental Health Awareness Session 5 (general overview and living with mental health problems)

Duration: 1 hour

Group size: 20

Time	Activity	Teaching Method	Resources
2 mins	<u>Introduction</u> Personal introduction, aims of the session, ground rules	Session leader	
10 mins	<u>What is mental health?</u> In small groups or pairs discuss what mental health is/ means to you. Feedback to group Go through the official definitions Exercise A	group discussion session leader	Exercise A Slides
10mins	<u>Mental Health Continuum</u> Go through Exercise A – you can use celebrities as examples of where people may be on the continuum	Session leader Group discussion	Exercise A Slides/ flip chart paper
5mins	<u>Stigma</u> – ask the group to think of names associated with someone with a mental illness and then some one with diabetes. Feedback and discuss stigma around mental health Go through the definition for mental illness and the risk and protective factors Exercise A	Group discussion	Flip chart paper Exercise A Slides

20mins	Living with mental health problems – go through Exercise D with the group following the questions and answers	Session leader Group work	Exercise D Flip chart paper
15 mins	How to look after your own mental health. Hand out poster from the Mental Health Foundation Section C . In small groups or pairs ask individuals to make their own plan using Handout 2 . Feedback to the whole group with examples. NB* Discuss how important it is to look after your mental health in order to try and prevent severe mental health problems developing.	Group/ individual work	Mental health foundation poster Personal action plan Handout 2
2 mins	End of session Any questions? Evaluation – what did people learn/ like/ did not like		

Session Leader Evaluation form

Please complete the evaluation form, providing feedback from the session and giving any suggestions for further development. Thank you.

Community group

Date of session

Number of people attended session

Did the session meet the expectations of the group? Yes / No (circle)

Please explain your answer (if no, please note what you could do to change this)

Were the activities used to deliver the session appropriate for the subject matter? Yes / No (circle)

Please explain why

Was the lesson content?

Excellent

Very Good

Good

Satisfactory

Poor

The level of interaction between the session leader and the students was;

Excellent

Very Good

Good

Satisfactory

Poor

Was there anything else you would have liked to have been included in the session?

Were there any problems or difficult issues raised during the session that you were unsure how to deal with?

Any other comments?

How to start working with the group

Why use an introduction exercise?

- Create a positive group atmosphere
- Help people to relax
- Break down social barriers
- Energize & motivate
- Help people to "think outside the box"
- Help people to get to know one another

Examples

Two Truths and a Lie - People write down two truths about themselves and a lie. Then introduce the three "facts" to the rest of the group who try to guess which one is a lie.

Name Game - State your name and a piece of information and repeat this information about each person preceding you.

Five of Anything – mix up people into smaller group and get them to discuss and share their top five films, top five foods....it can be anything – likes or dislikes.

You may have other ideas of your own.

Exercise A: - Definitions of mental health and mental illness.

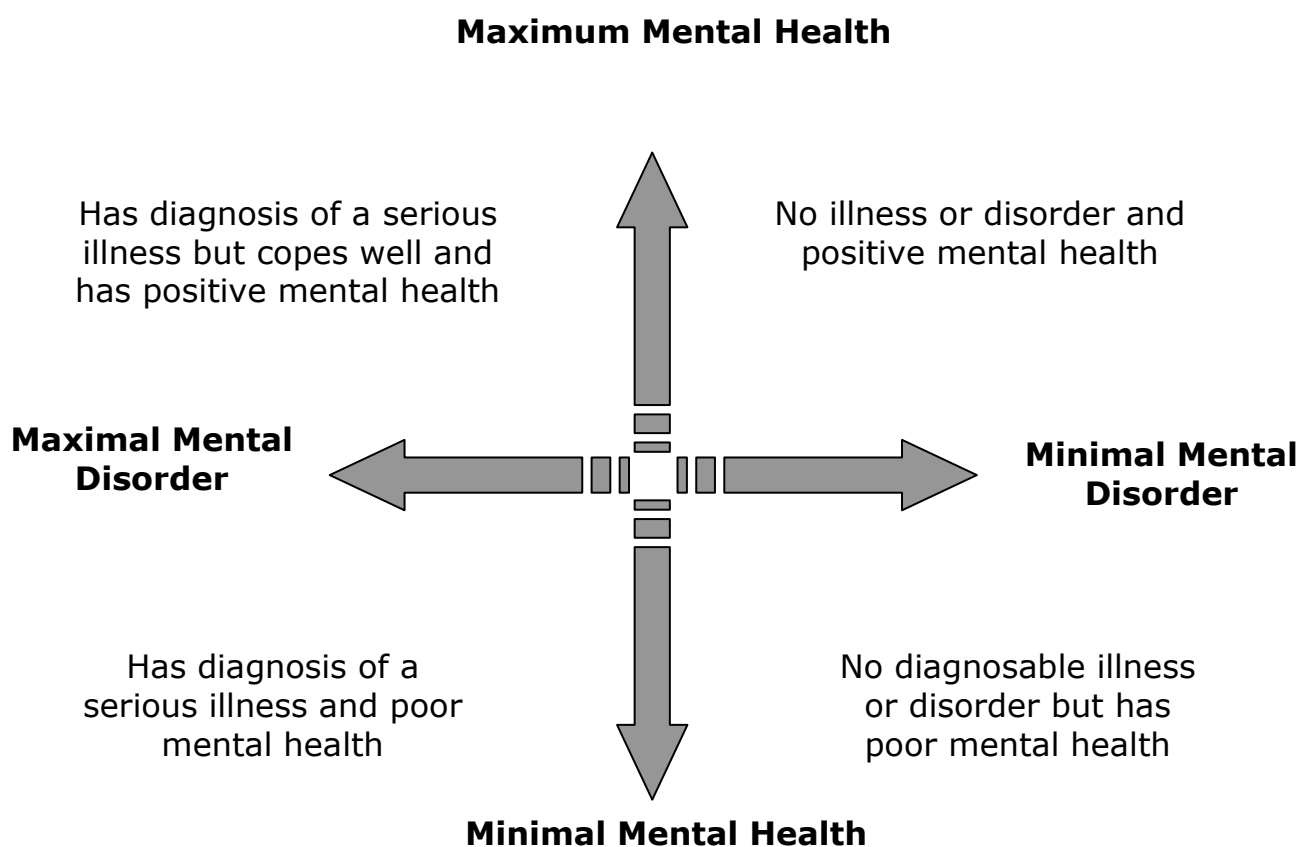
Mental health

The World Health Organisation defines mental health as, 'a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community' (WHO 2001). Mental Health is more than merely the lack of mental illness and everyone has mental health needs.

