



Herefordshire Disability United Network News

Summer 2018

Mental Health



We welcome articles from individuals and organisations to promote their stories or interests.
Please contact the Editor..... details on the back page.

Editorial:

What a busy few weeks we have had! Not just organising this Mental Health Seminar but also preparing for the Technology Day with Hereford Council at Plough Lane on 15th June. (See more details of exhibitors on page 17).

Also recently HDU has been working with the Commissioner at Hereford Council to review and update the Learning Disability (LD) Strategy. In order that we could hear “from the horses’ mouth, a series of events was held across the county in Ross, Hereford and Leominster.

A simplistic questionnaire was sent to various LD organisations so that people could feedback their thoughts what was most important to them concerning:

- ◆ Their family, friends and health
- ◆ Education, work and training
- ◆ Housing, transport and feeling safe
- ◆ Difficult behaviour
- ◆ Seeking advice, guidance and information

These events allowed those with learning disabilities to speak 1/1 to a friendly face, expressing their views on life at the moment, and how they felt the future might unfold for them.

For others in residential homes unable to make the events, the questionnaires were completed with their regular support workers/ families to gain insight to what makes their life happy.

All details are being collated, and will form part of the bank of information gathered to develop the new strategy, looking ahead to the next few years.

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Now please don't forget to support HDU at Asda!

You may remember that when you shop in Hereford ASDA, and are given a green token, HDU will be one of the three charities which you can support.

By placing the token in our HDU slot at the shop, you will be helping us financially. The charity with the highest number of tokens receives £500, and the other two will receive £200 each.

You have until 30th June to support this scheme for HDU. After this date other charities will be nominated for the next three months.

**HDU is a charity run only by volunteers, with the help of donations or grants.
Please support our future work by placing your
tokens in our slot at ASDA.**

The Editor

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Don't forget to visit
Plough Lane on
Friday 15th June
Technology Day
10.00—3.00

See it, Test it, Try it
Plenty of gadgets to
aid those who are
disabled or elderly

Also tech for the
home, or those with
hearing or sight
impairments or
Dementia

Just drop in!!

Herefordshire Disability United (HDU) is an organisation that has developed to voice the concerns of disabled people, and to provide a platform where disability issues can be raised and policies developed.

HDU is run by people with disabilities for people with disabilities. It was started in January 2011, and has grown to be an acknowledged organisation representing service users, and their families fighting for a better future and understanding.

HDU take part in consultations to highlight issues that affect persons with disabilities.

Our networking is effective with representation via public sector officialdom, providers and the third sector, local and national businesses to improve their practices and policies.

We are a democratic, non sectarian, non party political organisation, stimulating discussion to improve outcomes for disabled people.

Editorial or advertising queries:

Contact the editor on 07817 473813 or email : info@hdu.org.uk

Contact:

Herefordshire Disability United welcomes any feedback on Network News, or any of the services it provides.

Disclaimer:

The views expressed in Network News are not necessarily those of Herefordshire Disability United.

In Their Shoes



In their shoes was established in February 2017 by two adoptive parents who have experienced the journey of having children with a mental health concern. As a result of their often difficult experiences in accessing treatment, assessment and support services for them and their children, they were personally moved to set up a charity in which other parents/ carers/ family members could find a friendly welcoming person to offer support and signposting.

The charity has applied for funding to provide support groups, has a constitution approved by Trustees and is currently waiting a response from the Charity Commission.

In Their Shoes is NOT a counselling agency and does not pretend to be. Rather,

- ◆ It is a support group offering fun activities for children to participate in while they gain support from their peers and have an opportunity to be who they are in a welcoming, acceptable environment. It is a place for parents to come and express their successes, trials, frustrations and happy moments with like minded peers who have similar experience, and may have some ideas of what has and has not worked for various situations.
- ◆ It is a place where people can feel universally accepted rather than labelled
- ◆ It is a friendly smile at the end of a phone call, when someone doesn't know where to look for services or where to start
- ◆ It is fun, family centred events designed for children with a mental concern, and their families where behaviours are understood and prepared for — where children can be children despite labels.

