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Peer Support Fife

News Byte

July 2011

promoting peer support;
peer led initiatives;
survivor user carer
participation & leadership

PS Fife and SAMH present

At the Sharp...Edge

a dialogue event *on* peer led crisis alternatives

Opening Address: Billy Watson, Chief Executive SAMH

Guests

Shery Mead & Chris Hansen
www.mentalhealthpeers.com

Ron Coleman & Karen Taylor
www.workingtorecovery.co.uk

Fiona Venner www.lslcs.org.uk
Leeds Survivor Led Crisis Service

Jacquie Nicholson
www.edinburghcrisiscentre.org.uk

Jan Cameron
Redhall Walled Garden Edinburgh

- working with psychosis
- trauma
- hearing voices
- peer led initiatives
- crisis alternatives

Tuesday 20 September 2011

10.30am to 3.00pm

Carnegie
Conference Centre
Halbeath Road,
Dunfermline, Fife, KY11 8DY

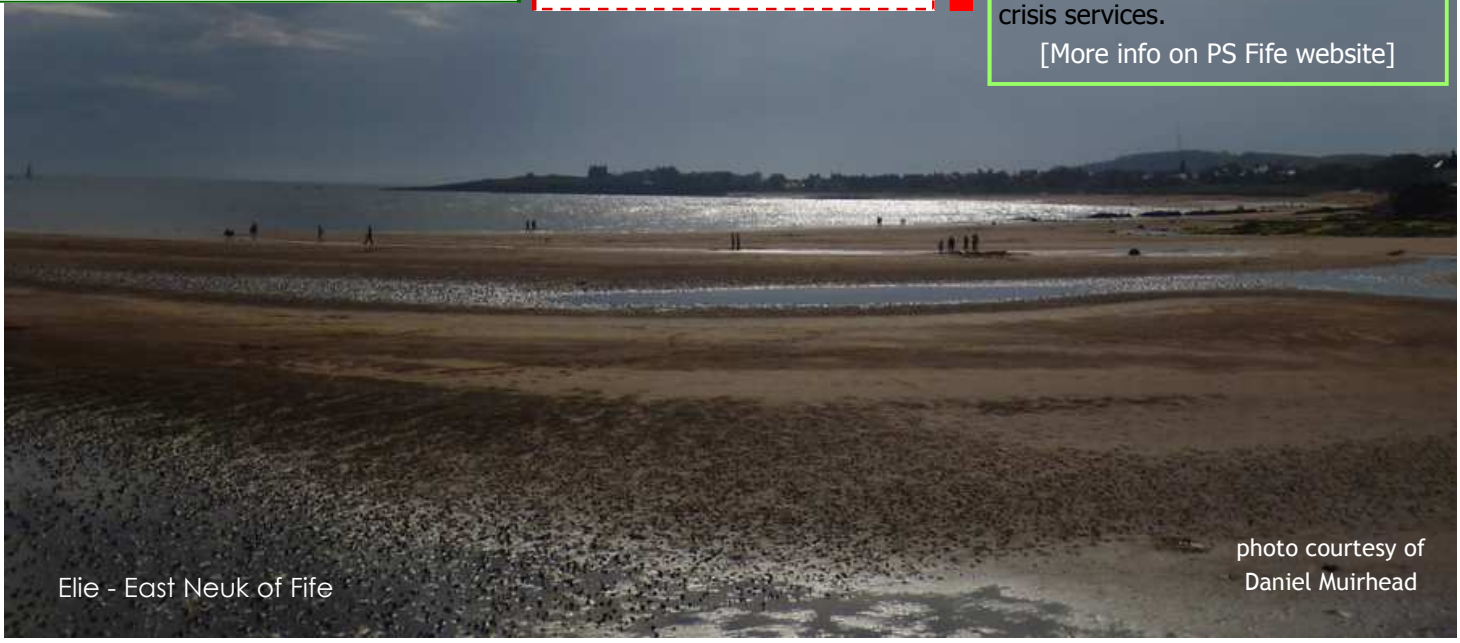
Action Research Fife Acute Psychiatric Inpatient Care

Peer Support Fife are researching the opinions of people who have been inpatients of acute psychiatric wards in Fife, and their carers. Focus groups planned so far include:

- Monday 1 August 2011 - 10.00am to 11.30am and
- Tuesday 9 August 2011 - 5.30pm to 7.00pm at The Cottage Cupar
- Monday 22 August 2011 - 2.00pm to 3.30pm at Support in Mind meeting space Kirkcaldy

Fife Choose Life will also be asking participants for feedback on Fife crisis services.

