



# CWMT NEWS



The Newsletter of The Charlie Waller Memorial Trust

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Issue 27

April 2013

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*Raising awareness fighting depression*



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Registered Charity No. 1109984

# THE CHARLIE WALLER MEMORIAL TRUST

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Dear Supporters

Sadly we have said goodbye to Dr Naomi Garnett, who after four years is stepping down. Naomi has achieved an enormous amount in building up the range of the Trust's activities and we are very grateful for all she has done.

We are delighted to introduce our new Chief Executive Marian Spain. We are confident that she will take the Trust forward in these challenging times.

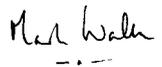
I would also like to welcome my son Philip who has returned to CWMT as a Trustee.

As can be seen from the 'CWMT 2012' By Numbers (see page 6) our work in universities and colleges is escalating. We have been very grateful for all Dr Brian Marien has done in carrying out this initiative. We have found there is a great demand for the guidance he gives helping students keep mentally fit. Long term we would like to set up a system whereby this kind of advice could automatically be delivered in Fresher's week.

We are also pleased that Dr Maryanne Freer is increasing her training of GPs and giving them the opportunity to update their knowledge on mental health issues.

We would like to thank Dr Denise Meyer for all her hard work in the re-launch of the Student Depression website. A profile of Denise is included in this newsletter.

Finally we have lost one of our Trustees and a great supporter and friend, Sir Michael Connell who died on 30th January this year. He leaves a big gap in our lives and we will miss his sound wisdom.



Mark Waller

**Trustees:** The Rt. Hon. Sir Mark Waller (Chairman), Alastair Barclay FCA (Treasurer), Robert Beaumont, Mary Bennett (Clinical Psychologist), Gordon Black CBE, Mark Durden-Smith, Charles Lytle, Prof. Roz Shafran (Chartered Clinical Psychologist), Mrs. Susan Shenkman, Philip Waller, Richard Waller QC

**Patrons:** Neil Durden-Smith OBE, The Hon. Mrs. de Laszlo, Nigel Gray, Ian McIntosh, Dennis Silk CBE, Anthony West, Michael Whitfield

**Chief Executive:** Marian Spain **Secretary to the Trustees:** Bronwen Sutton

# PROJECT REPORT

The Waller Trainers had a very successful year in 2012 delivering 174 training sessions to over 4,000 people from a wide range of organisations. Sadly two of our Trainers, Claire Poole and Trevor Lowe resigned at the end of 2012. Claire has decided to study for a PhD for which we wish her every success, but we are delighted that Trevor will continue to deliver one-off training sessions for us. We are pleased to welcome Dick Moore as a Waller Associate whose work will focus on Youth Mental Health First Aid training.

GP training continues with Dr Maryanne Freer using the CWMT GP Toolkit and the accompanying educational handbook. An indication of its success is that the first print run of 1,000 copies is now near exhaustion. In addition to training in the Deaneries throughout the country Dr Freer gave a very successful presentation at the Exeter Mood Disorder Centre. She is revising the CWMT School Nurse Toolkit on Mental Health and ways of working with the Royal College of Nursing are being explored.

Our second area of GP training is at the Charlie Waller Institute where Tier 1 Strategic Lead Jackie Prosser reports a universally positive feedback and formal evaluations have demonstrated a statistical improvement as a result of the training. GP Fellow Dr Sundee Soe-Naung is well into her placement to train her colleagues in Primary Care about children and young people's mental health and wellbeing. The post of Tier 1 Strategic Lead expires at the end of March 2013 and CWI will be submitting a full business strategy to CWMT to consider the way forward for Tier 1 training.

Through the hard work of Dr Denise Meyer visits to the redeveloped interactive Students Against Depression website peaked at 16,865 in October at the start of the new student year. A new flyer was distributed to raise awareness of the new site and a full PR strategy has been developed and will be implemented shortly.

CWMT continues with its programme of presentations in universities and colleges to both students and staff. Dr Brian Marien of Positive Group gave an inspiring presentation to four Cambridge colleges during Freshers' week. CWMT also gave a grant to the Student Lead Wellbeing Support Initiative for their Mental Health Matters Conference at Wadham College, Oxford and further grants in conjunction with The Matthew Elvidge Trust and The James Wentworth-Stanley Memorial Fund were made to Mental Wealth UK and Nightline.

Applications for The CWMT/Ted Fort Project Grant for Practice Nurses, relating to patients with mental health problems, have now closed for 2013. This is an annual grant and so if you know of someone who would be interested in applying for 2014 please ask them to contact the CWMT office.

As the work of the Trust embraces a wider audience we are indebted to the hard work of all those involved in delivering our projects and getting our message across – "Raising Awareness, Fighting Depression".

**Bronwen Sutton**

## TREASURER'S REPORT

Looking back to 2012, the most significant financial event was the commitment of a further £250,000 to maintain the Charity's support for the Chair in Cognitive Behavioural Therapy at Reading University. This commitment, representing about one quarter of the Charity's resources at the beginning of the year, could only be made because of generous donations, and support for our fundraising events.

The Trustees' Report and Financial Statements for 2012 are currently being checked over by our Independent Examiner, so the figures given below may change slightly. But the full report should be ready by the end of May and will be filed with the Charity Commission as usual. If you would like a copy, please let Bronwen Sutton know at the office or by email to [admin@cwmt.org](mailto:admin@cwmt.org).

In 2012 our income from donations, fundraising events, investments and tax recovered on Gift Aid was just over £353,770.

The cost of the charitable work in 2012, including the £250,000 commitment to support the CBT Chair, exceeded £500,000. After the costs of fund raising and administration, net outgoing resources for the year were just over £615,210.

The market value of investments increased by £80,160 during the year reducing the net outgoing resource amount to a net (negative) movement of funds of £181,280.

Looking forward to 2013, the cost of charitable activities will be significantly lower because the forward support for the CBT Chair will be met from reserves. Our programme of fundraising events includes a Children's Summer Party at Englefield House by kind permission of Richard and Zoe Benyon and hopefully, the annual Cricket Tournament at Bradfield College will not be rained off, as it was in 2012.

Finally a personal thank you to you all for your support and for making the position of treasurer a pleasure.