In Their Shoes has had feedback asking why, if we are not a mental health provider, do we use “mental health” in our advertising. The answer is simple, we use it because that is our target audience.

The charity was set up for any child aged 0– 16 years who has a mental health concern and their families/ carers in Herefordshire and border areas, starting with the greater Ross on Wye area. The language simply defines our target audience.

Children's Mental Health Matters

In Their Shoes is not designed to replicate any services already present in our community —rather it is the result of personal experiences and a recommendation from the Local Authority about areas of need in the community.

As **In Their Shoes** grows, one of the targets is to provide grants to families to fund assessment, early intervention and treatment services —thereby encouraging and supporting families through existing community resources/ partners.

In Their Shoes is not about making money (in fact, as it is set up, the Trustees, nor their families are allowed to profit/ benefit from the charity).

It is about raising a modest amount of money to provide support and if there is any left over, to assist families in accessing services (in the future).

Contact details: In Their Shoes: 07882552241 or 07476291094

Website: www.intheirshoes2017.com

The work of an Assistant Psychologist

I have been working as an Assistant Psychologist with Herefordshire Mind since January 2017, and I have both an undergraduate and masters degree in Psychology.

I have been a member of the British Psychological Society since 2007, and I have a clinical supervisor who ensures that I am working within the ethical boundaries and guidelines of the British Psychological Society within my current role.

My role involves providing one to one wellbeing sessions to our service users promoting their independence and autonomy towards their own recovery, focusing on coping strategies to help build their resilience in their everyday lives.

In addition to this, I have been working as a Group Facilitator on our Thriving Minds Project focusing on delivering sessions on Self Esteem and Confidence, Managing Anxiety and Relaxation, and Assertiveness in the community in Leominster.

These sessions focused on self help strategies in order to help develop the resilience of those who participated, and the project achieved some great outcomes.

Other aspects of my role includes assisting with training such as the Mental Health Awareness Training which Herefordshire Mind delivers in the community, as well as helping out with various events such as mental health awareness week.

Contact details: 01432 271643

info@herefordshire-mind.org.uk

Hope by Georgina Wakefield

We were sent on a journey an emotional rollercoaster ride
 Like our son we were apprehensive like him we were petrified
 We held on tight to the safety rail we faced the eye of the storm
 We all had to learn a new language alienated from the norm



Clozapine, Olanzapine, Vallium, Prozac, Setraline
 Anti Psychotics make him robotic but our lives ain't but a dream
 Lithium? — for mood swings — talking therapy
 Counselling — sleeping pills and — a longing to be free
 A pat on the head and there you go son
 Sit for hours at the drop in at MIND

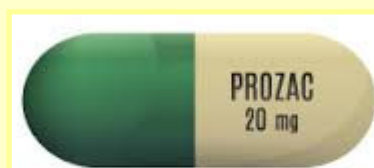


Drugged up to the eyeballs with liquid cosh
 His young life simply passing by
 Teams for every occasion no matter what's gone wrong
 How is he feeling low today? Does he feel he can't go on?
 Psychi nurses Social Workers OTS with such good intentions
 Assertive outreach Crisis Resolution Early Interventions



No real feelings any more — he doesn't even feel affection
 Numbed by the monthly depots the inter muscular injection
 Desperate carers trying to cope hold on tight to a well weathered rope
 Left out in the wilderness Mum and Dad are on medication
 He cuts but we all bleed we feel his pain and his frustrations
 Schizophrenia has stolen our son we do our best to carry on

Appointments with the DSS adds to our ongoing stress
 Income Support? — Incapacity? — DLA?
 Which form will it be today?
 Does he walk unaided? With a stick?
 Can he boil an egg? Can he get to the loo?
 How much does he rely on you?



Carers need them like the plague
 We try to recall but the memories are vague
 We end up in tears a blubbering mess — and its no thanks to the DSS
 No improvement so what's the answer a change in medication?
 Our hopes renewed? But will these pills cause far too much sedation
 What have we found the most painful dealing with this each day?



