



# CWMT NEWS



The Newsletter of The Charlie Waller Memorial Trust

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Registered Charity No. 1109984

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## Letter from the Chairman

Dear Supporters,

Rachel and I, while in Australia over New Year, were invited to Melbourne to meet The Hon Jeff Kennett and Leoni Young, the Chairman and the Chief Executive, of "Beyond Blue". This is the name under which the Australian national depression initiative, set up in 2000, operates as a charity, funded to the tune of millions of dollars by the State Governments. Its objectives and aims correspond very much to CWMT but this government funding allows it to operate on an enormous scale. It is a very impressive organisation as its website [www.beyondblue.org.au](http://www.beyondblue.org.au) demonstrates. One just wishes that one could have such an organisation funded to the same extent here!

On the home front we have had one or two problems to solve. Our office was burgled and all computers stolen, but with the help of Mathew Di Rienzo we soon returned to normal and indeed believe we have even better systems in place. Nicola Harris, who had worked wonderfully well as our secretary, decided to move on and after some difficulties finding a replacement, we are delighted that Bronwen Sutton (for many years in charge of the Newbury Music Festival) has agreed to take over.

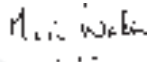
Our website had been very generously revamped by Sally Bishop and her team but in recent weeks we have had some technical difficulties with keeping it up to date. With the help of Matthew Di Rienzo and Susanna Westmeath it is now back under control. We apologise for any inconvenience this may have caused.

Despite the above, as the Newsletter shows, much has been going on. I would like to emphasise one aspect of Michael Lord's report. We do believe that in relation to making sure help is there our Waller Mental Health Trainers (previously called Fellows) do a tremendous job and we are very keen to appoint more in different parts of the country. It would help a great deal if we could encourage volunteers to form "local branches" of CWMT to raise funds to support the Waller Mental Health Trainers in their areas. If anyone reading this Newsletter felt that they had the energy and inclination to help us in appointing more Trainers and in raising money locally for that purpose we would be very pleased to talk to them.

I would also like to draw particular attention to contributions from Prof. Cary Cooper & Mary Benett (pages 9-15). The first relates to stress in the workplace and should be digested by us all. The second is a very helpful guide to an understanding of CBT. We are very grateful to them both.

I would finally like to say a big thank you to Christine Davey who is still the editor of this Newsletter and has helped us so much over the last months while we have been solving our problems.

We are grateful, as ever, for the continued support we receive from so many people.



Mark Waller

**Trustees:** The Rt. Hon. Sir Mark Waller (Chairman), Alastair Barclay FCA (Treasurer), Gordon Black CBE, The Hon. Sir Michael Connell, Nigel Gray, Ian McIntosh, Richard Waller, Charles Lytle.

**Patrons:** Neil Durden-Smith OBE, The Hon. Mrs. Damon de Laszlo, Dennis Silk CBE, Anthony West, Michael Whitfeld

**Project Director:** Brigadier Michael Lord

**CWMT continues to work in association with Prof. Andre Tylee at the Institute of Psychiatry, King's College, London**



## STUDENT DEPRESSION WEBSITE

We are extremely proud to report that the website *Students against Depression* was chosen to receive the 2006 BACP award for Innovation in Counselling and Psychotherapy.

Mark and Rachel joined Denise Meyer at a ceremony held on Friday 6 October at the Business Design Centre, London to collect the award from Esther Rantzen, Vice President of BACP.

On behalf of the Trust we would like express our appreciation to Denise for producing the site and Michael Lord for his sterling efforts in getting the project off the ground.



# REPORT FROM THE PROJECT DIRECTOR

I have just updated the Project Section on our website ([www.cwmt.org](http://www.cwmt.org)). Rather than repeat the updates I thought it would be useful to vary the format of this Report to draw your attention to some of the major themes that we are now pursuing on your behalf.

## Talking Therapies

Consistent with our focus on **Prevention** and **Primary Care** the Trustees have supported two initiatives which aim to greatly improve access to talking therapies. The first is Lord Layard's Report entitled '*The Depression Report – A New Deal For Depression and Anxiety Disorders*' – <http://cep.lse.ac.uk/research/mentalhealth> which was published in June 2006. Subsequently CWMT paid for circulation of the Report on 3 September 2006 with the Observer.

The recommendations of the Report relative to Cognitive Behavioural Therapy (CBT) treatment centres are being trialled in Doncaster and Newham as well as in a number of smaller centres. The aim is to increase the timely availability of CBT. It is hoped that the additional costs will be covered by a reduction in the payment of disability benefit. The implementation of such a policy has significant training and cost implications over a period of years. Estimates range between 6000-10,000 therapists trained in CBT over a period of 6-7 years. There are some who think that this Report places too much emphasis on CBT.

The second Report which we are supporting is entitled '*We Need to Talk*'

The Report was commissioned by The Mental Health Foundation, Mind, Rethink, The Sainsbury Centre for Mental Health and Young Minds and is supported by a number of other charities including CWMT. It is supportive of Lord Layard's Depression Report and makes the following recommendations:-

- **The NHS** should implement NICE guidance as a matter of urgency
- The **Government's** 2007 Comprehensive Spending Review should provide for improved access to talking therapies.
- The **NHS** should introduce waiting time measures for access to mental health treatments
- **The DoH** should make a realistic assessment of the workforce and training implications of delivering psychological therapies
- **The DoH** and regulatory bodies should enforce substantive measures for public protection from malpractice
- **The DoH** should investigate the current imbalance in research priorities and address it by supporting more research into psychological therapies.

CWMT has committed funds to support a public awareness campaign, research in particular to collect hard evidence on current waiting times for access to psychological therapies and in conjunction with other funders, an advertising campaign at key points linked to the CSR.