**Alastair Barclay**

# FUNDRAISING REPORT

Since the last report in September 2012 much has happened on the fundraising front. We have had a very successful Texas Scramble, concert at St John's Smith Square and Carol Service. I would also like to mention Maddy Corbin whose account of her Slow Bike Ride To Turin is described further on in this newsletter. Maddy has achieved an amazing feat in the company of thirty friends. CWMT is indebted to her for her endeavour. Jack Hardiman also deserves a mention for his effort for CWMT which was completely unprompted. His letter to us and photo also appear later in this newsletter. Finally, hot off the press, Diana Wainman has just hosted another hugely successful Aga Cookery Day, which seems to have become a regular feature in the CWMT calendar.

Other feats undertaken for which we are also so grateful are:

- Florence Marathon by Riona Dundas
- Great South Run by Dr David Berry
- Bike Ride round Arran by Freddie Stork and Casper Fraser in memory of Freddie's brother
- Leeds Half Marathon by Hattie Dismorr
- Cape Argos Cycle Tour by Will Maydon

Christmas cards again proved popular with 11,170 being sold through the office. This does not include the 4,220 sold by Card Aid in their shops.

On the Trust front we had a great boost from The Peter Cundill Foundation and our other Trust funds continue to support us. Without all this help we could not achieve what we have done in 2012. A very big thank you to all concerned.

**Rachel Waller**

# CWMT 2012 BY NUMBERS

**4,006** INDIVIDUALS REACHED BY THE WALLER TRAINERS

**354** GPs RECEIVED TRAINING

**116,379** VISITS TO THE STUDENTS AGAINST DEPRESSION WEBSITE

**66** UNIVERSITIES AND COLLEGES ACTIVELY DISTRIBUTING MATERIALS

**8,268** DEPRESSION BOOKLETS SENT OUT

**130** THERAPISTS TRAINED AT THE CHARLIE WALLER INSTITUTE

**7,770** NEWSLETTERS MAILED

**11,219** VISITS TO THE CWMT WEBSITE

## PROFILE OF DENISE MEYER

*Robert Beaumont continues his series of key CWMT supporters with an interview with Dr Denise Meyer*



We all have pivotal experiences in our childhood and adolescence, which shape our future lives. But few can be as dramatic and as chilling as Dr Denise Meyer's, the inspiring driving force behind CWMT's award-winning website Students Against Depression (SAD). Denise was brought up in a close-knit, middle-class family in the Apartheid-ridden South Africa of the 1980s and, like many affluent white families, had a live-in black African maid who was 'part of the family' yet lived in a separate room with separate utensils. She became increasingly sensitive to the awkward contradictions of the relationships in the household. One day this was brought shockingly to the fore

when as an 8 year old Denise was playing innocently at home. She heard a sound she would never forget from Julia's outside room – the anguished bellowing wail of a mother, given the news that her teenage son, the apple of her eye had been burned to death in an attack by fellow black youths. Denise recounts: "I don't remember much discussion about what had happened to Julia – it was unspeakable – but unsurprisingly she was never the same after that. When I was older I pieced together the story of how she had descended into alcoholism and what I would now recognise as depression, eventually leaving our family after growing conflict with my parents over the alcohol and petty thefts." Though not a 'neat' apartheid story about racist violence, it was a formative experience in what Denise recognises now as a strong inner drive to make sense of things and heal conflicts, a lifelong passion for justice of all descriptions.

Let's fast forward to today, when Denise is not only the developer of our acclaimed [www.studentsagainstdepression.org](http://www.studentsagainstdepression.org) website, but also an experienced counselling psychologist, working at the University of Portsmouth. And, meeting Denise, it's easy to see why she is such a respected counsellor. Articulate, sensitive and intelligent, as befits a Rhodes scholar, she has that great capacity of being able to express complex emotions in everyday, comprehensible language. I suspect many a student will be eternally grateful for her advice.

Denise arrived in Britain from South Africa on her Rhodes scholarship to Oxford University in 1990. It was a wonderful awakening after a challenging four years at the University of Stellenbosch, where she found herself rebelling against the predominant alpha male, God-fearing and chauvinist student establishment, which reflected the very worst values of pre-Nelson Mandela South Africa. Stellenbosch wasn't a complete disaster, however, because Denise fell in love with English literature there, notably the novels of Jane Austen and George Eliot. Eliot's *Middlemarch*, with its panoramic view of the changing Victorian era, underpinned by strong characterisation and a startling depth of psychological insight, had a profound effect on her.

"George Eliot illustrated, to me at least, that the real joy of literature is character, motivation

and emotion. This fuelled my interest in understanding others and counselling, which was further enhanced when I became the Junior Dean at Pembroke College at Oxford in 1993. There had been a tradition at Pembroke, and, indeed at other Oxford colleges, that the Junior Dean was there to discipline over-enthusiastic students, but I wanted to bring a softer, more pastoral approach to the role,” explained Denise.

For Denise, this proved to be a crucial step on the road to becoming a fully-qualified student counsellor. By 2004, when CWMT – under the guidance of Michael Lord - were actively looking for someone to develop and run a website devoted to students who were suffering from depression and needed help, Denise was already experienced within the world of student counselling and temporarily heading up the counselling service at Royal Holloway, University of London. She had recently begun a doctoral course to develop original approaches to depression self-help. Denise herself speaks of the wonderful synergy between her work and the development of SAD website, while, for the Trust, this was a marriage made in heaven.

“I was pregnant with my first son Jude at the time I went for the interview for the SAD post, but I felt I could cope with the twin challenges of motherhood and a new job. With the support of my husband I did manage, but motherhood has also since taught me a lot about my tendency to overcommit!” she said.

The award-winning SAD website has proved to be a tremendous success and it is worth visiting [www.studentsagainstd Depression.org](http://www.studentsagainstd Depression.org) to see how it has developed since its launch eight years ago. Its aim is to reach out to the many young people who find it difficult to seek help for their depression and to offer substantial self-help resources to break down barriers to getting that help. The unique attraction of the site has always been the central role played by the students’ own stories, and their own methods of overcoming the debilitating illness of depression. In this tradition, the website has undergone a major overhaul in the light of a major student-led review. Crucially, there is now a workbook feature, with printable PDFs and worksheets supporting many of the key sections of the self-help materials. The new-look website is proving extremely popular and Denise is justifiably proud of it.

It has been a long and fascinating journey for Denise Meyer, since she heard Julia’s despairing scream all those years ago. But that scream has echoed through her life, providing a vivid purpose and an emotional drive which have helped thousands of young people, not least those who visit the SAD website, escape from the living hell that engulfed her maid.