His young life simply passed him by? Or watching his hair turn grey
 When he was a child and he cut himself we could reach out for a bandage
 But it's a very different story when you're forced to learn
 Physic Language
 Despite it all love has seen us through and we slowly learned how to cope
 No Matter what — life goes on — so never lose sight of HOPE

The CLD Trust



The CLD Trust

counselling / learning / development

The CLD Trust is a mental health and wellbeing charity, the only organisation accredited to provide counselling to children, young people and their families across Herefordshire. It was established in 1994 and clients are referred by GPs, schools and other professionals or can ask us for support themselves.

We provide CBT (cognitive behavioural therapy) as well as a range of other therapeutic interventions and have qualified staff able to work with families as a whole. We also work in partnership with other organisations as much as we can to make the most of shared expertise.



The Strong Young Minds project, or SYM, was developed by the Trust to look at how we can work with young people to improve their emotional wellbeing, give them resilience and promote the benefits of keeping mentally well.

The project also works to raise awareness about mental health and wellbeing and reduce the stigma of mental illness amongst young people in Herefordshire.

The project recruits young people to become Champions who are active in schools as well as the local community and at events like the Hay Festival and the SYM advisers also offer workshops for parents or professionals.

Both SYM and the CLD Trust as a whole are hugely oversubscribed ———
If you could spare some time to volunteer and fundraise so we can help more young people and their families, please contact us at :

info@cldtrust.org 01432 269245

For more information about the CLD Trust and the SYM project –

www.thecltrust.org and



to

www.thesymproject.org

Struggling with Bi-Polar

Hello everyone.

This is my story about my son. My son was first diagnosed with Bipolar in 2017 after a long battle with the hospital.

He was first taken into hospital at 2.00 am in the morning after a night out in **June** 2016. We were finally seen at 9 00 am, after a seven hour wait when they said they would give him an appointment to see a psychiatrist..... (that appointment came through for **November** 2016).

Two weeks later we were in the same situation again. This time he came home with no tee shirt on, had lost his phone and he had a cut on his head, and cuts all over his back and front. We managed to clean him up and my elder son put him too bed. Twenty minutes later he tried to jump out of his bedroom window, and my husband had to sit on top of him to prevent him doing it.

He was like a raging animal so in the end I had to call the emergency services. Again they took him in to hospital, and the same thing happened again as they sent him home after a seven hour wait.

The following week he said he didn't feel right and insisted on going to the Hospital. We went down, and after waiting two hours he threatened to go and run in front of a car and kill himself. So, I said "Come on we're going over to **Stonebow.**"

I rang the doorbell to be told they were changing over staff and could I bring him back at 9pm so I said yes, I would bring him back in an hour. At 8.30pm the phone rang and they asked to speak to my son. After five minutes, he gave me the phone back and was in floods of tears, so I spoke to the person on the phone. The gentleman advised the only thing they could do was bring his appointment forward from **November to October!**

Well to say the least I went mad and said, "You are not doing this to my son". Amongst other things I said to them "Have you got any idea what my son is going through and what we are going through as a family?"

I was worried to death that every time he went out, **WAS HE** going to come back. Were the police going to knock my door to say they had found him dead?

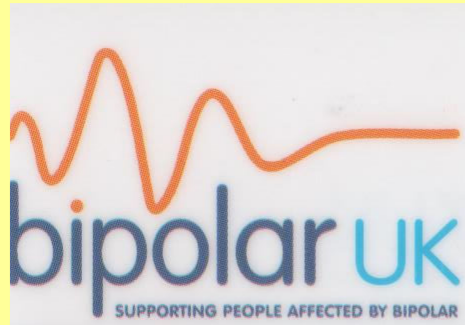
Eventually they said to bring him down at 9.00 am the following morning. This resulted in my son seeing someone every day for 4/6 weeks and he has regular counselling at the house every 3 weeks.

My son has been diagnosed with Bipolar, and is now on regular medication.

As told by Sue B (local resident).

What is Bi-Polar?