Mental health can affect how individuals think and feel about themselves and others, and how they interpret different events. Mental health also has a strong impact upon an individual's physical health because the way that we think and feel has a large influence upon our physical health.

The Mental Health Continuum ¹³

Adapted from K Tudor (1996) Mental Health Promotion: Paradigms and Practice



Questions.

Please spend some time thinking about the questions below. When thinking about the answers to these questions please use the mental health continuum diagram on page 9.

Please note: You will not need to share the answers to these questions with anyone else unless you wish to. The purpose of the activity is to reflect on how mental health changes over time and in relation to different situations and life stages.

1. Choose a point on the continuum you believe reflects your own mental health at the moment.
2. Think back to a time when you felt particularly distressed or anxious. This may have been due to a life event e.g. bereavement, work stress, financial difficulties. Which point on the continuum reflects your mental health at that point in your life?
3. Now think about a time when you felt very well or settled. Again, this may have been due to life events or life stage. Where on the continuum do you consider you would have been at that time?
4. What do the answers to the above questions tell you about the changing nature of mental health and well being throughout a person's life?

Mental Illness.

'is used to describe the most severe cases of mental disorder, more severe cases of depressive illness, psychotic disorders and severe cases of Anorexia Nervosa for example' ⁴

When someone experiences severe and/ or enduring mental health problems, they are sometimes described as '**mentally ill** or **to have a mental illness**', but there are difficulties with this term.

They include:

- It is sometimes difficult to decide what is normal behaviour and behaviour associated with mental illness.
- The label 'mental illness' is highly stigmatising.
- The term 'mental illness' can misleadingly imply that all mental health problems are solely caused by medical or biological factors.

Maintaining good mental health, as with maintaining good physical health requires positive action – many factors can positively or negatively affect it.

Factors that can influence the development of mental illness.

(adapted from WHO 2004 Prevention of mental disorders: effective interventions and policy options: summary report)¹⁵

Risk	Protective
Feeling lonely, isolated, lack of friends and family	Positivity and having close interaction with friends and family
Poor education, transport, housing and leisure facilities	Having access to good education, transport, housing and leisure facilities
Violence and crime in the neighbourhood	Economic security and employment
Poverty, poor social circumstances	Being able to cope with stress
Work stress, unemployment	Physical activity
Poor diet	Good parenting and supportive upbringing
Parental mental illness	Feeling secure and in control
Substance misuse	Good self esteem and confidence
Personal loss or bereavement	Being an active member of community
Stressful life event	
Physical, sexual and emotional abuse	

Exercise 2 Mental Illness - Fact versus Myth.

Mental Illness - 'is used to describe the most severe cases of mental disorder, more severe cases of depressive illness, psychotic disorders and severe cases of Anorexia Nervosa for example'.⁴

Example 1

Myth - People diagnosed with a personality disorder are all violent 'psychopaths' or potential killers.

Fact - The phrase 'personality disorders' covers a wide range of attitudes and behaviours, many of which present no risk to anyone.

Example 2

Myth - "psycho" and "madman" are acceptable everyday images or references; jokes about "nutcases" and "basket cases" are humorous and not offensive.

Fact - bad press makes people with mental health problems feel bad about themselves and reinforces stigma. A lot of the problem is the use of words such as 'maniac' or 'madman' in connection with violence e.g. 'maniac went for woman with knife' when what they mean is 'violent person' - nothing to do with mental illness.

Example 3

Myth - schizophrenia is someone with a split personality.

Fact - the popular myth about schizophrenia that you have a 'split personality' and swing between being calm and out of control is just that - a myth. Schizophrenia is a diagnosis given on the basis of a range of symptoms which may include thought disruption, hallucinations/delusions and social withdrawal.

Example 4

Myth - People with severe mental illness cannot lead full and active lives.

Fact - Many people who have been given a diagnosis of severe mental illness do recover and work successfully and bring up families. What prevents them doing so is the stigma and discrimination they face. Famous people who have come out about their diagnosis include Stephen Fry and Ruby Wax.

Handout 1 - Signs and Symptoms of Mental Illness

Someone experiencing mental illness may:

- Cry a lot OR find it hard to express emotion.
- Behave in a calm, almost detached way.
- Be afraid to go out OR to stay in.
- Have disturbed sleep patterns.
- Experience difficulties with eating and/or with their digestive processes.
- Experience headaches and muscular pain.
- Have no energy OR become restless or hyperactive.
- Have difficulty coping with every day living.
- Hear, see or smell things that others don't.
- Become anxious, fearful or paranoid.
- Feel their life is out of control or run by others.
- Experience serious mood swings.
- Become irritable, angry, threatening or violent.
- Have difficulty forming or maintaining relationships.
- Experience continual low mood and/or low self esteem.
- Have a low sex drive or other sexual difficulties.
- Withdraw from other people.
- Develop phobias or obsessions.
- Feel ashamed, embarrassed or guilty about their problems.
- Exhibit inappropriate behaviour.
- Want to move house or move area.
- Take risks.
- Harm themselves deliberately or by neglecting themselves.
- Have suicidal thoughts.
- Attempt or complete suicide.

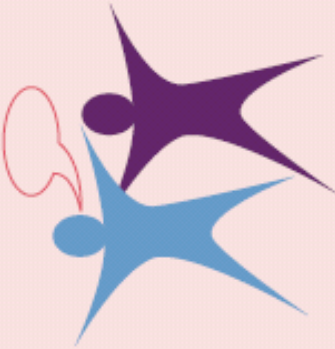
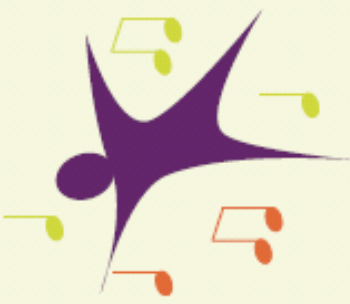
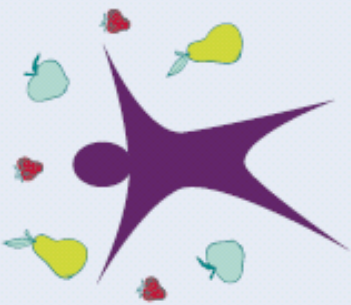