# UNDERNEATH THE LEMON TREE: A MEMOIR OF DEPRESSION AND RECOVERY MARK RICE-OXLEY (LITTLE BROWN, £13.99)

Depression is the illness that's still taboo. But it is not simply the illness that dare not speak its name, it is also the illness that, more often than not, cannot speak its name. Sufferers are so consumed by its debilitating, nightmarish nature, so frozen by their chronic introspection, that they are unable to explain their condition to themselves, let alone others.

That is why Mark Rice-Oxley's brutally honest and hauntingly written account of his own descent into depression is such a vital book. It is a dispatch from the front line of depression's war zone, a chilling examination of how and why this desperate disease can strike and, crucially, how it can be confronted and defeated.

On paper, things looked good for Rice-Oxley: a loving wife, three healthy children and a fulfilling job on the foreign desk of the Guardian newspaper. But then, at his 40th birthday party, his whole world crumbled as he succumbed to depression. I had better let him explain:

"The moment when I really knew something was wrong was the night of my 40th birthday party in October. We were motoring up the Thames with a boatful of my closest friends all dressed in 1969 fancy dress and Woodstock wigs. I felt overwhelmed. From under my Jimi Hendrix hair I whispered to my mother: 'Stay close'."

"I gripped her hand as if it were the first day at school. I couldn't look anyone in the face for more than three seconds without a tide of screaming panic rising up. I tried to circulate but needed to sit. When I sat, I needed to stand. I tried eating, then threw my dinner in the bin. At last midnight came and we all went home. That night, for the first of many dark nights, I lay awake, small and frightened, and utterly unable to keep still through the dreadful hours," he recalled.

"It got worse. For two weeks I felt neither ill nor well. Then, during a weekend at my parents' home – the house I was born in, the place I still love – I disintegrated. It was the weekend the clocks went back, and as we arrived I rippled with a sense of unease. I couldn't watch television or read. I started cups of tea but couldn't finish them, sat down to dinner but couldn't eat."

"The first night I roamed around, twitchy and unable to settle, heart hammering in my throat, ears full of white noise, a buzz in my stomach. At 5am, I couldn't take any more. I knocked on my parents' door and soon found myself wedged between them in bed, for the first time since I was born. The next night was worse. I was rocking back and forward, ranging, pacing, terrifying everyone."

In unsparring detail, Rice-Oxley describes his descent into hell: The insomnia, anxiety, dismal mood, panic attacks, thoughts of suicide, loss of energy, weight, joy, libido and love. He explains, and this does need explaining, that depressive illness isn't like that Monday-morning feeling, or getting back from holiday to find the cold water tank has burst. It's a medical fact, like breaking an arm, only the broken bit is in the chemical circuitry of

the brain. It's delicate stuff in there. It takes a long time to fix.

It was some consolation to Rice-Oxley that he was not alone. His decline from unremarkable working dad of three to stranded depressive sitting on the floor doing simple jigsaws certainly felt unique. In fact, it's universal. The chances of the average adult getting it are perhaps higher than they have ever been.

According to Graham Thornicroft, a professor of community psychiatry at the Institute of Psychiatry, between 20 per cent and 25 per cent of adults will have an episode of mental illness in any given year. Over a lifetime, the risk rises to around 40 per cent. In Britain, antidepressant prescriptions have doubled in the last decade. The World Health Organisation warns that by 2030 depression will be second only to HIV/Aids in the toll it exacts on society. Those are chilling facts.

To beat his illness, Rice-Oxley had to confront it – and that can be very dangerous. Letting that metaphorical “depressed” genie out of the bottle can often unleash even more demons. But, with specialist psychiatric help, the love and support of his family and friends and a lemon tree, he has recovered. Not fully, mind you, but he is functioning pretty well.

Of his illness, he concluded: “I realised I am essentially an idle soul inhabiting a very busy person's life. On paper, my life looked marvellous. In reality, it made for long years of chaotic breakfasts, a messy school run, some exercise, a dash into London, 10 hours on a pinball newsdesk, back to release my wife for a school governors' meeting or a conference call. I was late for everything.”

He has now come to terms with this lifestyle and the lemon tree has played its part. Planted at the height of his illness in the little garden of his London home, the tree came to symbolise the power of nature, the rhythm of the seasons and a life outside a tortured mind. Ultimately it came to represent the triumph of hope over despair.

So, too, does Rice-Oxley's book. He concluded: “This is a story I really wanted to tell because it is a story I wanted to read 12 months ago, when I was desperate for reassurance. Yes, it's tough, yes, it'll turn your life upside down. But it does get better. You do recover. I've nearly made it. You can make it too.”

Those last five short, simple words are a shining beacon of hope for those living in a dark and unforgiving world.

**Robert Beaumont (Charlie's Uncle)**

# CWMT NEWSLETTER SPECIALIST ARTICLES

Issue No	Date	Title	Author
5	October 2001	Speaking Out	Libby Purves
6	April 2002	Living with Depression	Hugo Jacobs
6	April 2002	In the Psychiatrist's Chair	Prof Kay Jamison/ Prof Anthony Clare
7	October 2002	Depression – A GP's Perspective	Prof Andre Tylee
8	April 2003	Men's Mental Health	Dr Paul Walters
8	April 2003	Postnatal Depression What Is Postnatal Illness?	Depression Alliance
10	June 2004	Reflection of How Depression could be better acknowledged in GP Consultations	Prof Andre Tylee
11	December 2004	Teenage Blues	Nick Johnstone
13	March 2006	Students Against Depression	Denise Meyer
14	September 2006	Thoughts on Food and Mood	Prof Andre Tylee
14	September 2006	I was 29 Before I Asked For Help (The Observer 2006)	Stephanie Merritt
15	March 2007	The Challenges of Managing The Changing Nature Of Workplace Stress	Prof Cary L Cooper CBE
15	March 2007	What Is Cognitive Behaviour Therapy	Mary Bennett
16	October 2007	Suicide and Deliberate Self Harm in Young People	Prof Keith Hawton & Anthony James
16	October 2007	Behavioural Activation Therapy	Dr Christopher Martell
17	April 2008	Dialogue Over Dinner (Mental Health Research)	Prof David Porteous