Both these reports are seeking to obtain new money, preferably ring fenced for improving access to psychological therapies. The outcome of the 2007 CSR may not be available until July but it will be worth tracking its progress to see whether this campaign is influencing the debate.

## **Computerised Cognitive Behavioural Therapy**

The two projects involving Beating the Blues in West Berkshire and in Prospect Park Hospital, Reading at secondary care level are approaching conclusion. The report from West Berkshire concluded that Beating the Blues is a useful intervention with improvements noted for patients who have not only completed all eight sessions but also for those who completed 4 or more sessions. The Report also makes recommendations for improving user experience and completion rates. These are being tried out within Newbury and Community PCT. The Report will be published on our website as soon as the outcome of applications to publish to a number of professional bodies is known.

Our involvement with CCBT has not ceased. The Trust has committed a small amount of money to Blues Begone. This programme, developed by Dr David Purves, consists of 30 sessions, each of 30 minutes. We are helping him conduct clinical trials as a means of proving his programme and as a precursor to a major randomised controlled trial.

We believe that our projects, started at a time when NICE was uncertain about recommending CCBT, have had some influence on the present unequivocal position whereby PCTs are being required to meet NICE guidelines and have CCBT products in place by 31 March 2007 albeit without additional Department of Health funding. That said PCTs will be helped by being allowed to capitalise purchases of approved CCBT products and through a National Purchasing Agreement organised by the NHS Purchasing and Supply Agency. The full text of a statement signed by Professor Louis Appleby is at: [www.mhchoice.csip.org.uk/psychological-therapies/computerised-cognitive-behavioural-therapy-ccbt.html](http://www.mhchoice.csip.org.uk/psychological-therapies/computerised-cognitive-behavioural-therapy-ccbt.html)

We also look forward to the arrival of Dr Roz Shafran at the University of Reading on 1 April 2007

## **Waller Mental Health Trainers**

We have changed the title of Waller Fellow to Waller Mental Health Trainer simply because most people associate the title of 'Fellow' with a chair at a recognised university and/or involved in academia. In contrast the way in which these appointments have developed is much more to do with hands-on training and organisation of Trailblazer courses, Masterclasses for GPs, practice nurses and other primary care health workers and contact with schools whether staff or pupils. We hope that the appointment, with Young Minds, of a Schools Outreach Officer will give a boost to our link with schools based on the acknowledged expertise within Young Minds.

At present Aileen Moore, based with CSIP/NIMHE in the North East, Yorkshire and Humber Development Centre but covering the North of England and Julie Sharp based with the South East Development Centre are achieving a great deal within the limited time available to them.

The Trustees have decided that the expansion of the Waller Mental Health Trainer network is a top priority. On this basis I have been holding discussions with other development centres with the following results:-

- The London Development Centre has agreed to take on, and contribute to, a full time Waller Mental Health Trainer for at least two years. The details are being worked out but the appointment will be covered by a formal partnership agreement.
- Alastair Stobart (a long-term supporter) initiated a meeting held with the Scottish Development Centre to explore the feasibility of such an appointment in Scotland funded by money raised in Scotland. The SDC welcomed the idea and have promised to react formally with a proposal by early April 2007, following discussions with the Scottish Executive.
- In mid April I will be meeting with the Eastern Development Centre and with Changing Minds in Northampton, acting on behalf of the West and East Midlands Development Centres to discuss the appointment of two more Waller Mental Health Trainers both subject to formal partnership agreements and joint funding.

These are early days but the prospect of a network of six Waller Mental Health Trainers is most exciting. The snag is that funds are not available to cover all these commitments, let alone extensions to cover the whole of the UK. The Trustees feel that the way forward, as proposed for Scotland, is the formation of Regional branches of CWMT responsible for raising funds to improve services in their own areas.

Volunteers are needed to set-up and lead these regional branches!

## **A New Project – One in Four Magazine**

In September 2006 we received a bid from an organisation called Social Spider based in Islington. The bid was for just under £15,000 to cover the cost of publishing a 10,000 copy pilot edition of a magazine entitled 'One in Four'. The magazine is intended for those who have mental health issues and will be largely written by those who have personal experience of mental health problems. The pilot edition will be circulated free within the geographical area covered by South London and Maudsley NHS Trust (SLAM) who were approached by Social Spider at the same time.

Following visits to the Social Spider office and SLAM and having made enquiries about the existence of other publications intended for those with mental health issues (my contacts did not know of any), the Trustees considered a full and detailed bid and decided to fund 50% of the cost, recognising that there is bound to be risk attached to such a start-up venture. SLAM has matched our grant and the first Steering Group Meeting has been held. Social Spider envisage a 14-week time-frame starting on 5 February 2007. In parallel with preparation of the pilot edition planning has started, at least in outline for a National roll out, probably based on CSIP/NIMHE regions. The pilot edition will not carry advertisements but subsequent editions probably will unless grants can be obtained from other NHS Trusts and similar bodies. There is likely to be a 6-month gap between circulation of the pilot edition and the first quarterly edition in part to allow full evaluation to take place.

CWMT has not financed such a project before but 'One in Four', if successful, could fill a similar niche for those with mental health issues to that filled by the Big Issue for the homeless.



### **Other Projects include:**

- Practice Nurse Training
- Annual relaunch of the Student Depression website
- Joint project with the Young Minds relating to schools.
- Project relating to young people in the north-east

Detailed information can be found at [www.cwmt.org](http://www.cwmt.org) under Projects

**Michael Lord**

## **REPORTS FROM THE WALLER TRAINERS**

### **Julie Sharp - Waller Trainer (South East)**

### **Depression Masterclasses**

Feedback from Masterclasses during 2006 has been extremely positive and I plan to run the programme to a similar format this year. GPs have requested more skills training in Cognitive Behavioral Therapy which we are arranging.