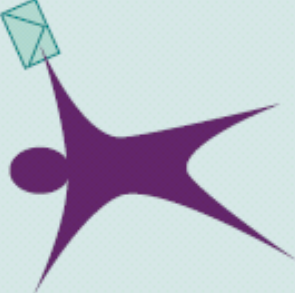
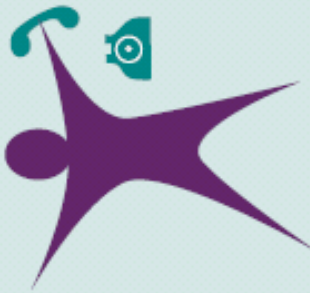
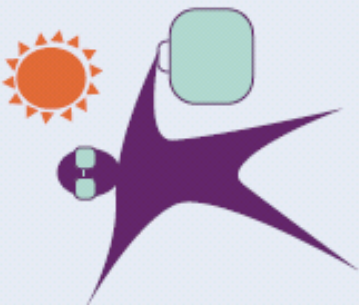
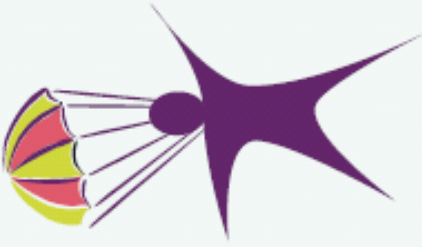
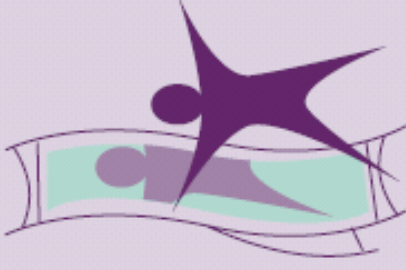
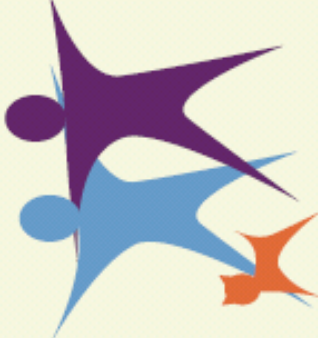
Many symptoms are common to more than one mental illness. Some of these symptoms may also be displayed by individuals who experience, bullying, harassment, abuse or violence.

Any change in a person's usual normal behaviour may show that there is an underlying mental health problem.

Handout 2 - Personal Action Plan

Look at the '10 ways to look after your mental health' poster (Mental Health Foundation) and think about the following:

Activity	How will I achieve this?	How can other people support me?	By when?
Talk about your feelings			
Keep active			
Eat well			
Drink sensibly			
Keep in touch with friends and loved ones			
Ask for help			
Take a break			
Do something your are good at			
Accept who you are			
Care for others			

	<p>talk about your feelings</p>		<p>keep active</p>		<p>eat well</p>		<p>drink sensibly</p>		<p>keep in touch with friends and loved ones</p>
	<p>ask for help</p>		<p>take a break</p>		<p>do something you're good at</p>		<p>accept who you are</p>		<p>care for others</p>
<p>Ways to look after your mental health www.mentalhealth.org.uk Mental Health Foundation</p>									

Handout 3- Case Studies

Read the following case studies. In groups, discuss the questions which follow.

Example 1

Your good friend has used Khat regularly over the last few years. You have noticed that your once easy going friend is becoming more and more anxious and aggressive. He says he is getting little sleep and his relationship with his girlfriend is also suffering.

What might be happening to him?

What do you say to him?

What can you do, if anything?



For more information on the drug Khat, please see section C.

What might be happening to him? [The drug Khat may be having a negative effect on him. It may have an impact on his sleep, his mental state and his relationship with his girlfriend.](#)

What do you say to him? [Ask him if he believes he has a problem with drugs. How often does he use Khat and where/when? Is there a reason why he feels like he needs to use drugs? He may have other problems which he is trying to hide by using drugs.](#)

What can you do, if anything?

[Listen to him; encourage him to talk about his problem. If he uses drugs in a certain situation or time of day, think of a different activity that you could do keep him busy doing something else, you could try some exercise or a trip to the cinema. You could refer him to substance misuse projects such as Inroads or Newlink \(see details in directory\).](#)

Example 2

Your sister says she is worried about her husband, and wants you to speak with him as he will not talk to her. He is waking up from nightmares and finding it difficult to get back to sleep. From being an easy-going type of person he has become very short tempered and snaps at her and the kids over nothing. He has started to believe in destiny and God for his problems. Before coming to the UK, he saw most of his family killed in civil war.

What might be happening that would affect his behaviour in these ways?

What do you say to him?

What action if any do you take?



For more information about Post Traumatic Stress Disorder please see section C

What might be happening that would affect his behaviour in these ways? He could be suffering from Post Traumatic Stress Disorder – symptoms may include – flashbacks, nightmares, avoidance or constantly being on guard. Need to consider what is happening to him. It may be that he hasn't told his story to anyone and needs to tell it to someone. Or it could be that he is 're-living' the story.

What do you say to him? Encourage him to talk about it. How does he feel? Does he need any professional help? It is important to be non-judgemental and listen. Encourage him to lead as normal a life as possible, relax, take some exercise, eat healthily and talk to someone.

What action if any do you take? Listen to him or suggest if he doesn't want to talk to you then it is important to talk to someone else. If he feels like he needs further help, encourage him to go to his GP to be referred for counselling.

Example 3

Your neighbour has three children who are all at school full time. She has not been in employment for some time. She would like to go back to work but she is struggling to find work and finds the language difficult to understand. She tells you that she keeps waking up early after a disturbed night sleep and stays at home all day watching TV and has little contact with any one outside the home. She says her children don't need her any more and feels useless.

How do you feel on hearing what she has to say?

What do you say to her?

What can you do, if anything?



For more information about Depression, please see section C

How do you feel on hearing what she has to say? *She may be lonely because she doesn't have much contact with other people. It seems like she may be slightly depressed and if she doesn't do something about the problem now, it could get worse.*

What do you say to her? *Encourage her to become a little more active, perhaps go on some free courses to boost her self confidence e.g. language courses, volunteering. These will in turn help her to find work. It will also help her to make new friendships. Encourage her to do a little exercise and eat well as this may help her to have a good nights sleep*

What can you do, if anything? *Find out some information about local classes, volunteering opportunities etc. Spend some time with her doing an activity together and support her to make new friendships. If you feel that the problem is getting worse, encourage her to get help or speak to a GP.*

Example 4

You come home after a hectic day at work, make a cup of tea, and settle down on the sofa and start to watch your favourite TV programme. The phone rings and you let the answer phone pick up. You can hear that it is your ex-boyfriend, whom you know has been depressed since he lost his job a couple of months ago. He says that he has had enough, life is not worth living and he is phoning to say goodbye.