Issue No	Date	Title	Author
18	September 2008	How Does Work Affect Psychological Well-Being? A Little Evidence And Quite A Lot Of Speculation	Prof Rob Briner
19	March 2009	Interpersonal Psychotherapy	Prof Scott P Stuart MD
20	September 2009	Men's Mental Health	Michael Addis PhD
21	April 2010	Depression: Why And What You Need To Know	Dr Peter Hayward
21	April 2010	Inside Depression (The Times 2009)	Giles Andreae
22	September 2010	What Treatments Work For Depression	Mary Bennett
23	April 2011	Teenagers With Mental Health Problems And Their GP	Dr Maryanne Freer
24	September 2011	A New Development in Cognitive Therapy for Bipolar Disorder. Think Effectively About Mood Swings (TEAMS)	Dr Warren Mansell
25	April 2012	Mood Disorders, Genetics and the Brain.	Tom Johnstone PhD
26	September 2012	Highs and Lows: The Link Between Cannabis Use and Depression	Andrew Jones & Matt Field
26	September 2012	Exercise for Anxiety	Drs Michael Otto & Jasper Smits

# THE IMPORTANCE OF CHILDREN AND YOUNG PEOPLE'S IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES

*Peter Fonagy and Kathryn Pugh talk about the above project, which aims to transform mental health services for children and adolescents*

Child and adolescent mental health services (CAMHS) face the major challenge of working with limited resources to meet the needs of an increasing number of children and young people with mental health problems. Community mental health services have been characterised, at least historically, by a reputation for difficult access, long waiting times and a high frequency of missed appointments. Evaluations of 'Treatment as Usual' services can sometimes (but by no means always) make uncomfortable reading. <sup>(1, 2)</sup> Although there have been improvements over the last few years, CAMHS in both the statutory and voluntary sector are competing for resources with other health services at a time of austerity, where the emphasis for commissioners will increasingly be on delivering meaningful outcomes for service users and demonstrating value (In terms of outcomes that matter) for money <sup>(3)</sup>.

A focused initiative to accelerate the implementation of evidence-based practice and the best psychological therapies could not have come at a better time. We now know that half of children and young people with long-term mental health problems first experience symptoms before the age of 14 and three-quarters of them before their mid-20s <sup>(4)</sup>. Providing children and their families with early and effective intervention when problems first appear can make a real, long-term difference to their lives. Commissioners, whether in health, local authorities or schools are increasingly looking for services which demonstrate that they use limited resources effectively and efficiently and can save money in the long-term.

The Department of Health's Children and Young People's Improving Access to Psychological Therapies project (CYP IAPT) attempts to address these challenges. It aims to transform existing mental health services for children and young people so that they have improved access to the best possible psychological services in a way that they find acceptable and relevant. It focuses on embedding therapies that have been proven to work across services, making sure that everyone involved in the services, not just those who are being directly trained by the project, use intensive (session-by-session) outcome monitoring, and works to incorporate the views of children and young people in service design and delivery.

There are three major components of the project: 1) Training for practitioners, supervisors and service managers/leads. 2) Collaborative practice of evidence-based therapies, using patient-reported outcomes. 3) The transformation of all CAMHS services in England, linking research evidence, patient preferences and values, and clinician observations into an improved model of care delivery.

One of the goals of CYP IAPT is to build supportive learning networks by linking outstanding Higher Education Institutions (HEIs) with the transformation of CAMHS services in collaboratives which stretch across regional boundaries. The aim is that each year the collaboratives grow, adding new sites which are mentored by sites that have already been through the transformation process. The Department of Health selected three learning collaboratives: Oxford/Reading, London and the South East, and Salford, which consist of HEIs and local CAMHS partnerships of commissioners and providers. The collaboratives provide training for practitioners in interventions with a substantial evidence base in specific common mental health problems seen in children and young people. At the same time, the collaboratives train supervisors and service managers and leads, supporting them to lead local transformation. In year 2, two new collaboratives in South-West and North-East England joined the project, as well as new partnerships who teamed up with the existing collaboratives. This has increased the geographical spread of CYP IAPT, with the project now working with services covering 34% of children and adolescents living in England.

The practitioners' training that is delivered by the HEIs is at the heart of the programme. It has a generic module emphasising the importance of evidence-based practice, collaborative care and routine outcomes monitoring, and modality-specific components. In the first year, the project offered sites the opportunity to train in two specific therapies, Cognitive Behavioural Therapy and Parenting Training. These therapies are recommended by the National Institute of Health and Clinical Excellence (NICE) for a range of disorders in children and young people in significant numbers, and are also the ones where outcomes monitoring and evidence-based case management can be most easily integrated with the intervention. We are currently developing evidence based training programmes which will support practitioners working systemically with families to treat for depression, eating disorders and conduct disorder and Interpersonal Psychotherapy for anxiety and depression in adolescents, with training due to start in 2013.

Studies published in the scientific literature have consistently identified the advantage of evidence-based practice in psychological therapies over usual treatment, not simply in terms of delivering better outcomes, but also in substantial savings of money, time and other resources<sup>(5)</sup>. This translates into greater access to therapy for children and young people. The aim is for therapists to be delivering these therapies to the standards of the research trials, where the way in which a therapy is delivered is carefully specified and monitored. Though this may seem like a big challenge, children deserve nothing less than the best if we can provide it - which it seems we can.

Supervisors are a key part in service transformation; their role is pivotal to the implementation of the evidence-based practice. CYP IAPT recognises that supervision that is guided by evidence is a skill that needs to be reinforced. The learning collaboratives have therefore been training supervisors to ensure that they can support practitioners to provide the best possible therapies, using evidence yielded by routine outcomes monitoring.

Clinical services across the whole spectrum of healthcare that are outstanding in terms of quality collect information about the effectiveness of the care they offer. Routine collection of outcomes data is a 'mission critical' commitment in the CYP IAPT project. Children, young people and where appropriate parents agree a set of goals which are meaningful to them, which are monitored regularly along with measures to see to what extent the session has been useful, and validated symptom measures. This information helps children and adolescents to understand how their treatment is progressing, take control of their care and make decisions, along with their clinician and family, about what treatment is needed and how helpful particular treatments have been. Outcomes monitoring also allows individual practitioners and services to evaluate and review their work and make changes where necessary. Data managers, clinicians, managers, clinical leads and service leads have been working together to support all practitioners in the services in year one sites to monitor sessions frequently. The results help services to understand, quantify and demonstrate how our treatment impacts on the lives of the children and young people using our services. Services return a dataset and the assessment, review and symptom measures to the central project team for analysis of the project as a whole.