Depression Masterclasses will recommence in April when more funding will be available to support the cost of venues and speakers. I am pleased to report that I have managed to secure funding for a Masterclass in Kent and negotiations are currently taking place.

### **Trailblazers**

The fourth Trailblazer Programme has just started with the first module taking place on 15 February. We have 12 new “**Trailblazers**”, who are working on projects to improve mental health and wellbeing. Included in this programme are a GP, a practice nurse matron, two voluntary sector workers and a number of professionals employed in both Primary and Secondary Care Mental Health. The first module has been very focused on project management with an emphasis on evaluating the projects. This was a key recommendation of the Sainsbury Centre for Mental Health’s evaluation report on the Trailblazer programme carried out last year. I have also developed a section on the CSIP website where the projects can be viewed alongside a description of the Trailblazer programme. ([www.southeastcsip.org.uk/trailblazers](http://www.southeastcsip.org.uk/trailblazers)) Work has also started on recruitment for the next trailblazer course, and evaluation of previous projects.

### **Mental Health and Young People**

In November Michael Lord and I facilitated a session at Collyers Sixth Form College in Horsham. This was a lively and interactive session looking at identifying the gaps in mental health provision for the College. We have received feedback from the session which will inform further thinking around how CWMT can best help support schools and colleges with the mental health and wellbeing needs of young people. I have also planned to meet with a number of key individuals to benefit from their thoughts and expertise in this area. These include representatives from a local child and adolescent mental health service, Samaritans and a project manager for mental health and schools in Sussex.

## **Aileen Moore - Waller Trainer (North)**

This has been a successful few months in that funding has been secured for the continuation of the Yorkshire Trailblazer core course, which will run from June to November 2007. It is moving from its old base in Harrogate in North Yorkshire to Doncaster, in the hope that we can attract participants from South Yorkshire and Humberside who have been less well represented than those from North and West Yorkshire. We will be looking for pairs to come on Trailblazers who have ideas for projects that will increase capacity and promote innovation in primary care mental health.

The Trailblazer tutor meeting on October 5 and 6 was held in Staines, Middlesex and went well. A working group was set up to work with an advertising agency and has developed a logo and strap-line which Trailblazers can use on all training materials. It will be launched at the next Trailblazer tutors meeting in York on April 26 and 27.

I made a presentation at a Suicide Prevention Conference during World Mental Health week in October, which was well attended by a range of people from statutory and voluntary providers. Following one of the depression Masterclasses, I was asked to organise and present a training day on depression on behalf of the DoH. This took place on January 10 and was well received by the wide range of people who attended. A follow up day in Birmingham has been requested but no date set yet. I also attended the 'Action on Stigma' conference in January in York and had a CWMT stall.

Dr Anand Chitnis and I presented a Masterclass on depression in Wolverhampton, traditionally a difficult area to engage GPs in mental health work. It was very successful and another has been requested. Another Masterclass in Chesterfield which I co-presented with a CBT practitioner, and two in Liverpool presented by Dr Ian Walton, Dr Frank Hargreaves and Ian Cauldwell who practice from a Human Givens approach went down very well and have built up a good contact list of interested GPs and primary care leads.

I had some very interesting debates about rural mental health work and suicide prevention on a Masterclass that I presented in Corby Glen, a small village in the middle of the Lincolnshire Wolds. Although only 16 people attended that was seen as a large turnout in an area where only 3 or 4 people usually turn up for any mental health events. They were keen to have information on depression and one of the practices was keen to have some sessions for practice nurses on dealing with depression, which I offered to do for them.

My plan is to provide more Masterclasses, tutor on the Trailblazer courses and, develop links into schools / colleges.

## **INVESTIGATION OPENED INTO SUICIDES AT RENAULT**

A French prosecutor has opened an inquiry into working conditions at a Renault technical design centre after three workers committed suicide since last October.

The latest incident involved a man who died at his home last week, leaving a letter blaming work difficulties for his death.

PARIS (Reuters) - Thu Feb 22, 2007 8:56 AM GMT





# THE CHALLENGES OF MANAGING THE CHANGING NATURE OF WORKPLACE STRESS

**Cary L Cooper, CBE**  
**Professor of Organizational Psychology and Health**  
**Lancaster University Management School**

The enterprise culture of the 1980s and the 'flexible workforce' of the 1990s and early 2000s have helped to transform the UK economy and other countries in Europe. But, as we were to discover, by the end of these decades there was a substantial personal cost for many individual employees. This cost was captured by a single word — stress. Indeed, stress has found as firm a place in our modern lexicon as texting, BlackBerrys and Big Brother. We use the term casually to describe a wide range of aches and pains resulting from our hectic pace of work and domestic life, 'I feel really stressed,' someone says to describe a vague yet often acute sense of disquiet. 'She's under a lot of stress,' we say when trying to understand a colleague's irritability or forgetfulness. 'It's a high-stress job,' someone says, awarding an odd sort of prestige to his or her occupation. But to those whose ability to cope with day-to-day matters is at crisis point, the concept of stress is no longer a casual one; for them, stress can be a four-letter word - pain (Cooper, 2005).

## **The cost of stress**

These excessive pressures in the workplace have been very costly to business. For example, the collective cost of stress to US organisations has been estimated at approximately \$150 billion a year (Karasek & Theorell, 1990; European Foundation for the Improvement of Living and Working Conditions (1996). In the UK, stress has been estimated to cost the economy between five and 10 per cent of GNP per annum (Cooper, 2005). In 2002, the Chartered Institute of Personnel and Development in the UK (the professional association of human resources professionals) found that workplace stress accounted for more long-term sickness absence in the UK economy than any other cause. If some of the other stress-related categories are added (poor workplace morale, impact of long hours, personal problems), it is the most significant bottom line cost to UK plc. The same costs have been found in many other European countries, particularly in countries undergoing major economic structural change (Lennart & Lunde-Jensen, 1996; Kompier & Cooper, 1999).