What might be happening to him?

What do you say to him?

What can you do, if anything?



What might be happening to him? He may be suffering from depression and is having suicidal thoughts. Losing a job is a possible risk factor for depression.

What do you say to him? Pick up the phone and talk to him. Encourage him to talk, but don't jump in with solutions to his problems. Ask him if he is thinking about killing himself. Say you will help him to get help.

What can you do, if anything? Reassure him that although things may seem bad now they will get better—he is ill and needs help. You could refer him to his GP or a depression support group such as Journeys (see Section C Local Service Directory)

Exercise 6 League Table of Stress

Below is a carefully researched league table of major causes of stress.

- Look at the list yourself and consider if any of these causes of stress have happened to you in the last six months.
- Add up your score.
- In groups, discuss everyone’s list and consider: why these life experiences might cause stress, how you can cope with stressful situations

(Source: The Holmes-Rahe Life Stress Inventory)

Death of a spouse	100
Divorce	73
Marital /relationship separation	65
Imprisonment	63
Death of a close family member	63
Personal injury or illness	53
Marriage	50
Dismissal from work	47
Retirement	45
Change in health of family member	44
Pregnancy	39
Sexual difficulties	39
Gaining a new family member	39
Change in financial state	38
Death of a close friend	37
Change in number of arguments with spouse	35
Change to a different line of work	34
Large mortgage	32
Son or daughter leaving home	29
Trouble with in-laws	29
Spouse begins or stops work	26
Change in living conditions	25
Change of personal habits	23
Trouble with boss	22
Change in recreation activities	21
Change of schools	20
Holiday	13
Minor violation of the law	11

Handout 4. Self esteem.

What is Self Esteem?

- The way we feel about ourselves.
- The way we feel about our abilities.
- The value we place on ourselves as human beings.

When a person's self esteem is low, they may often feel depressed and hopeless. They may see life negatively, as if the world is against them. They may see themselves as a victim, and treat other people as potential enemies who may treat them badly. This cycle continues as the problem gets worse.

What causes low self esteem?

Many things can affect your self esteem, for example physical ill-health, other people, feeling powerless over a situation.

Please see Handout 6 League Table of Stress for more examples and additional exercises.

How experiences in childhood can affect self esteem.

The following may have a negative affect on children's self esteem

- Violence – for example violence towards them or witnessing violence towards others.
- Dealing with prejudice – for example racism and the negative experience which comes with it.
- Loss – for example a death of a family member or a friend, long term sickness of a close relative, moving house, losing friendships, death of a pet.
- Emotional neglect – for example leaving small babies alone for hours to cry themselves to sleep, preferring one child over another, pressuring a child to follow certain activities; inconsistent discipline.

Exercise D: Living with Mental Health Problems

In small groups ask the participants to read through the 'Expert Patient Programme' leaflets and ask them to discuss the following, give them flip chart paper and pens to record their discussion.

Discuss what is self management of mental health problems?

- Discuss how people may learn to control their mental health problems?
- Give the groups a few minutes and ask the group to feedback their answers.

Remember to discuss:

Self management describes a way that people can learn to control their long-term mental health problems. It can enable people to lead fuller, more confident and active lives. Self-management has another, more specific, meaning when it describes the way that people can learn to control long-term physical health problems. Increasing numbers of people with a physical health problem use self-management, many of them following the NHS Expert Patient Programme.

Understanding your medication

In small groups ask the participants to read through the 'understanding your medicine' leaflet and ask them to discuss the following. Give them flip chart paper and pens to record their discussion.

- What can be some of the side effects of medication?
- What should people do if they are having trouble with their medicines?

Remember to discuss -

There are a range of side effects e.g. sleepiness, dizziness, sickness and so on, it may take several attempts before someone finds medication that suits them. If the person has tried the medication for a few weeks and they don't feel that they are benefiting they must tell their doctor or psychiatrist. Any changes to medication, including dosage, should be made with the support of whoever prescribed it. The doctor should also review the medication regularly.

Many people with symptoms of mental illness are offered medication. Different types of medications target different symptoms, including anti-depressants, anti-psychotics and mood stabilizers. Many people find that their symptoms are reduced as a result of taking medication.

Support from your community

The support and understanding people with mental health problems receive from family and friends can be critical. After all, they are the people who know them best – they can be an important part of their recovery or self management.

Ask them to consider

- What support (both formal and informal) is there in your community?
- What is spirituality?
- Do you think spirituality can be harmful?

Remember to discuss:

In a broad sense spirituality may be seen as the meaning and purpose that people seek within their lives and it should ideally give an individual a sense of their own worth and value.

Research has shown that people do better within a faith community that is accepting and non-judgmental. Spirituality can help individuals to develop inner strength and peace, and places importance on hope and optimism. Spiritual practices may include: belonging to a faith community; meditation and prayer; emphasis on spiritual values: honesty, kindness, hope and compassion.

Spirituality can also be helpful in addressing some of the dysfunctional beliefs people may hold as to the reason for their illness – it is not uncommon for people to believe that they are ill or have developed their illness because of sins or 'sinful acts' from their past. Some published papers have described how religious figures such as Rabbis or Priests can be very strong influences in helping people to dispel and dispute unhealthy beliefs which suggest to them that their actions or thoughts (sins) have caused their illness.

Some religions and beliefs are not always helpful to people with mental illness, and have in a number of cases led to the rejection and fear of people with mental health problems. In some sections of religion, people with mental illness have been seen to be possessed by demons or evil spirits, or by good but powerful spirits. For other people, mental illness is blamed on sins that they have committed. These are not positive attitudes or actions to mental illness and may actually harm the person still further.

Those with mental illness may be vulnerable and may be exploited by members of faith communities. Extreme religious groups often have highly developed recruitment practices for finding vulnerable people and drawing them in within the cult or sect environment - many people without mental illness will also experience vulnerability in times of difficulty and emotional distress. Although cults are an extreme outcome, it can leave some vulnerable people (e.g. those with mental illness) open to exploitation from others. Even more moderate religious groups can influence individuals into a certain way of thinking.