Using the outcome measures is just one part of the collaborative approach that is critical to the success of CYP IAPT. We are making a concerted effort to empower young service users by establishing their position as equal partners in the therapeutic relationship. All services involved in the project are committed to hearing the views of children, young people and families, and acting on them to make improvements and share good practice. As well as working closely with children and adolescents who are seeing CYP IAPT practitioners, we are also being advised by groups of young advisors from across the country who have had a key role in the development of every stage of the project, from interviewing potential teams and presenting at conferences to helping with the design of and teaching on training courses.

The emphasis on collaborative practice, participation, training a number of staff simultaneously and frequent session by session monitoring challenges even the best organised service. Research tells us that the success of disseminating evidence-based practice depends on developing a good fit with service and management priorities (6). CYP IAPT could not work without the senior managers, who are responsible for launching the programme, receiving essential training, not just in the programme's principles, but also in the best evidence-based methods for bringing about organisational change. Although CYP IAPT is demanding we are also seeing increasing interest from parts of the country that have yet to be involved directly in the project but wish to adopt its approach. We hope that it will be associated with a substantial improvement in outcomes for families. But more than that, we hope that the collaborative spirit that has accompanied the development of the programme from its earliest days of project planning, through curriculum development, the creation of a new system for monitoring outcomes measurement, establishing new organisational structures, collaboration between universities and CAMHS partnerships, and between universities involved in delivering training, will itself be a model for how service

transformation can be brought about, even at a time of massive pressures on services. The extraordinary part of the project has been the willingness of almost everyone working in the field to roll up their sleeves and volunteer their help, and together with the whole hearted support of the children and young people who have been involved this makes CYP IAPT a brilliant example of what partnership can achieve.

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**Professor Peter Fongay**

**CWMT sponsored a Florence Nightingale Foundation Travel Scholarship in 2011 which was awarded to Lacey Swann .**

## **‘I WILL BE’**

Lacey Swann subsequently joined a pilot workshop in an Ipswich based after school youth centre. She was asked to input on the week named ‘I will be healthy’, where she decided to focus on emotional health as anecdotally this appeared to be the predominant health issue within the school nurse case load.

Lacey describes her work as follows:

During this session I encouraged the young people to get into small groups and together identify how each of them experience stress or anxiety. They highlighted physical areas and signs that they would feel.

After this the groups had case scenarios of children who had personal circumstances that led them to feel stressed, and as a group we discussed alternative solutions for the young people in each of the scenarios.

The ‘I will be healthy’ session ended with a deep breathing exercise. The young people were encouraged to get comfortable, close their eyes and partake in the exercise, which of course for some of these young people was a huge task in itself. The guided visualisation helped them to imagine a safe place that they could visit in their imagination and taught them that they could revisit this place any time that they feel themselves feeling stressed or low.

After the session the young people who felt comfortable to share with the group how they found the session had expressed experiences such as ‘visualising going fishing’ or merely ‘being relaxed in their bedroom’. Children with even some very difficult behavioural problems had managed to participate within this exercise and get something from it.

The ‘I will be’ workshop was run over several weeks, with each week focusing on a particular area of risk for the child. For example one week may have been ‘I will be safe’, to which the community police introduced an aspect of learning for the young people who attended.

**Lacey Swann**

## ANXIETY

Most people who have had depression will also have experienced intense, disabling anxiety at some point during the course of their illness. One of the most common forms of anxiety is ‘Generalized Anxiety Disorder’ or ‘GAD’. Dr. Kevin Meares and Professor Mark Freeston at the University of Newcastle are experts in the treatment of Generalized Anxiety Disorder and have recently written a self-help chapter as part of a new book on CBT co-edited by our former Chair Roz Shafran. An extract from the chapter on GAD was printed in ‘The Times’ on January 19th 2013. Some of the key points from the chapter are below.

Almost everyone has experienced anxiety at some time in their lives, and to do so is not only natural, but probably quite sensible, too. In some sense, the feeling of anxiety is like a signal to us that we need to take action. If we are walking alone down a dark street and start to feel anxious, we might think, “This is getting spooky, I think I’ll nip into the pub and call a cab”, so we will be doing something to get ourselves somewhere safe. Anxiety can be “normal” in the sense that it fits the occasion, but it can also be “abnormal” — that is, the anxiety starts to take over our thinking processes and our lives, and makes it difficult for us to function. It is possible that people who experience excessive and distressing levels of persistent anxiety are suffering from a disorder called Generalised Anxiety Disorder or GAD.

The most important feature of GAD is that people experience quite severe anxiety and worry about a wide range of things over long periods of time. Symptoms include:

- finding it difficult to control the worry
- restlessness
- a feeling of being keyed up
- getting easily tired
- difficulty concentrating
- feeling that your mind has gone blank
- irritability
- tension in the muscles
- sleep disturbance, so that we have difficulty falling or staying asleep, or wake up feeling unrefreshed by our sleep.

People with GAD find it difficult to function normally at home, at work, or elsewhere, because of the extent of the worry.

People with GAD tend to worry about the same kinds of things as people without GAD — only they fall into worrying more easily and tend to spend more time worrying. Research suggests that our worry tends to cluster around particular themes. These include our health, finances, relationships, family, work and finally, worry about worrying.

We worry in response to life’s uncertainties. People who worry find it hard to tolerate uncertainty, and spend a lot of time asking “what if” questions that make the anxiety worse. Typical examples include: “What if my partner has an accident on the way home?” or “What if my report is useless and my boss decides I should get the sack?”

Some worries are realistic (“real event” worries) and need to be dealt with using problem-solving techniques or finding practical solutions to the problem. For example, if I worry about the size of my credit card bill, then this problem exists and my worry is based on a real and present problem. Problem-solving is a well-established treatment for depression as well.

Some worries are about things that may never happen (“hypothetical event” worries), and need an approach that tackles the worry itself. Sometimes, real event worries spiral into hypothetical event worries. For example, “My neighbours are noisy” could spiral into “I’ll never be able to sell the house, I’ll be stuck here for ever.”

Without realising it, we have ideas or beliefs about worry that help to keep it going. These can be positive beliefs about worry, which cover the way in which people think worry might be helpful and therefore they need to keep doing it.