Bi-Polar is a condition that affects 1-2% of the UK. People who have Bipolar disorder experience moderate to severe changes in mood. These range from feelings of extreme joy, irritability, over- activity, and over confidence (known as mania), to feelings of sadness, anger, guilt, and hopelessness (known as depression). These periods of mania and depression can be serious enough to affect everyday life although it can be controlled through medical treatment and counselling.



Mood Scale
This scale is not meant to be definitive but is an indicator of possible behaviours.

Mania	10	Total loss of judgement, exorbitant spending, religious delusions and hallucinations.
	9	Lost touch with reality, incoherent, no sleep, paranoid and vindictive, reckless behaviour.
Hypomania	8	Inflated self-esteem, rapid thoughts and speech, counter-productive simultaneous tasks.
	7	Very productive, everything to excess (phone calls, writing, smoking, tea), charming and talkative.
Balanced Mood	6	Self-esteem good, optimistic, sociable and articulate, good decisions and get work done.
	5	Mood in balance, no symptoms of depression or mania. Life is going well and the outlook is good.
	4	Slight withdrawal from social situations, concentration less than usual, slight agitation.
Mild to Moderate Depression	3	Feelings of panic and anxiety, concentration difficult and memory poor, some comfort in routine.
	2	Slow thinking, no appetite, need to be alone, sleep is excessive or difficult, everything a struggle.
Severe Depression	1	Feelings of hopelessness and guilt, thoughts of suicide, little movement, impossible to do anything.
	0	Endless suicidal thoughts, no way out, no movement, everything is bleak and it will always be like this.

This Mood Scale is reproduced by Bipolar UK.

Bipolar UK offer support on:
0333 3233380

Or
info@bipolaruk.org

Mentoring is also available on
0333 3234458

Youth Service Support is for people under 26

0333 323 4459

Employment Support help

0333 323 1960

Support groups
0333 323 3885

These details taken from Bipolar UK www.bipolaruk.org

The Gay Farmers Helpline

BBC Countryfile is renowned for covering delicate issues as well as regular ones, but in April this year they looked at the mental health problems surrounding gay farmers. Farmers are known to suffer through the isolation and the unfavourable hours they keep, but this is impacted if they are also gay, and have no one with whom to talk through their concerns.

The following article is taken from: <https://www.pinknews.co.uk>

A powerful segment on BBC show *Countryfile* investigated the high suicide rates among gay farmers – and the stigma that is still rife in rural communities.

BBC reporter Tom Heap looked at attitudes towards gay people within rural and farming communities – and found a shocking link to depression and suicide.

Livestock farmer Frank opened up to the show about his sexuality, having spent years in the closet due to fears of a negative reaction.

He said: “I knew I was gay from very early years, really. It was always difficult – you’re always aware that you’re trying to cover up anything that may give it away.”

Frank added: “Farming being as macho as it is... who wants a gay, weak workman?”

“You’ve got your gay life and you’ve got your work life, and I’m quite sure that if anybody’s got two lives like that it’s going to tear you in half, really.

“Later in life, as I got older, I thought [keeping it secret] is wrong, and I needed to let folks know who I am. At the age of 60 I finally decided to come out.

Frank, who considered suicide prior to coming out, added: “There’s been very little hostility. I’ve got a couple folks who don’t ring me any longer, but that’s all really.

“It would have been easier doing it years ago, and my life would have been different doing it years ago. I could have met somebody and been quite free and open.”

Psychiatrist Dr Ciaran Mulholland of Queen’s University Belfast explained: “We’re very aware that farmers are men who often work in isolation and face a lot of pressures in life, so they’re very prone to hopelessness and very prone to depression and to suicide.

“Gay men are also prone to hopelessness, depression and suicide, and it seems reasonable to assume that a gay isolated farmer is even more at risk.”

Call Keith Ineson on 07837 931894

<http://www.gayfarmer.co.uk/> Their website says

We have a video about our work. Just [click here!](#)

*(WHEN IT ASKS FOR A PASSWORD ENTER **gayfarm**)*

Farming is a difficult business at the best of times; the isolation, bad prices, animal diseases and the red tape make life difficult for all farmers. Depression has become an occupational disease as many of you will know.

Should you happen to be gay as well this will add a further interesting dimension!