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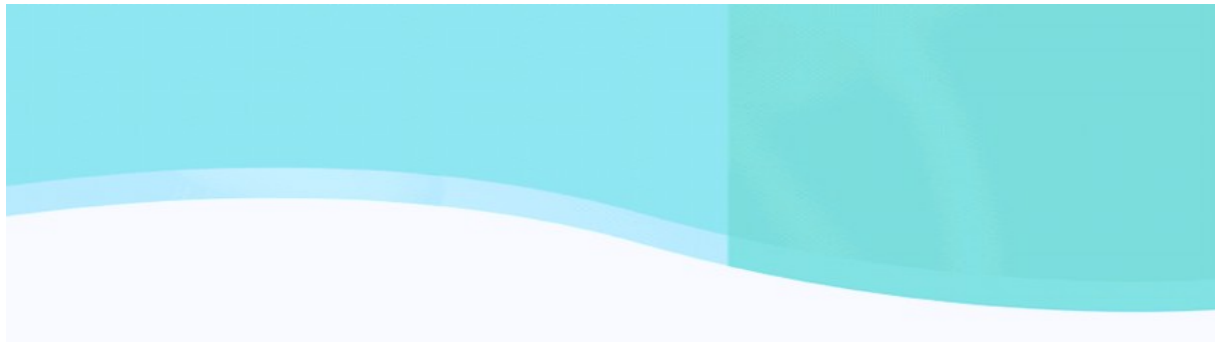
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www.rethink.org.uk

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Section C – Further information. Page Number

In this Section:

- **Information on the drug Khat 39**
- **Information on the drug Cannabis 40**
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Khat

Khat is a leaf which is chewed over a number of hours. Used mostly in Africa, Khat is becoming more common in Europe - particularly in some immigrant communities.

Khat is not an illegal drug in the UK. It is an illegal substance in many other countries like the US. Taking Khat into the US could attract a heavy prison sentence.

The effects

Khat is a stimulant and chewing it can make people more alert and talkative and can produce feelings of elation. It can also suppress the appetite.

Although it's a stimulant, many users report a feeling of calm if it's chewed over a few hours.

Khat can make a user psychologically dependent. When they stop using they may feel lethargic or mildly depressed.

If you use it a lot, you may develop insomnia, high blood pressure, heart problems and sexual problems like impotence. There's also a longer-term risk of development of mouth cancers.

It can give you feelings of anxiety and aggression.

It can make pre-existing mental health problems worse and can cause paranoid and psychotic reactions which may be associated with irritability, anxiety and losing touch with reality.

For more information: www.talktofrank.com

Cannabis

Cannabis is made from parts of the cannabis plant. It comes in different forms and strengths. It can be mixed with tobacco and smoked as a spliff or a joint. It can be used in a bong or a type of pipe. It can be made into a tea, or used in cakes or cookies.

Cannabis is illegal; it is a Class B drug. The maximum sentence for possessing cannabis can be up to five years in prison and an unlimited fine.

The effects

It is a mild sedative often causing a chilled out feeling or actual sleepiness.

It's also a mild hallucinogen (meaning you may experience a state where you see objects and reality in a distorted way and may even hallucinate).

Cannabis can affect many different systems in the body, including the heart: It increases the heart rate and can affect blood pressure

The regular use of cannabis is known to be associated with an increase in the risk of later developing psychotic illnesses including schizophrenia.

For more information: www.talktofrank.com

Anxiety, Panic Disorder and Phobia

Facts

- 1 in 10 people will experience anxiety or a phobia at some point in their lives.

Signs and Symptoms of anxiety

Causes of anxiety

Research suggests that anxiety can be due to genes, or could be down to the person's situation e.g. pressure or on-going worry about a problem. Using drugs such as LSD and Ecstasy can sometimes cause anxiety, or something simple such as caffeine in coffee can cause mild anxiety.

Mind	Body
Feeling worried all the time	Heart palpitations
Feeling tired	Sweating
Unable to concentrate	Aching muscles and pain
Feeling irritable	Heavy breathing
Sleeping badly	Dizziness
	Faintness
	Indigestion
	Diarrhoea

Panic attack

A panic attack is sudden onset of intense fear and worry.

Phobia

A person with a phobia has intense symptoms of anxiety that will happen from time to time when confronted with something that frightens them. At other times they don't feel anxious. Examples of phobias include fear of open space, heights. Sufferers may feel silly about their fear/phobia as they know there is no real worry but they are still unable to control it.

Recovery

Talking about the problem to friends or family can be beneficial. Finding ways to relax can help control anxiety and tension. Everything from books and DVD's to seeking professional help.

Medication can help. This should be discussed with a GP

For more information: www.mentalhealth.org.uk

Alzheimer's disease/ Dementia

Facts

- Alzheimer's disease affects around 417,000 people in the UK.
- Dementia affects 1 in 14 people over the age of 65 and 1 in 6 over the age of 80.

What is it?

The term 'Dementia' is used to describe the symptoms that occur when the brain is affected by specific diseases and conditions. These include Alzheimer's disease, or sometimes as a result of a stroke.

Alzheimer's disease is a progressive physical disease that affects the brain. Over time, more parts of the brain are damaged. As this happens, the symptoms become more severe.

Signs and Symptoms

- Loss of memory – for example, forgetting the way home from the shops, or being unable to remember names and places, or what happened earlier the same day.
- Mood changes – People with dementia may feel sad or angry. They may feel scared or frustrated by what is happening to them.
- Communication problems - a decline in the ability to talk, read and write.
- People may become more withdrawn, due either to a loss of confidence or to communication problems.

Recovery

There is currently no cure for Alzheimer's disease. However, some drug treatments are available that can relieve symptoms or slow down the progression of the disease in some people.

As Alzheimer's disease progresses people with Alzheimer's will need more support from those who care for them. Eventually they will need support with all their daily activities. It is important to seek help from a GP. An early diagnosis will enable the person with dementia to benefit from the treatments that are available and help carers identify sources of advice and support.

For more information: www.alzheimers.org.uk

Bipolar Disorder (Manic Depression).

Facts

- Bipolar Disorder and Manic Depression refer to the same mental health problem.
- 1.3% of the population will develop Bipolar Disorder over a lifetime.²
- Diagnosis is often difficult as symptoms are complicated, proper treatment is often delayed for up to a decade following first symptoms.
- Between 10-20% of people with bipolar disorder will take their own life, and up to a third will make a suicide attempt.
- Anyone can develop bipolar disorder.

What is it?