Since the industrial revolution, each decade has tended to have defining socio-economic characteristics: innovation and challenging the established norms of society in 1960s; industrial strife and conflict between employer and employee in the 1970s; the 'enterprise culture', with its strategic alliances, privatisations and the like, in the 1980s, and the short-term contract culture, with its outsourcing and downsizing and long working hours culture, in the 1990s and early 2000s. We are seeing Americanisation spreading throughout Europe. This trend towards what is euphemistically called the 'flexible' workforce originated in the UK. Britain led the way in Europe towards privatising the public sector in the 80s. Its workforce was substantially downsized during the recession of the late 80s and early 90s.

Outsourcing many of its corporate functions, it left the recession behind in the early 90s, faster than its European counterparts. However, this scenario of 'leaner' organisations, intrinsic job insecurity and a culture of longer working hours are beginning to have an adverse effect on employee attitudes and behaviour.

A major quality of working life survey of a cohort of 5000 British managers conducted by the Institute of Management (now the Chartered Management Institute) from 1997 to 2001 (Worrall & Cooper, 2001) found that these changes – downsizing outsourcing, de-layering (the reduction of levels in an organisation) and the like – led to substantially increased job insecurity, lowered morale and, most important of all, the erosion of motivation and loyalty. These changes were perceived to have led to an increase in profitability and productivity, but decision-making was slower and the organisation was shown to have lost the right mix of human resource skills and experience in the process.

More worrying was the major increase in working hours and the impact of this on the health and well-being of managers and their families. The survey found that 81 per cent of executives worked more than 40 hours per week, 32 per cent more than 50 hours and 10 per cent more than 60 hours. Also a substantial minority frequently worked at weekends. This trend has continued over the last five years, with the latest quality of working life survey (Worrall & Cooper, 2006) showing sustained deterioration of employee well-being, even with (and maybe partly as a result of) continued economic growth.

What is so disturbing about this trend towards long hours culture is the managers perception of the damage it is inflicting on them and their families. Although there has been some improvement over the last five years, this latest CMI survey, of a new cohort of 10,000 managers (Worrall & Cooper, 2006), found that 56% (from shop floor to top floor management) reported that these long hours seriously damaged their health; 54% that they adversely affected their relationship with their children; 60% that they damaged their relationship with their partner/spouse; and 46% that their long hours substantially undermined their productivity at work. In addition, those managers who reported feeling 'less productive' averaged nearly 10 days off a year with sickness absence, in contrast to 2.5 days a year for those who felt productive and worked fewer hours.

Another manifestation is the increasing level of job insecurity. Historically in Europe, very few white collar, managerial and professional workers have experienced high levels of job insecurity. Even blue collar workers who were laid off were frequently re-employed when times got better. The question that we have to ask is: 'Can human beings cope with permanent job insecurity?' In the past the security and continuity of organisational structures also provided training, development and careers. This substantial decline in perceived job security was coupled with a huge decline in employee satisfaction in terms of employment

security, as evidenced by the Tracking European Trends survey (International Survey Research, 2000).

The big questions about the developments are: is the trend toward short-term contracts, long hours and intrinsically job-insecure workplaces the way forward for us? How will this affect the health and well-being of employees? Can organisations continue to demand commitment from employees to whom they do not commit? What will this long hours culture do to the two-earner family, which is now the majority family in the UK? In comparative terms, the UK economy is doing remarkably well, but the levels of job insecurity and dissatisfaction are high and growing. Developing and maintaining a 'feel good' factor at work, and in the UK economy generally, is not just about the bottom line factor: i.e. profitability. In a civilised society the feel-good factor should include quality of life issues as well, like hours of work, family time, manageable workloads, control over one's career, and some sense of job security (Antoniou & Cooper, 2005).

The constant 'change for change's sake' mentality among many UK and European companies is beginning to take its toll on employee mental well-being at work. The 2006 CMI survey (Worrall & Cooper, 2006) found that 63% of managers at all levels reported that their organisation was engaged in a substantial cost reduction programme, 57% reported the use of short-term contract staff, 36% reported a major redundancy programme, and 25% said there was substantial outsourcing. Managers felt that this constant change, and the underlying breaking of the psychological contract between employer and employee by these activities, led to declining motivation (57%), reduced sense of job security (66%), poorer morale (61%), poorer employee well being (48%) and decreased loyalty to the organisation (47%). And this is from a group – managers – known to be committed to organisational objectives.

## **Managing stress in a changing workforce**

How should organisations manage the pressures currently experienced by their employees in a changing workplace culture? Cartwright & Cooper (1997) suggest a three-pronged strategy for stress management in organisations. For the prevention and management of stress at work, the following three approaches could provide a comprehensive strategic framework: primary (e.g. stress reduction), secondary (e.g. stress management) and tertiary prevention (e.g. employee assistance programmes, workplace counselling).

Primary prevention is concerned with taking action to modify or eliminate sources of stress inherent in the work environment, so reducing their negative impact on the individual. The focus of primary interventions is on adapting the environment to 'fit' the individual.

Possible strategies to reduce workplace stress factors include:

- redesigning the task
- redesigning the working environment
- establishing flexible work schedules
- encouraging participative management
- including the employee in career development
- analysing work roles and establishing goals
- providing social support and response
- building cohesive teams
- establishing fair employment policies
- sharing rewards.

Primary intervention strategies are often a vehicle for culture change. The type of action required by an organisation will vary according to the kind of stress factors operating. Any intervention, therefore, needs to be guided by prior diagnosis, or a stress audit or risk assessment (such as ASSET, an organisational stress screening tool (Faragher, Cooper, & Cartwright, 2004)), to identify the specific factors responsible for employee stress.