Examples of positive beliefs would be “worrying shows that I care” or “worrying motivates me”. Or they could be negative beliefs about worry (the idea that worry is dangerous, which makes people more anxious and therefore prone to worry more). A typical thought might be “worrying so much means I am losing my mind”.

Even though you may always have had a tendency to worry — maybe your parents did, too — you can still learn to understand it and get on top of it. Excessive worry is not a part of your personality, and it’s not something that you should accept as inevitable.

### **How bad is your anxiety?**

*Answer yes or no:*

- Have you always been a worrier?
- If there is nothing to worry about, do you still find yourself worrying?
- Do minor everyday things spiral into major concerns?
- Once it starts, is your worry hard to stop?
- Does worry stop you enjoying life?
- Do your friends or family often suggest that you worry too much?
- Or, do they often tell you to stop worrying?

*If you answer yes to at least two of these questions, and if the worry is making it difficult for you to function properly at work, at home or in social situations, then you probably suffer from excessive worry.*

### **SOME METHODS TO HELP**

**1. Learn to live with uncertainty** Think about how worry or uncertainty has limited the way you live your life. What could be the advantages of accepting a little more uncertainty into your life? Take a moment to think practically about what you could do to introduce a little uncertainty on purpose so that you can learn to tolerate it a bit better. For example, don’t ask for reassurance on a decision you have made. Stop checking e-mails before sending them. Go to see a film you know nothing about. Let others drive if you always drive yourself; drive yourself if you always let others drive. When you start to make these changes you are likely to feel quite nervous and worried. Try not to let the worry stop you from doing what you have decided to do—

anxiety does wear off if people can just sit tight and expose themselves to the things that frighten them.

**2. Deal with real worries properly** To overcome your worry it is important to become much more aware of when your worry starts to spiral from real to hypothetical. But if it is about a real current problem, then think about how to solve it. Sometimes, worriers can confuse worrying with solving problems. While it sometimes feels as though we are doing something about our problems by worrying about them, in reality, we are usually not. Problem-solving requires a different style of thinking from worrying. For instance, problem-solving is characterised more by questions that begin “how”, “when”, “where”, whereas worry questions tend to begin with “why” or “what if”. Another way to check the difference is to ask yourself: “Have I come up with a solution, or am I just going over the same problems again and again?”

Do you overanalyse things? A worrier may think of all the possible ways that the problem could be solved and the outcomes of each solution, each generating more problems, which require more solutions, and so on. This results in you getting lost within the labyrinth of alternatives and never solving the problem. Can you limit the time you need to solve a problem?

Or do you perhaps flip-flop between approaching a problem and then avoiding it? This is another common pattern that worriers unwittingly fall into. They approach a problem and then flit between trying to solve it by doing something purposeful and then avoiding the problem. Can you keep engaged with a problem until it is solved?

**3 How to deal with hypothetical worries** Now, turn your attention to the type of worry for which you cannot use problem solving: hypothetical event worry. In this type of worry, people imagine scenarios that would be catastrophic if they happened. Then they react emotionally as if these imagined scenarios are real. They feel as terrible as if the things had really happened, even though they haven't.

Hypothetical worries typically involve themes of loss of loved ones, rejection by others, breakdown of important relationships, loss of financial security, illness and suffering, and the inability to face or cope with any of these. At the heart of these worries lie our dreams and aspirations, like wanting to be a good parent, or to be in good health, or to have financial security. All of us are afraid when the things we value are threatened. To overcome this, you need to face the things you “see” in your hypothetical worry. Avoidance does not work as a way of managing the fears that are at the heart of our worries. Remember that worries are thoughts based on what is important to us but they are not predictions or premonitions. They are simply thoughts.

To work with your hypothetical event worry, it is important to sit with the feelings without doing anything to make the situation or your feelings better. Learn that they are just thoughts. They are the by-products of your imagination, revolving around things that are important to you.

**Extracted from the chapter on ‘Generalized Anxiety Disorder and Worry’ by Kevin Meares and Mark Freeston in *The Complete CBT Guide for Anxiety* (edited by Roz Shafran, Lee Brosnan & Peter J. Cooper). Published by Constable & Robinson, January 2013.**

**Professor Roz Shafran**

## SLOW RIDE TO TURIN



On the 13th October 2012, 28 cyclists and an invaluable 4 person support crew set off from Axminster, Devon on a journey to Turin, Italy. This journey was made in memory of Philippa Corbin who tragically took her own life in January 2011 at the age of 27.

To an onlooker, Philippa had it all; she was fun, bright, and beautiful, had loving friends and family around her and a good job working at River Cottage. Yet in the very latter part of her life, her perspective of

herself and the world around her was distorted by a dreadful illness: depression.

Slow Ride to Turin was about many things. It was about remembering Philippa, celebrating her life and the things she loved. It was a challenge and a journey. It was about raising awareness of depression and getting people to talk about it. We were raising funds for two charities that help people suffering from depression and anxiety in different ways: The Charlie Waller Memorial Trust and The Human Givens Foundation.

For our diverse bunch of cyclists (ages ranging from 24 – 73!) the journey was not particularly ‘slow’ as they covered the 760 miles from Axminster to Turin in 13 days (including an Alpine pass!).

‘Slow’ refers to ‘Slow Food’: an International movement which strives to preserve traditional and regional cuisine and aims to encourage the production and consumption of good, clean and fair food. Philippa was an active member of Slow Food and believed strongly in these ethics. The destination, Turin, hosts the biennial Slow Food festival ‘Salone del Gusto’ which was our purpose for going.

From Axminster, our route took us to Poole from where we took the ferry to St Malo.

We then had 11 days cycling through rural France to our destination just over the border in Italy. The pace of cycling is great – you get a real feel for a place and get to know it well, especially the topography!

Leaving St Malo we rode through the gently rolling farmland of Normandy. Each day our support team would meet us with a wonderful spread of the bread, cheese, meat and delicacies of the region for lunch – it was always a joy to see the yellow lunch gazebo in the distance!

We had a few days cycling on the flat rural roads near the Loire, and skirted around the picturesque hill town of Sancerre where we were cycling through beautiful and hilly vineyards – the smell was fantastic! A highlight was cycling through the quiet, hillier roads of the central massif and stopping off for coffee in a tiny alpine village.