Involves extreme mood swings (highs and lows). It can often happen when work, studies, family or emotional pressures are at their greatest. In women it can be triggered by childbirth or during the menopause. The first episode of being unwell usually happens in adolescence as hormonal changes or major life changes (like leaving home) can trigger the condition. Severe and/or untreated episodes of bipolar disorder or manic depression can be very damaging for the person and their relationships, often having an effect on employment, family and social relationships.

Signs and Symptoms

- Can often occur in phases, often with long periods with no problem in between.
- Some people only have one serious period of being unwell in their life time.
- Mania is a term used for periods of great elation. A person's mind will race; they may talk very quickly; be full of energy; not sleep much; or the extreme, begin to believe they have special powers or abilities. People are prone to excesses of spending money, extreme religious beliefs or taking risks.
- It is possible to have mixed episodes, where people experience elements of both mania and depression.

Recovery

Early diagnosis and treatment is important to recovery. Becoming aware of one's own symptoms, trying to avoid triggering situations, and keeping a mood diary can help.

For more information: www.mentalhealth.org.uk

Depression.

Facts

- Depression serious enough to need treatment affects around 9.3% of Welsh adults at any one time and is more common amongst women than men.⁵
- Most people with depression can get on with their lives.

What is it?

Everyone can feel sad or blue when bad things happen but this is not depression. People who have the blues may have a short-term depressed mood, but they can manage to cope and soon recover without treatment.

Significant life events can trigger periods of depression for example exam or work stress, family turmoil, or concerns around identity or sexual orientation are all things that can be triggers. Hormonal changes, such as around adolescence, pregnancy or menopause can also contribute to depression.

Signs and Symptoms

Three symptoms are important indicators of depression. At least one of these must be present for most of the time for at least two weeks:

- Persistent sadness or low mood.
- Loss of interest or pleasure.
- Fatigue or low energy.

Other associated symptoms may also be present:

- Disturbed sleep.
- Poor concentration or being indecisive.
- Low self confidence.
- Poor or increased appetite.
- Suicidal thoughts or acts.
- Agitation or slowing of movements.
- Guilt or self blame.

Not every person who is depressed has all these symptoms. People who are more severely depressed will have more symptoms than those who are mildly depressed.

Recovery

There are many treatments for depression, from medication to complementary therapies to talking treatments. Often a combination of things works at different times. People may go to their GP who may prescribe some medication, recommend self help books or exercise or refer to a counsellor. Friends and family can be a very important source of support for a person who is depressed. People who feel supported by those around them recover faster.

For more information: www.depressionalliance.org

Eating Disorders.

Facts

- Anyone can develop an eating disorder, although most likely it will happen in young women aged 15-25 ³
- Over 1.1million people in the UK are directly affected by an eating disorder ⁴

What is it?

The term eating disorder covers a wide range of problems with food, including starving (anorexia), and bingeing and purging (bulimia) and binge eating. The reasons and causes are varied and complex. Eating disorders are often but not always associated with negative body image and low self esteem. It can also be an attempt to regain control when the person has been in a situation where their control has been taken from them.

Anorexia Nervosa	Bulimia Nervosa
Have a fear of gaining weight, they feel fat even when they have lost so much weight that it becomes obvious to others.	They may look overweight or underweight and it is often difficult to detect. They have great difficulty controlling their eating sometimes eating strictly or giving in to periods of bingeing.
They often hide food; follow complicated plans to avoid food and to appear heavier than they are.	The food they often eat is often high in calories, fat or carbohydrate. As a person begins to feel full feelings of shame and guilt can overwhelm them. It is those feelings that trigger the need to purge.
Some may pretend to have eaten when they have not.	Continuous bingeing and vomiting can do serious harm to the body. Regular use of laxatives can lead to bowel disease and lack of essential minerals can result in organ failure and death.
They may exercise vigorously, use laxatives or make themselves sick in order to lose more weight.	
They may starve themselves by only eating tiny quantities of food.	
A girl's period may stop or never start.	

Recovery

Eating disorders develop relatively slowly, with the behaviours involved becoming more complicated. It is important to get support as soon as possible. Treatment can include care in hospital, treatment from GPs, dieticians, self help. Support from friends and family is very important.

For more information: www.b-eat.co.uk

Obsessive Compulsive Disorder (OCD).

Facts

- OCD typically begins to affect people in adolescence or in their early 20s. However at least half of adults who get help for OCD already had it as a child.⁷
- OCD is thought to affect around 1-2% of the population and it affects men and women equally.⁶

What is it?

OCD is an anxiety disorder in which people experience repetitive and upsetting thoughts and/or behaviours, usually both. OCD has two main features – obsessions and compulsions.

- Obsessions are involuntary thoughts, images or impulses. An example would be a fear of germs or an irrational concern with order such as putting things away in a specific order.
- Compulsions are repetitive and stereotyped actions that the person feels forced to perform.

People are aware that their obsession and compulsions are irrational and excessive, but nonetheless still feel unable to control them.

Signs and Symptoms

- Most obsessive thoughts are about fear of contamination or harm to yourself or others and hypochondria.
- Common compulsions include the need to wash, check and count and so on.
- Most people have 'OC' behaviours when anxious e.g. students at exams lining up their pencils in a certain way. It only becomes a disorder when it interferes with your daily life.

Recovery

OCD often goes undiagnosed as people feel embarrassed to reveal their symptoms. It can also be misdiagnosed as depression which is often an outcome of OCD. Treatment can include Cognitive Behavioural Therapy (CBT) and antidepressants. Recovering from OCD can take a long time and be a difficult process. However, most people do recover and many people manage their obsessions and compulsions and are successful in personal, family and professional lives.

For more information: www.ocduk.org

Personality Disorder.

Facts

- About 40-70% of people on a psychiatric ward will have a personality disorder.
- 30-40% of psychiatric patients being treated in the community by a psychiatric service will have a personality disorder.
- Around 10-30% of patients who see their GP will have a personality disorder.

What is it?

By our late teens, or early 20s, most of us have developed our own personality with our own distinctive ways of thinking, feeling and behaving. It remains pretty much the same for the rest of our life. Usually, our personality allows us to get on reasonably well, if not perfectly, with other people.

However, for some people, this doesn't happen. Their personality may develop in a way that can be difficult to learn from experience and to change those traits - the unhelpful ways of thinking, feeling and behaving - that cause the problems. It is not clear what causes a personality disorder, but it seems that like other mental disorders, genes, brain problems and upbringing can play a part.