[More info on PS Fife website]



Elie - East Neuk of Fife

photo courtesy of
Daniel Muirhead

Recovery Learning Communities: An Alternative American Experience

Tuesday **6** September 2011 - Renfield Centre, Glasgow

Facilitated by USA community leaders:
Oryx Cohen of the National Empowerment Center and **Will Hall** from the Icarus Project, Portland, Oregon

Topics will include - understanding the meaning in "madness", setting up and supporting Recovery Learning Communities, the development of a harm reduction approach for safely reducing reliance on medication, the peer support role – what it is and what it isn't.

Book online at www.workingtorecovery.co.uk

Suicide Prevention: Supporting Scotland's Communities

Saturday 17 September 2011 - Glasgow

The SAMH national conference is aimed at people who have been bereaved by suicide. It will let people share their experiences in a constructive way.

Keynote speaker **Ken Norton** of US-based

Connect Suicide Prevention Project, run by the National Alliance on Mental Illness will speak on how communities can work together to prevent suicide.

More information from www.samh.org.uk

Mild or Moderate?

When do the 'mild or moderate' become 'severe and enduring'? In mental health terms.

In my opinion it's at the stroke of a pen or at the decision of an 'expert'. It's about whether you've been hospitalised and diagnosed. Whether you've had more than one episode or a recurring major issue. And most importantly whether you have seen a psychiatrist.

As seeing your GP is a far more preferable course of action. You'll be prescribed something to make you feel better. It might not make you feel better but at least you haven't been referred to a psychiatrist. Which could be the beginning of something akin to 'severe and enduring'. Or 'revolving door patient'. Because psychiatry is not able to cure you therefore you must have an illness that is 'severe and enduring'. It couldn't be that they don't know how to treat you. Of course not, they are 'experts' in the field of psychiatry, although they may know next to nothing about you. Except, of course, for the label that they have given you, one of their own making.

Ironically it has been my experience that the people I know who have been described as 'mild or moderate' seem to have much more difficulties in living than I did when no doubt I was described as 'severe and enduring'. But they do have more access to therapies 'in the community' than what I had. Because, here in Fife anyway, the 'mild or moderate' and those 'in the community' seem to be the main focus of occupational and psychological workers. Maybe to stop them becoming 'severe and enduring'. Which should be avoided at all cost.

For the 'severe and enduring' are likely to be consigned to a psychotropic drugged existence, benzos on request and if desired (or not) a spell in the acute psychiatric ward. Where there are people with 'severe and enduring mental illness', drug and alcohol addictions, self harm propensities and suicidal tendencies. All flung in together, male and female, nothing much to do except take the medication (or be labelled non-compliant) - take up smoking to be one of the crowd - take to walking up and down the ward or round and round in circles - engage with other patients or even nurses if you happen to be on 24/7 obs. I was a witness to this scenario when visiting an acute ward in Fife over 9 long weeks in the summer of 2010.

The government had a target of reducing GP prescribing of anti-depressants. Not sure if it worked or not, there are conflicting views on this. No doubt this is why there has been a concentration of therapeutic activities 'in the community' and a lack of them in the acute setting. Too bad if you have a crisis or a psychotic episode or a nervous breakdown. It will be a case of 'do not pass Go, do not collect £200, go straight to Jail' or to the acute psychiatric ward and a Russian roulette experience which may involve detentions, more drugging and diagnoses.

We need alternatives for people in mental health crises - alternative treatments - person centred and peer led - recovery focused - qualitative and quantifiable. I believe that the experts by experience need to lead the way on this. After all we are the people who have navigated the psychiatric system, who have ignored or refused to accept the 'severe and enduring' label, and have got our lives back or created new ones. And peer led crisis alternatives will also help the 'mild or moderate' who are likely to be less afraid of their mental health issues becoming 'severe and enduring'. In fact we could do away with these categories altogether, consign them to the bin, and become people who just experience mental health problems.

Sounds good to me.

Chrys Muirhead

chrysmuirhead@gmail.com