Then, beyond the flatlands of the ‘Dombes’ in the Ain district, we could see what we had coming ahead of us: the Alps!

In total we had 4 days of climbing in the Alps and on the final day we reached the pass at over 2000 m – worth every stroke of the pedal for the fantastic views and weather. And of course the descent: 1500 m downhill into Italy!

The ride was a fantastic success and a wonderful tribute to Philippa. And on top of that we raised over £60,000, thanks to so many people that have supported the ride. The money will be split equally between The Charlie Waller Memorial Trust and The Human Givens Foundation both of which I know will put it to good use.

**Maddy Corbin**

## **ANNUAL BADGEMORE PARK GOLF DAY WEDNESDAY 5TH SEPTEMBER, 2012**

The 13th annual CWMT Texas Scramble golf day at Badgemore Park, Henley, dawned warm and sunny. This was a great relief as the preceding days had been particularly wet and damp. As always, the course was in excellent condition. It falls upon the winner to write a few words. My team of my wife Janie, Janet Templeman and Bob Hind were flabbergasted when our names were read out as the winners with a total of 59.4. The previous winning totals have been between 55 and 56. The handicaps for this Texas Scramble were 10% of the combined total, hence the decimal point. Other winners were nearest the pin for men, David Dinkelden, nearest the pin for women, Janet Templeman, (we got our two!), longest drive for men, Mark Durden-Smith and longest drive for women, Susie Cadbury.

Apart from the golf, the highlight of the day is the auction by Mark Durden-Smith. This “Cabaret Act” is worth the price of the admission on its own. He is without doubt the best charity auctioneer I have ever seen. His ability to extract bids from reluctant punters is legendary. Suffice to say, CWMT benefited hugely from his efforts. Also, thank you to all the people who donated the wonderful auction prizes. All in all, it was the best ever CWMT golf day in terms of money raised.

Thanks must go to the Connell family for donating the day’s golf. The roast beef, as always, was as good as it gets. Finally my Golden Retriever, Whistla, thoroughly enjoyed her walk and would like to thank the staff for looking after her while I was having lunch and providing her much needed water. We will be back next year to defend our title!

**Andrew Aylwin**

## **LONDON CHARITY ORCHESTRA CONCERT**

On 13 November 2012, those of us fortunate enough to have attended the annual concert in aid of the Charlie Waller Memorial Trust were treated to a bravura

performance of Beethoven's mighty Piano Concerto No 5 by the brilliant young pianist Paul Choon Kiat Wee, accompanied by the London Charity Orchestra conducted by Colin Touchin. The "Emperor" is one of the great works in the concert repertoire which every concert pianist aspires to conquer, but not all succeed. However, on this occasion, there was no disappointment. An enraptured audience that, gratifyingly for the charity, almost filled St John's Smith Square, was treated to an interpretation that, for all its technical accomplishment, was particularly noteworthy for the musicality which shone through. There was a poignant lyricism to the Adagio which provided the perfect contrast to the robustness of the opening Allegro, and moved seamlessly into the playful virtuosity of the Rondo finale. The standing ovation which followed was richly deserved. So memorable was this account of one of the repertoire's best loved concertos that almost anything that followed was bound to suffer by comparison, and so it proved with the performance of Sibelius' Symphony No 5 in E flat major that comprised the second half of the concert. However, the orchestra's commitment to Sibelius' vision could not be faulted, and even though the acoustics at St John's are not ideal for the production of the rich string sound that the score demands, particularly in the last movement, there were some beautiful passages in the woodwind.

The evening had started with one of Mendelssohn's lesser-known works, his overture "Ruy Blas", composed at less than six days' notice for a play by Victor Hugo whose plot may seem too melodramatic for modern tastes, and which has long been consigned to dramatic oblivion. The overture, however, deserves to be heard more often, as it displays all the charm and warmth of his more popular compositions such as the incidental music to "A Midsummer Night's Dream". The central theme is infectiously uplifting and once heard, very difficult to erase from the memory. It is certain that more than one member of the audience will have gone home in great good humour humming or whistling the tune, having enjoyed a splendid night out.

**Geraldine Andrews**

## **THE CHARLIE WALLER MEMORIAL TRUST CAROL SERVICE**

Monday, 17 December 2012

With December packed to the seams with carol services across London, it would seem easy to become complacent about such a special event that transports you swiftly into the centre of festive spirit. However, the CWMT Carol Service always manages to be that one to remember. Arriving into a bustling church, candlelit and beautifully decorated, it was shoulder to shoulder on every pew. Carols were sung with gusto with "Good King Wenceslas" taking the prize. The congregation's vocal efforts were laid bare however by the Vox Cordis choir who sang some beautiful pieces. Their "12 days of Christmas" was enjoyed by choir and audience alike, and "O Magnum

Mysterium” seemed to move the entire church... you would have heard a pin drop in the stillness of the final chord. Readings by a number of well-known figures, including our very own Olympic gold medallist Katherine Grainger, were read. (We were of course thrilled and proud to see her gold medal hanging around her neck, shining bright in the candlelight!) “Christmas 1914”, a passage recalling the laying down of arms on Christmas Day at the front line was accompanied by a rendition of “Stille Nacht” sung by Vox Cordis. Developments and CWMT updates were announced by Sir Mark Waller, Chairman of CWMT, followed by the curtain call “of Hark the Herald Angels Sing”. and indeed they did. Thankfully the weather was kinder to us this year (no horizontal gales), and red wine and mince pies were enjoyed by all those thirsty singers, on the church steps, catching up with friends. Thank you CWMT for yet another beautiful service, and for sending us on our way towards Christmas with a festive spring in our step.

**Emily Hill**



## **RAT-TAIL CUT OFF**

Dear Lady Waller

Recently I cut off my rat-tail to raise money for the Charlie Waller Trust. My family and friends have so far raised £100. I hope this helps with the Charity as much as possible. I have a friend who has counselling for depression, and I think it is fantastic that your organisation is helping people to recognise and cope with this illness.

**From Jack Hardiman**

## **TOUR DE CHALET WALLER**

Every year a group of us oil the chain and dust off the pedals to take on the beautiful but challenging Gatineau Hills in Canada to raise money for the Charlie Waller Memorial Trust.

We call it the Tour de Chalet Waller as it is a 45 km bike ride from downtown Ottawa through the Gatineau Hills to Chalet Waller on Lake MacGregor.