Secondary prevention is concerned with the prompt detection and management of experienced stress. This can be done by increasing awareness and improving the stress management skills of the individual through training and educative activities. Individual factors can alter or modify the way employees, exposed to workplace stress, perceive and react to their environment. Each individual has his or her own personal stress threshold, which is why some people thrive in a certain setting and others suffer.

Awareness activities and skills training programmes have an important part to play in extending the individual's physical and psychological resources. Such programmes include training to improve relations techniques, cognitive coping skills and work/lifestyle modification skills (eg. time management courses or assertiveness training). The role of secondary prevention is, however, one of damage limitation. Often the consequences of stress are being dealt with, rather than the sources, which may be inherent in the organisation's structure or culture. They are concerned with improving the 'adaptability' of the individual to the environment. Consequently, this type of intervention is often described as 'the band aid' approach. The implicit assumption is that the organisation will continue to be stressful; therefore the individual has to develop and strengthen his or her resistance to that stress.

Tertiary prevention is concerned with the treatment, rehabilitation and recovery of individuals who have suffered, or are suffering, from serious ill health as a result of stress (Palmer et al, 2003). Intervention at the tertiary level typically involves provision of counselling services, either by in-house counsellors or outside agencies. These provide counselling, information and/or referral to appropriate treatment and support services. There is evidence to suggest that counselling is effective in improving the psychological well being of employees and has considerable cost benefits (Passmore, 2006; Palmer et al, 2003).

Counselling can be particularly effective in helping employees deal with workplace stress that cannot be changed. It can also help non-work related stress (eg. bereavement, marital breakdown etc), which tends to spill over into work life.

## **The future**

The pressures on all of us are likely to get worse. Stress is primarily caused by the fundamentals of change: lack of control and high workload. Increases in cross-national mergers, international competition and joint ventures between organisations across national boundaries will lead inevitably to re-organisations, re-locations of personnel, re-designs of jobs and re-allocations of roles and responsibilities.

Change has been the byword of the first part of this millennium, with its job insecurities, corporate culture clashes and significantly different styles of managerial leadership — in other words, massive organisational change and inevitable stress. In addition, change still brings with it an increased workload, as companies try to create ‘fighting machines’ to compete in international economic arenas. This will mean fewer people performing more work in more job-insecure environments.

Finally, as we move away from our own internal markets and enter larger economic systems, individual organisations will have less control over business life. Rules and regulations are beginning to be imposed in terms of labour laws, health and safety at work, methods of production, distribution and remuneration and so on. These are all laudable issues of concern in their own right, but nevertheless, these workplace constraints will inhibit individual control and autonomy.

Without being too gloomy, it is safe to say that we have, at the start of this millennium, all the ingredients of corporate stress: an ever-increasing workload with a decreasing workforce in a climate of rapid change and with control over the means of production increasingly being exercised by bigger bureaucracies.

It appears, therefore, that stress is here to stay and cannot be dismissed as simply a remnant of the entrepreneurial 1980s. The challenge for senior management and occupational health in the future is to understand a basic truth about human behaviour: that developing and maintaining a ‘feel good’ factor at work and in our economy generally is not just about ‘bottom line’ factors (e.g. higher salaries or increased profitability). It is about quality of life issues as well, such as hours of work, family time, manageable workloads, control over one’s career and some sense of job security - or it should be, in a civilised society. As the social anthropologist Studs Terkel (1972) suggested: “Work is about a search for daily meaning as well as daily bread, for recognition as well as cash, for astonishment rather than torpor, in short, for a sort of life rather than a Monday through Friday sort of dying.”

This article appeared in journal of public mental health (vol 5-issue 4) and is reproduced by kind permission of Professor Cary L Cooper CBE



# WHAT EXACTLY IS COGNITIVE BEHAVIOUR THERAPY?

Most people with an interest in Depression are aware that Cognitive Behaviour Therapy is the recommended treatment for depression, either as an alternative to medication or as an additional intervention. However not everybody is clear about what it is. This short article sets out to define CBT and to introduce some of the basic techniques used in this type of therapy.

The invention of Cognitive Therapy is attributed to Aaron Beck who in the 1970s analysed the thought content of his patients and noted the unhelpful and negative thought patterns they held. He postulated that such thoughts could in themselves lower mood, produce physical symptoms and change behaviour. He therefore developed Cognitive Therapy to challenge patients' negative thinking. Previous therapies had emphasised changing patients' behaviour (Behaviour Therapy) and treatment involving both approaches came to be known as Cognitive Behaviour Therapy.

CBT differs from other forms of psychotherapy in several ways. The partnership between therapist and patient is explicit in that patient and therapist work together to set a joint agenda and agree goals and the patient works not only in the session but also does homework between sessions. Usually there is a contract for a fixed number of sessions.

The starting point for CBT is that when people become depressed they tend to think differently. They look on the black side of things, see the worst in themselves and view the future as bleak. Everybody will recognise common negative patterns of thinking. These include "I'm stupid", "I'm unlovable", "I'm a failure" and "I'm hopeless". This type of thought is called a Negative Automatic Thought (NAT for short) as it comes into your head without warning. Everybody has NATs but when you are depressed this type of thinking dominates, while if you are not depressed positive thoughts outweigh negative thoughts by 2 to 1.

Such thinking not only lowers mood but can alter behaviour as it can stop you doing things by making any effort or activity seem pointless. As you do less you have less opportunity to gain positive feelings about yourself, your physical symptoms of tiredness and aches and pains increase and therefore your mood sinks lower and lower and negative thoughts increase even more. You can see how this becomes a vicious cycle.

How does CBT work to break this cycle?