Signs and Symptoms

Difficulty in:

- Making or keeping relationships.
- Getting on with people at work.
- Getting on with friends and family.
- Keeping out of trouble.
- Controlling your feelings or behaviours.

Recovery

Treatment for people with personality disorders can be psychological (talking therapies) and/or physical (medication).

If you have a personality disorder, you may not need treatment at all – but you might find medication or talking treatments helpful, and sometimes both. Admission to hospital usually happens only as a last resort (e.g. when a person with borderline personality disorder is harming themselves badly).

For more information: www.mentalhealth.org.uk

Post Traumatic Stress Disorder (PTSD)

Facts

- PTSD is a common condition that can affect anyone. It affects around 5% of men and 10% of women some time in their life. It can happen at any age, including in childhood.¹⁰
- Approximately 40% of people with PTSD develop the condition as a result of someone close to them suddenly dying.¹⁰

What is it?

In our everyday lives, any of us can have an experience that is overwhelming, frightening, and beyond our control. We could find ourselves in a car crash, the victim of an assault, or see an accident. Police, fire brigade or ambulance workers are more likely to have such experiences - they often have to deal with horrifying scenes. Soldiers may be shot or blown up, and see friends killed or injured.

Most people, in time, get over experiences like this without needing help. In some people though, traumatic experiences set off a reaction that can last for many months or years. This is called Post-Traumatic Stress Disorder (PTSD).

Signs and Symptoms

- The symptoms of PTSD usually appear within 6 months of a traumatic event. Re-experiencing the trauma: recurrent dreams of the event, flashbacks and intrusive memories.
- Unrest in situations which bring back memories of trauma
- Avoidance behaviour, such as persistent avoidance of things associated with the event.
- Emotional numbing. This may continue for months or years.
- Reduced interest in others and the outside world.
- Constant watchfulness, irritability, jumpiness/ being easily startled, outburst of rage, insomnia.

Recovery

When you have PTSD, dealing with the past can be hard. Instead of telling others how you feel, you may keep your feelings bottled up. But treatment can help. Cognitive Behavioural Therapy (CBT) is one type of counselling which appears to be most effective for PTSD. Medication can also be effective. This should be discussed with a GP.

For more information:

<http://www.rcpsych.ac.uk/mentalhealthinfo/problems/ptsd/posttraumaticstressdisorder.aspx>

Postnatal Depression (PND).

Facts

- Postnatal Depression affects around 10-15% of women.
- Episodes of PND typically last from two to six months ⁸
- Women who experience PND are at an increased risk of PND in subsequent births.

What is it?

PND is a serious clinical condition that usually starts soon after the birth of a baby, but can occur in the months following the birth. There is a difference from the 'baby blues', the brief episode of tearfulness that affects at least half of all women following delivery.

Signs and Symptoms

Recovery

PND is a very treatable illness and help is available from a GP/ Health professional.

Lack of awareness about PND can lead to women experiencing feelings of guilt and isolation. This can prevent people from seeking help.

Mind	Body
Feeling anxious	Headaches
Feeling tired /Irritable	Fatigue
Inadequate as a mother	Loss of appetite
Constantly sad	
Sleeping badly	

Treatments available include Cognitive Behavioural Therapy, therapy, medication. Many people also find alternative therapy and counselling helpful. Many women find a combination of different treatments helpful.

For more information: www.nhs.uk/conditions/postnataldepression

Schizophrenia

Facts

- Nearly 1 in 100 people will experience schizophrenia in the course of a lifetime.
- After a first episode of schizophrenia, approx 1 in 5 recover in 5 years, 65% will have varied problems in 10 years and 10-15% will experience lifelong illness.

What is it?

Schizophrenia is nothing to do with 'split personality'. It affects thinking, feeling and behaviour. It can affect people from all walks of life. The first symptoms often develop in early adulthood and vary from person to person, but may remain undiagnosed.

For some, the illness may start suddenly. The person may become unwell very quickly and very severely. Their thoughts may become muddled or they may experience hallucinations. For others, the change may happen gradually.

Signs and Symptoms

- Hallucinations - hearing, seeing, feeling, smelling or tasting something that doesn't exist, as if it were real. Hearing voices is the most common hallucination experienced.
- Delusions - holding false and often unusual beliefs with unshakeable conviction. For example, someone might fear that they are being watched or followed.
- The person appears to show little emotion or when they do it may appear out of context e.g. crying at a joke.
- They may say very little and rarely start a conversation. They may speak in a way that will seem muddled and illogical, with little meaning. They may think or act in a way that cannot be easily understood.

Recovery

Generally, the sooner help is sought the greater the chance of recovery. Medication is commonly used and with good relationships with support teams, most people feel like they have 'had their lives back'. At times some people with schizophrenia may require hospital care.

For more information: www.mentalhealth.org.uk

Self Harm

Facts

- Over 7,000 people are treated in hospital each year following episodes of non-fatal deliberate self harm. The majority of these will have taken an overdose.
- 1 in 15 young people have self harmed.⁹

What is it?

Self harm describes a “wide range of things that people do to themselves in a deliberate and usually hidden way, which are damaging”⁹

Because of the complex feelings involved, people often keep self-harm well hidden from friends and family and they may go to great lengths to avoid showing the area of the body that they harm. Whilst self-harm is damaging and may be dangerous, for many people it provides a method of coping with life. It is important to remember the level of distress that has led to the self-harm. Taking away the person’s means of self harm can increase the emotional distress and make the situation worse.

Signs and Symptoms

- It includes cutting, burning, scalding, banging heads and other body parts against walls, hair pulling, biting, swallowing or inserting objects as well as self poisoning.
- It is a sign of emotional distress that something is seriously wrong.
- Self harm is a deeply personal thing and individuals are likely to have a preferred method and part of the body to self harm.

Recovery

Giving up self harm can be a long and difficult process. A person can’t just stop doing it overnight. Some people use self help groups or on-line support communities, others may go to their GP or seek therapy. They can build coping mechanisms to replace self harm and address the feelings that led to the self harming. Sometimes medication might be used to treat depression or another mental health problem that may be present.