Be reassured that there are many other gay farmers. You are not the only one.

Despite what you may feel, being gay is not a handicap – in fact it has many positive aspects to it.

But there may be decisions to be made: should I come out? Can I come out? What will be the effect on those around me? And there are other questions such as how would it affect the farm succession?

You may want to talk over your situation and that is where the Gay Farmer Helpline comes in. Call the helpline and talk to someone who understands the farming situation as well as what it is like to be gay.

Total Confidentiality is assured – we understand how delicate and difficult the situation can be.



REMEMBER

Talking to someone who understands helps.

Total confidentiality is assured.

E-mail

keithineson@gmail.com

The Samaritans

Mental Health and Wellbeing and Suicidal Feelings



On the Samaritans page of the HDU website, we give an outline description of the movement, its objectives and working methods, with particular reference to disability. We also set out contact details and links to other useful information.

We would like here to consider in greater detail our work in relation to mental health issues and in particular those situations involving the expression of suicidal feelings.

Since the introduction of our **free call number (116 123)**, phone call volumes, and indeed email and text contacts also, have increased vastly. The Herefordshire branch alone is currently taking 1500/2000 calls per month. The movement nationally takes a call every 5 seconds.

In an increasing proportion of those, perhaps as high as 50%, callers are indicating that mental health issues are directly or indirectly of concern.

We are listeners. We do not advise, counsel or in any way attempt to treat the caller's problems but give them space to explore their feelings about their condition, treatment and their lives generally in their own manner at their own pace. We will sometimes try to guide this process to help the caller to express themselves as fully as they are able and willing. The aim is to help them to find their own way forward.

We are able to give as much time as the caller needs and as a service we are available 24/7.

We understand the importance of early intervention and hope that callers will talk to us as soon as possible before stress and distress lead to levels of despair.

In some cases the caller has reached a point where they are in despair and feel that the only solution to their problems is to take their own life. We will continue to explore their feelings about what this means and what other options they may have. Sometimes if a person's life can be changed and the pain of their present existence reduced or even removed, they will find an alternative way forward.

In all our conversations we respect the caller's right to self-determination even if sometimes, very sadly, this means that they have resolved to end their life. In this situation we will continue talking to and supporting them for as long as they feel they need us.

Their work in Herefordshire

We feel that every caller should have the opportunity to discuss any suicidal feelings which they may have, but which they may not feel able to discuss immediately and openly. So in most conversations we will try to create an opportunity for them to express such feelings.

Increasingly we are finding that callers with mental health issues are being referred to us by medical professionals, other agencies, charities and concerned individuals. We see ourselves as a service complementing, but certainly not supplanting, other workers in the field. We have the skills, time and availability to give people with mental health issues additional support and listening space which others may not be able to provide.

The movement is promoting a campaign “Think Samaritans” to encourage the use of our service by medical services in particular. For example by GPs, A&E departments and mental health treatment centres.

Along the same lines we are involved through membership of the Mental Health Partnership, sponsored by the Herefordshire CCG, with the Herefordshire Suicide Prevention Strategy. This is a plan to draw together and co-ordinate NHS agencies, charities and others involved with mental health issues to develop policies and skills to reduce the number of deaths by suicide in the county.

At the time of writing, this it is expected that a document, setting out the plans which will form the basis of a 5 year programme of measures to reduce suicide, will be published shortly.

The Plan will seek to increase awareness of suicide risk, provide practical guidance in all areas of prevention and means of support for families whose lives are affected by suicide.

The Samaritans will have a significant role to play.
Their offices are: 44a Berrington Street Hereford HR4 0BJ

Open hours here are:

10.30– 21.30 (Monday, Tuesday, Wednesday and Saturday)

13.30 - 21.30 (Thursday and Friday)

08.00—9.30 and 13.30—21.30 (Sunday)

Email: jo@samaritans.org Free phone ring 116 123

Mental Health First Aid



This information is taken from the booklet, Mental Health First Aid Lite course booklet, where it is part of the introduction to that course.