- It helps you understand that your thoughts affect the way you feel and to identify unhelpful patterns of thinking
- It teaches you to question whether your automatic thoughts really fit the facts
- It teaches you to replace your NATs with more realistic thoughts
- It helps you change your behaviour by becoming more active again and re-discovering pleasure



How would this work in practice? First the therapist would explain the different types of negative thinking and ask the person to identify which ones they use. Below are some examples:

All or nothing thinking	Things are black and white- no shades of grey	Unless I'm the best, I'm a failure
Negative filter	Dwell on negative, ignore positives	
Over generalisation	One negative event is seen as a never ending pattern.	This didn't work so I will never succeed.
Mind Reading Jumping to conclusions	Assume others react negatively to you without evidence	He doesn't like me
Emotional reasoning	You reason from how you feel and ignore the facts	I feel stupid so I must be stupid
Magnification	You build negatives up out of proportion	This is a complete disaster, a catastrophe

Next, as part of therapy, the therapist would routinely ask the patients to record, over a week, all incidents/occasions when they felt negative emotions and the thoughts they were having at the time. The therapist would then teach the patients how to challenge their thoughts by asking if there was another way of looking at things. Patients would also be asked to rate how much they really believed these negative thoughts. Constant thought challenging erodes the patients' beliefs in their negative thoughts and consequently their mood begins to rise as they come to believe that the negative thoughts are not true.

As well as working on thought patterns the therapist and patients will together analyse the patients' activities to see what activities are being avoided and to plan new activities. These can be seen as behavioural experiments. For instance if patients say they won't enjoy something you ask them to try it and then review the evidence afterwards to help them find positive aspects. Additionally you can work with the patients to build up emphasis on positives and pleasurable activities by asking them to keep a positives log. Activities involving exercise will be specifically encouraged as exercise raises endorphins and with this comes a raise in mood.

This article only introduces the basic theory and practice of CBT, obviously there are more techniques used, dependent on the type and complexity of the presenting problem. However CBT has worked for thousands of people and combined with other techniques it is a powerful weapon in the fight against depression.

If anybody has any specific questions that I could help with do please email me on:- [mary.bennett@berkshire.nhs.uk](mailto:mary.bennett@berkshire.nhs.uk)

**Mary Bennett**  
**Consultant Clinical Psychologist - Berkshire Healthcare Trust**



# THE BOOK REVIEW

## Affluenza

Oliver James (Vermillion, £17.99)



The pursuit of happiness has been one of mankind's most pressing and elusive goals. Ever since the caveman first staggered bleary-eyed through the forest in search of food, we have been engaged in the complex search for physical and spiritual happiness.

Intriguingly, the most illuminating discussion of happiness came in the 4<sup>th</sup> century BC from the great Greek philosopher Aristotle. He had much to say on the subject, notably in his seminal *Ethics*, but he distilled it into one simple, yet terrifying, phrase: "Happiness depends on ourselves". In today's society, where the abdication of personal responsibility has become an art form, that is a timely reminder that ultimately it's all down to us.

Oliver James is no Aristotle. Rather he is a media-friendly, sharp-witted clinical psychologist, popping up with a swift 1,000 words in the *Daily Mail* or some topical soundbites on Radio Five. His books have engaging, if risqué titles, such as *They F\*\*\* You Up* and he has access to the corridors of power or "Nouveau Labour", as he likes to call this ailing Government. He seems to have opinions on everything that moves.

Take Cognitive Behavioural Therapy, for example, seen by many – including the influential Lord Layard – as a credible and healthy alternative to the dangerous practice of GPs doling out addictive anti-depressants. James is not impressed. He believes that the CBT patient is taught a story to tell a relentlessly positive story to themselves. If the therapist is skilled, then the patient becomes able to ignore many of his/her true feelings. When tested at the end of the treatment, like a well-coached pupil taking an exam, they often regurgitate the positive story. James claims that CBT has a high relapse rate and is rarely effective.

This is dangerous stuff. Lord Layard has proposed centres for mental health, where those suffering from depression can be treated sympathetically by trained therapists. James thinks these centres might exist solely "to promote rose-tinted bubbles of positive illusions". How can he be so sure? If therapists can help the estimated 1 in 10 young people that are said to have a mental health problem that is severe enough to merit treatment - then, that is a fine use for the money and might well prevent a lot of unhappiness and illness later on. It is certainly a preferable alternative to condemning a patient to a lifetime of anti-depressants.

I have discussed Oliver James's views on CBT at some length because I think they are fundamentally wrong. Inevitably this colours my view of *Affluenza*, but that shouldn't put you off this thought-provoking and, at times, intelligent book. Nor should James's idiosyncratic style, which mixes psychobabble and modern slang to a rather dizzying effect. In his Prologue, for example, he uses the awful words "wedge" and "gag", meaning, I think, "money" and "idea". He also swears a lot. If this is designed to establish some intimacy with the reader, then it fails dismally.

Still, let's hand over to James now. "My focus," he explains, "is on why we are so f\*\*\*\*d up, not with dangling a false promise of the possibility of happiness. Cards on the table, I contend that most emotional distress is best understood as a rational response to sick societies."

So why are we, in James's words, so f\*\*\*\*d up? It's because of what James calls Selfish Capitalism, or, more catchily, "Affluenza", a virus-like condition that spreads through affluent countries. In these countries, notably English-speaking ones, people define themselves by how much money they make. They are also ruled by superficial values - how attractive they look, how famous they are, how much they are able to show off. This leads to depression, anxiety, addiction and ennui. It is the dark side of "Keeping Up With The Joneses".

Affluenza, as defined by James, is clearly recognisable as our way of life. It spreads because it feeds on itself; when you try to make yourself feel better by buying a car, or bulking up in the gym, or spraying on a fake tan, or having a facelift, you actually make yourself feel worse, which makes you want to buy more things. It's an addiction, just like alcohol or heroin.