For more information: www.youngminds.org.uk

Section C - Information taken from

Mental Health First Aid Wales

See Me Scotland Campaign

Alzheimer's Society

References:

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² Weissman et al, 1996

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⁸ BMJ (1998), Fortnightly review: postnatal depression; 316; 1884-1886

⁹ MHF/ Camelot Foundation National Enquiry into Self Harm in Young People 2004

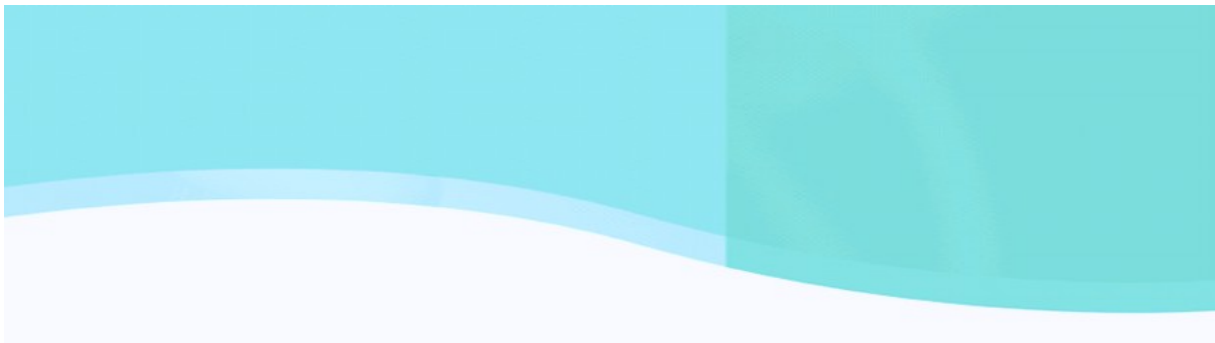
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Useful Websites

BBC Mental Health	www.bbc.co.uk/health/mental
C.A.L.M. Campaign Against Living Miserably	www.thecalmzone.net
Mind	www.mind.org.uk
NHS	www.nhs.uk
Rethink	www.rethink.org
Sainsbury Centre for Mental Health	www.scmh.org.uk
The All Wales Mental Health Promotion Network	www.publicmentalhealth.org.uk
The Mental Health Foundation	www.mentalhealth.org.uk
The Royal Collage of Psychiatrists	www.rcpsych.ac.uk
The Time to Change Campaign	www.time-to-change.org.uk
Well Scotland	www.wellscotland.info

Mental Health Information Leaflets in different languages – Royal Collage of Psychiatrists (www.rpsych.ac.uk)

Information	Languages
Alcohol and drugs	Chinese, Russian, Arabic
Anxiety, panic and phobia	French, Urdu, Chinese
Bereavement	Welsh, Urdu, Chinese
Carer	Hindi, Urdu
Depression	Arabic, Bengali, Chinese, Farsi, Polish, Urdu, Spanish, Welsh
Learning Disabilities	Chinese
Bipolar	Italian, Chinese, Arabic, Urdu, Welsh
Obsessive Compulsive Disorder	Arabic
Personality Disorders	Farsi, Chinese
Physical Illness and Mental Health	Bengali, Chinese, Farsi
Postnatal Depression	Chinese, Welsh, Polish, Greek
Post Traumatic Stress Disorder	Chinese, Persian
Schizophrenia	Chinese, Urdu, Bengali
Sleep Problems	Farsi, Chinese
Cognitive Behavioural Therapy	Arabic, Chinese, French, Hindi, Spanish
Psychotherapies	Chinese



Section D – Local Information and Resources Page Number

In this Section:

This section contains a directory of local resources **56 - 57** with contact details for local organisations and support services. This information is local to Cardiff and Vale, please amend this information to your local community.

Directory of Local Services

Your General Practice (GP)

Your GP is your first point of contact and will offer you appropriate help and support, through some of the following schemes:

- **Exercise on Referral** The scheme is designed to help individuals who have been identified by their GP to take up the benefits of taking up enjoyable exercise. A 16-week activity programme will be designed specifically to the individuals needs.
- **Book Prescription Scheme** A range of self help books can be prescribed by GPs, practice counsellors and community mental health staff. The prescription can be exchanged for the book at any library throughout Wales and loaned for a longer than average period.
- **Stress Control Course** the Cardiff & Vale University Health Board offers a 6 week stress management course designed to help people learn to control their stress better. For more information phone: 029 2090 6216.
- **Counselling** gives you an opportunity to talk to a qualified person about any difficulties you are having. Your GP can arrange for you to have 6 counselling sessions free of charge, although there may be a waiting list.
- **Expert Patient Programme** provides a range of self-management courses and workshops for people living with long-term health conditions, or for those who care for someone with a long term condition.

If you are worried or concerned about someone's loss of memory and forgetfulness, or an older person seems depressed, please visit your GP and ask about **the memory team** and the **CMHT for older people**.

For general health advice, please contact:

NHS Direct, 0845 46 47 48 or

C.A.L.L (24 hours Community Advice and Listening Line) 0800 132737

Need more information?

Online Directory of Mental Health Services in Cardiff and the Vale of Glamorgan.

Directions: A Guide to Older People's Mental Health is also available
Directions is intended for use by carers, service users and anyone interested in older people's mental health services in Cardiff and the Vale of Glamorgan. Included are details of services and information for carers of those with dementia and those who care for an older person with another condition such as depression.

Please go to the website www.cvmhdp.org.uk for more information. (The directory and directions is also available in hard copy.)

Local Cultural Groups (information taken from Age Concern Cardiff and the Vale of Glamorgan)

Group	Contact details	Where	When
Bangladeshi Welfare Association	Mr M Hannan 029 2028 8711	43 Dispenser St, Riverside, Cardiff	Weekdays 10am – 5pm
Cardiff Chinese Elder Association	Alan Ng 029 20 68907	St Mary’s Church Hall, Talbot Street, Canton, Cardiff	Various
Hindu Cultural Association	Dr Nishebita Das 01443 830345	India Centre. Sanquahar Street Splott, Cardiff	Mondays 10.30am
Mewn Cymru	Danielle King 029 2046 4445	Crichton House, Mount Stewart Square, Cardiff	Weekdays 9.30am – 4.30pm
SDM & Hindu Community Centre	Vimla Patel 029 2045 5564	22 The Parade, Roath, Cardiff	Thursday 10am – 2.30pm
The Upna Centre	Uzma Naheem 029 2022 1421	Mackintosh Centre, Keppoch Street, Roath, Cardiff	Tuesday 11am – 3pm
Welsh Learners Coffee Club	Niclas Apglyn 029 2035 0088	Clwb Ifor Bach, Womanby Street Cardiff	Wednesday 12.30pm – 2pm
Women Connect First	Menaka Kodur 029 2034 3154	7 Neville Street, Riverside, Cardiff	Weekdays 9.30am – 5pm