Mental Health First Aid (MHFA) is an internationally recognised programme now running in more than 21 countries. It was developed and launched in England in 2007 by the Department of health:National Institute of Mental Health in England (NIMHE) as part of a national approach to improving public mental health. In 2009, MHFA England achieved Community Interest Company status, and is at the heart of a network growing across England. In 2010 Youth MHFA was launched. The Royal Society for Public Health (RSPH) has accredited the MHFA instructor training programme.

Approved instructors deliver either the MHFA or Youth MHFA course which is usually taught over two days. The course covers the causes, symptoms and treatments of health problems with the aim to give professionals and non professional the knowledge and confidence to recognise signs of mental health problems, and encourage individuals to seek the right help.

It provides people with the skills to enable crisis first aid for suicide and self harm based on the following principles:

- ◆ Spot the early signs of a mental health problem
- ◆ Feel confident helping someone experiencing a problem
- ◆ Provide help on a first aid basis
- ◆ Help prevent someone from hurting themselves or others
- ◆ Help stop a mental health problem from getting worse
- ◆ Guide someone towards the right support
- ◆ Reduce the stigma of mental health

MHFA does the same for someone experiencing mental ill health as first aid for physical injuries by teaching them to give initial care, and helping to dispel the fears and misconceptions people often have when they come across someone they suspect is experiencing mental ill health or is in distress.

Mental health problems are common. One in four people is experiencing some form of mental health problem in the course of a year. General numbers show 20% of women and 13% of men have a common mental health problem — mainly anxiety and depressive disorders.

About MHFA Lite

MHFA Lite offers an introduction to mental health and mental health issues; and is intended to introduce the MHFA course to the general public. The aim of MHFA Lite is to enable participants to:

- ◆ Gain a wider understanding, for themselves and others, of some issues surrounding mental health
- ◆ Work more effectively with people living with mental health problems
- ◆ Understand the aims of the MHFA course
- ◆ Experience a taste of the contents of the full MHFA course

At the end of the Lite course participants should be able to:

- ◆ Identify the discrimination surrounding mental health problems
- ◆ Define mental health and some mental health problems
- ◆ Relate to people's experiences
- ◆ Help support people with mental health problems#
- ◆ Look after their own mental health

Stigma and Discrimination

Stigma is the disapproval or negative attitudes towards a person, group or community on the basis of their personal and/ or physical characteristics, cultural background or membership to a specific religion. Stigma often leads to discrimination , which is prejudicial treatment or actions towards an individual or group on the basis of these affiliations.

Social inequality can contribute to mental ill health, and mental ill health can lead to further inequality. When mental health services do not work, they can fail communities, and when individuals and communities make conditions difficult for those with mental health problems, it is unlikely they will access the right support.

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Our speaker on the day will be Euan McPherson who is a Governor of 2Gether, and is currently going through the course to become a Trainer for MHFA.

Euan has personal experience of the trauma of mental health, and no doubt will elaborate when he speaks to us on 6th June. (If you are reading this after that event, I suggest you check out his article on page 16 of our May 2016 newsletter. It can be found on: www.herefordshiredisabilityunited.org.uk on the Newsletter page.

Euan and I attended a MHFA Lite course in September 2016, and he has encouraged employees at SIL (Services for Independent Living) where he is CEO, to follow his example and get to know much more about this issue.

Hereford Street Pastors



The Street Pastors of Hereford are a well established group of volunteers who have come together from all churches across the city. They help keep people safe during the night, and provide a much needed back up resource to public services, and other organisations offering assistance to the public where needed. If you check out their website you can watch a short video of their work.

A statement there provides the following bullet points:

- ◆ Street Pastors interact with 600 people a year
- ◆ Street Pastors on average spend 20 minutes on a serious incident
- ◆ 824 bottles of water are handed out
- ◆ 31 teams over 80 nights
- ◆ 1,290 broken bottles collected
- ◆ 1,784 conversations with the public
- ◆ 688 pairs of flip flops handed out
- ◆ 763 people saying “Thank you”

<http://www.vennture.org.uk/what-we-do/street-pastors/>

The Street Pastors keep an eye on those who appear vulnerable, especially in the 18-24 years age group. Sometimes “befriended” by strangers, females are seen at risk by their friends, and a Street Pastor is a “Known Friend” whom they can ask for help.