Around 30-50 people attend each year and 10 people cycle (more cyclists every year). This year it will be the 5th annual Tour. People who cycle fundraise for the ride and guests donate to attend the finish line festivities which are an evening of Creemore Springs beer and lakeside BBQing while the cyclists arrive.

The event opens good discussion and awareness about depression in young people and how we can support CWMT.

**Patrick Waller**

## **HELP CWMT BY MAKING US MORE EFFICIENT**

An ongoing challenge Marigold and I face is keeping our database up-to-date so we would be grateful if you could take the time to inform us if:-

(a) any of your details are incorrect. The information required is given below

Change of Address

Change of Name

(b) I/we would like to receive future editions of the Newsletter by Email

(c) I/we would like to be removed from the mailing list

**Bronwen Sutton**

## **MAKING A DONATION**

There are various ways to make a contribution to the Trust all of which would be greatly appreciated:-

### **REGULAR DONATIONS**

A Banker's Order form (including a Gift Aid Declaration for UK taxpayers) can be found on the reverse of this page

### **ONE-OFF DONATIONS**

If you simply wish to make a one-off donation please enclose it with the completed Gift Aid section on the reverse of this page, if you are a UK tax payer

### **JUSTGIVING**

In 2006 CWMT embraced the 21st Century and became part of the virtual world by registering with the Charity Website JUSTGIVING.

The site is extremely convenient as it allows you to donate securely online, using a credit/debit card ([www.justgiving.com/charliewaller/donate](http://www.justgiving.com/charliewaller/donate)) JUSTGIVING can also be accessed by using the link on the CWMT website.

## **THE IMPORTANCE OF GIFT AID**

The Gift Aid scheme, covering charitable donations made by UK income tax payers, is becoming increasingly significant both to charities and donors. Our Gift Aid tax recovery alone covers a considerable part of the annual support costs of a Waller Mental Health Trainer, as we are able to recover 25p on each £ donated by a UK tax payer. But equally important, providing the donor declares the donation on his or her tax return and is liable to income tax at the higher rates of 40 or 50%, the higher rate tax will be refunded by Her Majesty's Revenue and Customs to the donor or, alternatively can be paid by HMRC directly to a charity; and the refund itself would qualify as a further donation for Gift Aid tax relief. A virtuous circle indeed!

If you have not already lodged a form with us and would like to make your past or future donations under the scheme, please complete the form overleaf and send it to us.

# BANKER'S STANDING ORDER FORM

Please complete your details below in block capitals, sign and date the form then return it to:

Mrs. B. Sutton, Secretary, c/o Charlie Waller Memorial Trust, 16a High Street, Thatcham, Berkshire RG19 3JD

Name & address of donor(s) To .....

bank in full: of .....

Please pay to:

National Westminster Bank (56-00-13), Aldwych Branch, PO Box  
221, Connaught House, 65 Aldwych, London WC2B 4EJ for the  
credit of the Charlie Waller Memorial Trust (Account  
NO. 86310232)

The sum of .....

(in words) .....

Date when payments should start: Every month  Every quarter  Annually

starting on the .....(day) of .....(month).....(year)

Please allow at least one month from the date of sending this form to CWMT.

Signature: .....

Date: .....

Full name in capitals: Title.....

Name .....

Account to be debited: .....

Account No. ....

Sort Code: .....

This instruction cancels all previous instruction in favour of the Charlie Waller Memorial Trust  
(Registered Charity No. 1109984)

*giftaid it*

Please treat as Gift Aid all qualifying gifts of money made to CWMT (Registered Charity No: 1109984)

today  in the future  Please tick all boxes you wish to apply

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that CWMT will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand that CWMT will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

Signed ..... Date .....

Name .....

Address .....

Postcode .....

Please notify CWMT if you: (1) Want to cancel this declaration, (2) Change your name or home address, (3) No longer pay sufficient tax on your income and/or capital gains

# **FORTHCOMING EVENTS 2013**

**WEDNESDAY 15 MAY**

**The Roof Garden Spring Lunch  
Babylon, Kensington High Street**

**WEDNESDAY 5 JUNE**

**An Evening of Magic with Bertie Pearce  
Ardington House, near Wantage**

**SUNDAY 7 JULY**

**Annual Cricket Tournament  
Bradfield College, near Reading**

**SUNDAY 14 JULY**

**The British London 10K Run  
(Please contact the office if you would like to run for CWMT)**

**SUNDAY 8 SEPTEMBER**

**Children's Garden Party  
Englefield House, near Reading**

**WEDNESDAY 11 SEPTEMBER**

**Annual Texas Scramble  
Badgemore Park, Henley-on-Thames**

**THURSDAY 21 NOVEMBER**

**Verdi Requiem  
St John's Smith Square**

**MONDAY 16 DECEMBER**

**Annual Carol Service  
St Luke's Church, Sidney Street, Chelsea**

To keep up-to-date with future events please visit our website [www.cwmt.org.uk](http://www.cwmt.org.uk)  
or contact the office, Tel: 01635 869754: E-mail: [admin@cwmt.org](mailto:admin@cwmt.org)

## SOURCE OF HELP AND ADVICE

CWMT is not in a position to offer advice. If you or anyone you know is feeling depressed, then medical help must be sought. However, listed below is a small selection of organisations where help may be obtained. The services offered by these agencies are intended to augment, not replace, medical advice.

NHS DIRECT

0845 46 47

SAMARITANS

08457 909090

YOUNG MINDS PARENTS' HELP LINE

0808 802 5544

(For parents with a concern about their child's emotional problems or behaviour)

PAPYRUS HOPE LINE

0800 068 4141 / Text 07786 209697

(For practical advice on suicide prevention – particularly teenagers and young adults)

MAYTREE

0207 263 7070

(A residential sanctuary for the suicidal, for adults)

STUDENTS

Visit [www.studentsagainstd Depression.org](http://www.studentsagainstd Depression.org)

We hope this short list proves useful. For further information go to *Sources of Help* at [www.cwmt.org.uk](http://www.cwmt.org.uk)

Inclusion here does not mean that CWMT recommends or endorses any of these agencies above others working in the same field, nor can we guarantee that the organisation will have a solution to your particular problem. It should be remembered that information on the Web is not always reliable and some of it must be treated with a touch of caution; special care MUST be taken if consulting sites claim to offer medical or pharmacological advice.

*All details correct at time of going to press.*