He travels the world, interviewing rich, unhappy people. One of the unhappiest, and most unpleasant, is 23-year-old Sam, a former heroin addict, who is now addicted to making money. This young American has no redeeming features at all. James visits places in the grip of Affluenza, such as Australia and Singapore, and also places less affected such as the Scandanavian countries. People are more depressed, he tells us, where inequality is greatest. Chillingly, he believes that "Nouveau Labour" is completely infected by Affluenza, with Tony Blair, John Prescott and Peter Mandelson the prime victims of the virus. Well, I suppose that provides a different perspective on Harold Acton's famous dictum of "power corrupts".

Towards the end of the book, James quotes one supposed, slightly tongue-in-cheek, route to happiness: "If you want to be happy for a few hours, get drunk; if you want to be happy for a few years, get married: if you want to be happy for life, get a garden". That echoes the end of Voltaire's *Candide*, when our hero concludes, after a roller-coaster ride of a life, that: "One must cultivate one's garden". There is some truth in this garden lark, though the level of competitiveness that permeates the Chelsea Flower Show downwards does suggest that's it's not always the ultimate panacea.

So what is the cure for Affluenza? To his credit, Oliver James doesn't offer any glib answers, preferring to draw on his own recent powerful experiences of the peaceful and dignified death of his elderly mother and the birth of his daughter. Both provided "strong clues to the escape routes from the hamster's wheel: Volition, humour and playfulness". He ends with the thought that: "there is more to life than big snacks and authentic, vivacious and playful experience is all you need". Roughly translated, that means be true to yourself and to others and try to have fun in the process.

Forgive me if I'm wrong, but isn't this the kind of message that a Cognitive Behavioural Therapist might be giving?

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

# **REPORT FROM THE FUNDRAISING COMMITTEE**

Thanks to the unstinted generosity of supporters old and new we raised over £183,600 during 2006 – a magnificent sum. Looking at the events already planned for this year (pages 26-27) 2007 looks like being equally successful.

The problems associated with CWMT Christmas Cards in 2005 have been rectified and the sales in 2006 were so successful that we have ordered 3 designs for Christmas this year.

We are pleased to report that a Young Fund Raising Committee has now officially been formed (see report below). The first meeting was held on Monday 26 February and we are extremely grateful to Henry Cheape and Giles Donald for all their hard work in setting this up.

We are also developing our fundraising and awareness campaign to Scotland, thanks to Alastair Stobart, and to Kent where Elizabeth and Andrew Cairns are holding a bridge tournament. If anyone would like to help in this expansion, particularly in Wales and the Midlands, we would be most grateful and would love to hear from them.

**Rachel Waller**

## **REPORT FROM THE YOUNG FUND RAISING COMMITTEE**

The Young Fundraising Committee started with a meeting in November at a hotel in Knightsbridge. The response was fantastic and, as a result, we now have nearly 50 people aged between 18 and 28 who are keen to become more involved with fundraising for The Charlie Waller Memorial Trust.

From this initial group, we have approximately 12 who have indicated that they are prepared to sit on a 'main committee', with the remainder happy to help out on the practical side of organising and staging fundraising events – and more importantly keeping up the all important aim of spreading the word, not just about CWMT, but about depression and all that CWMT sets out to achieve.

At our first official meeting it was decided that we must aim to target a broad base of people by organising events which will appeal to different people and age groups. Ultimately, we would hope to arrange a bi-annual large event with smaller events in between. However we are still at the embryonic stage. There are a number of ideas being floated around for the type and regularity of events but we would welcome input from anyone (especially those under 20) so:-

- if you have an idea
- require assistance in arranging a one off event
- feel you would like to help in any way, however small

**THEN PLEASE GET IN TOUCH WITH US VIA THE OFFICE**

Tel: 0118 974 5216 Email: [admin@cwmt.org](mailto:admin@cwmt.org)

**Henry Cheape and Giles Donald**

# THE ORANGERY CONCERT - ARTHINGTON PARK



There were two concerts to the north of Leeds on the balmy late summer evening of September 8 last year. One was Robbie Williams at Roundhay Park and the other was Julia Quarmby and Tessa Nicholson at the Orangery at Arthington Park. Robbie might have got more headlines the next day (mainly due to the traffic chaos he caused), but I know where I would rather have been!

The Orangery was the most perfect setting for a perfect evening. Julia, who studied violin at the Royal Academy of Music, and her friend Tessa, who studied piano at the Royal Academy of Music in Sienna, played with poise, passion and panache. Highlights included Handel's Sonata in D Major Opus 1 No 4, Bruch's Swedish Dances, Beethoven's Sonata in Violin and Piano in A Minor Opus 23 and Brahms's Sonata No 2 in A Major Opus 100.

It was a magical evening and many thanks must go to Roger and Julia Quarmby for opening their lovely Arthington Park home to the Trust and for Julia and Tessa for playing so beautifully. I am reliably informed, by Rachel and Mark no less, that Julia and Tessa's performance on the previous night (September 7) was equally memorable. The enchanting Orangery was packed on both evenings.

The profile of the Trust is growing rapidly in Yorkshire and the north, thanks mainly to the tireless and selfless efforts of Louise Black. Louise has already been responsible for organising a magical musical evening at her family home in Ilkley and the unforgettable production of Clara at Harrogate Theatre in aid of the Trust, not forgetting Dennis Silk's memorable lecture on Siegfried Sassoon at Bolton Abbey and a reception and private view at Bonhams in Leeds on the eve of their prestigious Fine Art Sale in March 2005.

The continued success of the Trust depends on establishing roots, and a committed network of friends and supporters, across the country and building on our strong base in southern England. This is now happening in Yorkshire, which is incredibly encouraging for the future.

**Robert Beaumont**





# CWMT CAROL CONCERT



There has to be a very good reason for over 600 people to meet up on a cold Monday evening shortly before Christmas. The promise of delicious mince pies and wine would have been part of the reason....the opportunity to listen to both some inspirational celebrity speakers and some outstanding choral singing and music would definitely have been a huge lure...and it's always fun to have a hearty sing-song just like the good old school days...