The Mental Health of the homeless and young is another aspect where Street Pastors have made commitment. Herefordshire Mind have provided Mental Health training for them. The main request from participants was to learn how best they can help and keep people suffering from a mental health issue safe – really inspiring.

If you wish to know more about their work, be a volunteer or help fundraise, please contact this office:

Venn Legacy Centre
45 Venns Lane
Hereford HR1 1DT
0330 20 20 730
enquiries@vennture.org.uk

Technology Day 15th June

HDU has teamed up with Hereford Council at Plough Lane to bring you a special technology event. Here companies and suppliers will showcase their latest gadgets to support a whole host of service users and their families, as they strive to remain independent. It maybe items for the home, mobility, visual or hearing impairment, and also health and activity monitoring or dementia.

You will literately be able to “See it, Test It, and Try it”.

The following exhibitors are expected to attend

NRS Healthcare	The Community Equipment provider
Just Checking	Activity monitoring (not fitness like a FitbBit)
Keynetics	Remotely managed electronic keysafe
Easylink / Medpage	Assistive technologies
Canarycare	Simple, smart home monitoring
Brain in hand	Personalised support from your mobile
Community Brokers	Herefordshire Council
OT/TECS Teams	Herefordshire Council
Tunstall Healthcare	Telecare systems
Visionlinks	Technology gadgets for sight and hearing impairments
Fastershire	Herefordshire Council
MARsoft systems	Medication reminder and dispensing
Connexus group	Falls Responder service
Protomed Systems	Medication reminder and dispensing
WISH /Healthy Lifestyles	Herefordshire Council
Legrand / Tynetec	Telecare system
SIL	Services for Independent Living

This is a Drop In event, open from 10.00 am to 3.00 pm, and is free to all

On site is a café where you can purchase, sandwiches, light lunches, snacks and drinks.

Please spread the word so that those who feel they might need to use this type of equipment in the future can find out more. Also, you may be using some technology or equipment currently which isn't appropriate. By viewing what's on the market you may find something actually fit for purpose, and a perhaps at a cheaper price.

A Rollercoaster in life

There is no one who knows their children better than a mum. At first, you think it is those hormonal teenage years, but things continue to deteriorate. Everything you try to take away the pain or make life easier – makes the situation worse.

You are continually walking on egg shells and the explosion will happen any moment, even by just giving a smile at the wrong time. You begin then, dreading them waking up, coming in from school or work, which child will walk through the door, reasonable normal or very angry unreasonable child. You have no idea which hat you needed to wear, loving mum, or don't ask how the day was, or ask any questions and don't smile or give them a hug, a rollercoaster of emotions.


She would lock herself in her bedroom for hours, I wanted to knock and go in and cheer her up and make sure she was safe. However, my biggest lesson was learning to leave her be. Many times it made things worse and I would imagine all sorts of things happening. She needs me, and when she was ready she would come out and talk to me or request food, washing etc. Etc. . . .

Your family, think you are pampering to their teenage years and you get comments, "Send her to me I will sort her out, this situation is stupid and you are being too soft". This is the last thing you need and creates divides, in that you stop talking to them about what is going on. Another door closed, where you have a chance to talk with someone close, and a communication door closed with your parents is hard to deal with. Mum needs support. In fact it broke my relationship with my mum, and my daughter's relationship with her Nan.

When I think back it took a long time before I even started to get any help. The person who finally listened was my doctor, but this was only after my daughter tried to commit suicide by taking an overdose.

That day was the worst day of my life; I received a call to say my daughter had been taken to hospital by ambulance after taking an overdose (at least she did make the call). Seeing my daughter then, was the worse moment in my entire life. Initially she shouted and refused to see me saying "Go away I want to die". After calming slightly. I was allowed by medical staff to sit with her, and she continued to tell me why her life was bad and she just wanted to die. As a mum can you imagine how you feel? Just 16 years old and she wants to end her life.

I suppose I went into automatic mode. I sat in the cubicle for the next 4 hours, just spouting all the reasons why she should live. In that time, I saw first-hand the change in her, from an angry child wanting to die, to a daughter who wanted to go home and have a small cuddle and go to bed.

Continued on next page 

How it hurts!

Medical comments, “You have been silly don’t do it again, go home” .There was no aftercare, back on my own.

The following morning, you wake thinking was this just a bad dream,?

I was absolutely medically and physically exhausted. My daughter wakes up, in a good mood and says “I am getting dressed and going to work”, as if nothing happened. The door closes, I sit there thinking what just happened, was it a dream?

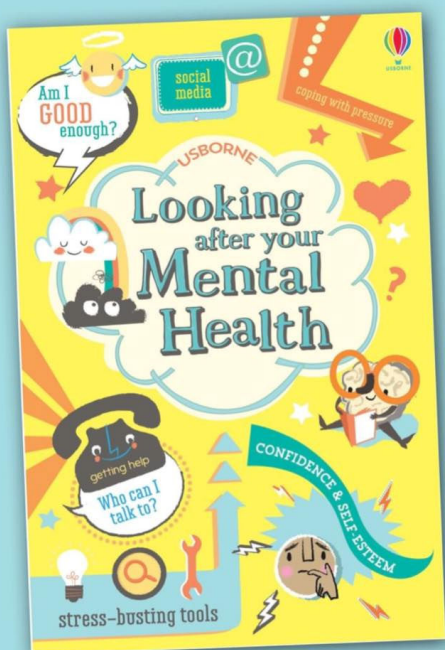
A lot more happened, however. She is now 30 years old, and I have the most amazing relationship with my daughter and could not wish for any more. The love and bond is so strong. I’m not sure whether this has come from the unspoken words of the past. I could not have a better friend and daughter and we talk every day. I get cards saying thanks for being the most supportive and loving mum, and always being my mum and friend.

Written by a mum wanting to share her story, anguish and recovery. Thank you.

Check out this book by Obourne Children’s Books

If you look on the Osbourne website, you will be able to view each page of the book, and then decide if it’s for you and your family.

<https://usborne.com/browse-books/catalogue/product/1/13234/looking-after-your-mental-health/#&gid=1&pid=3>



The website states:

“We talk about our physical health - but not so much about how we’re feeling.

With lots of practical advice, this lively, accessible guide explains why we have emotions, and what can influence them.

Covering everything from friendships, social media and bullying to divorce, depression and eating disorders, this is an essential book for young people”.

Cost £6.99

Useful Contacts

NHS Herefordshire

Patient Advice and Liaison Service (PALS)

The County Hospital, Hereford

Mon-Fri 8.30-4.30

Office Tel No: 01432 372986

Mobile Tel No: 07825 681801

Email:

makingexperiencescount@wvt.nhs.uk

Equality and Human Rights Commission

Freepost RRLL-GHUX-CTRX, Arndale House,

Arndale Centre, Manchester, M4 3AQ

Tel: 0808 800 0082 Website:

www.equalityhumanrights.com

RADAR, now at Disability Rights UK

12 City Forum, 250 City Road, London, EC1V 8AF

Tel: 020 7250 3222 Minicom: 020 7250 4119

Email: enquiries@disabilityrightsuk.org

NHS Direct Tel: 111 (free service)

Wye Valley NHS Trust

The County Hospital

Union Walk

Hereford

HR1 2ER

Tel: 01432 355444

Wye Valley NHS Trust

Community Health

Vaughan Building

Ruckhall Lane

Belmont

Hereford

HR2 9RP

Tel: 01432 344 344

Herefordshire Council and NHS Herefordshire

Social Services Adult Duty Desk

Office hours 9am - 5pm

Office Tel No: 01432 260101

Out of hours: 0330 1239309 adults

01905 768020 children

HDU will offer another event after the summer holidays

The topic of which has yet to be decided.

So keep a look out on our website

www.herefordshiredisabilityunited.org.uk

Network News is produced by Herefordshire Disability United,
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Website: www.herefordshiredisabilityunited.org.uk
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