...but the real reason for such a gathering was to support the CWMT in raising money and increasing awareness – over £15,000 was raised and there was a noticeably young and dynamic congregation – both of which were a true reflection of an amazingly successful evening.

It was entertaining. It was moving. It was happy. It was thought-provoking.

St Luke's Church provided a stunning setting and atmosphere. Mark Waller gave a very poignant update on the CWMT's aims and achievements. It's amazing to think how the Trust has developed and grown since its establishment nearly 10 years ago. What a tribute to Charlie.

The Vox Cordis Choir, together with its conductors Charlie Grace and Matthew Altham and organist Jonathan Leonard, were a joy to listen to. Alexander Armstrong, Neil Fox, Damian Lewis, Richard Stilgoe and Phoebe Waller-Bridge all offered a different flavour of the Christmas spirit by portraying a variety of characters, emotions and biblical teachings. How generous of all these people to dedicate an evening to CWMT – many not for the first time.

Last but not least thanks to all those behind the scenes who worked so hard to make the evening memorable. Special mention must be made of the team at St Luke's Church, Sara Smither, Samantha Schmeiglow, Sue Shenkman, Mr and Mrs R Townend, Imperial London Hotels for the red wine, all those who sold tickets (and bought them!) and those who made mince pies (and ate them!)

I, for one, will be signing up early for my ticket to the 2007 Carols – see you there and a big thank you to you all for continued support of CWMT.

**Debs McMullen**



# SANTIAGO DE COMPOSTELA GOODBYE



On 2 May 2006 I, and my friend, Eugenia, commenced walking the 800km from St Jean Pied de Port to Santiago de Compostela on the famed Spanish pilgrimage route. 36 walking days and 8 rest days later, having walked every step of the way, we arrived at our destination.

Many people walk the route for spiritual reasons but my initial interest had been recreational and cultural. I love walking and the countryside and it seemed an amazing opportunity to combine both. When Eugenia said she would like to come along she suggested we walk for a charity and, as depression has touched friends and family over the years, The Charlie Waller Memorial Trust seemed a perfect choice.

By the end of week one we had made it to Pampalona and it was only then that we fully realized what we were getting ourselves into. Blisters were setting in, our back packs were too heavy and we had to make a bee line to the post office to send clothing, ipods and other items home, all of which had seemed so essential when first packing for the trip.

The result is that you are stripped of everything but the bare necessities and it is at that point that you begin to see what the pilgrimage is really about. Everything you need is in one rucksack and it is incredibly liberating to cast your life's trappings aside, and as you walk to really and truly slow down, look around you and think about life.

The route goes through the most stunning countryside. It starts out looking a bit like Scotland, the middle reminiscent of Wiltshire, while the last part, Galicia, was like being in Ireland. Apart from one day of rain in Galicia, the sun shone all along the route.

It was an incredible journey which we both feel very privileged to have experienced and through the walk and a fund raising evening we raised £10,275 for The Charlie Waller Memorial Trust. As pilgrims on the route to Santiago de Compostela we would greet fellow pilgrims with, 'Buen Camino' to wish one other a good journey and encourage everyone on their way. Thank you to everyone for all their support and 'Buen Camino'.

**Nicola Campbell**





**where no one's the star  
and everyone's the chorus**

On 21 December 2006, an evening was organised by *Sing for your Supper* which raised £1,536 for the Charlie Waller Memorial Trust. 120 people, including Mark and Rachel Waller, participated in the evening held at the London Rowing Club in Putney in a splendid room overlooking the River Thames.

*Sing for your Supper* is a hugely entertaining evening, an intoxicating fusion of the contemporary New York piano bar, a particularly raucous school assembly and a hilarious sing-along with friends. Partygoers are each given a song book containing the lyrics to many well-known songs, they choose which ones they want to sing and a professional pianist leads the way. At *Sing for your Supper*, no one's the star and everyone's the chorus! Solo performances are strictly prohibited.

Prior to the singing, guests enjoyed a champagne reception, a delicious dinner of Coq au Vin and Yule Log with cinnamon cream and some fine wines. Christmas crackers were pulled while munching mini-mince-pie petit fours!

When the singing began, it didn't take long before everyone was standing on their chairs, belting out their favourite numbers. Indeed, such was the Christmas excitement that by the end of the evening, *Sing for your Supper's* piano man was barred from leaving unless he played just one more song!

**Tom & Antonia Bristowe**  
**[www.singforyoursupper.co.uk](http://www.singforyoursupper.co.uk)**

*Sing for your Supper* is the inspiration of Tom Bristowe, a research consultant, who dreamt up the idea while living in New York. It is a non-for-profit enterprise, donating generously to various charities.

# LONDON CHARITY ORCHESTRA CONCERT

## ST. JOHN'S, SMITH SQUARE, 22<sup>ND</sup> NOVEMBER 2006



The London Charity Orchestra's announcement of Thomas Gould as their choice of soloist was received with great enthusiasm, as he had made a very positive impression as leader of the orchestra in the LCO's previous concert in support of CWMT in 2004. He rewarded that enthusiasm amply at this concert with a spectacular performance as the soloist in Mendelssohn's Violin Concerto, particularly in the exquisite cadenza. The LCO's performance of Beethoven's 7th Symphony – an obviously popular choice with the audience – was also extremely well received, no doubt helped by William Carslake's animated and expressive conducting.

According to the wishes of composer Arvo Pärt, this performance of his *Cantus In Memoriam Benjamin Britten* for string orchestra and bell was dedicated to the memory of the murdered Russian journalist Anna Politkovskaya. William Carslake explained that he considered this appropriate because the piece was conceived as a meditation on the grieving process. I found the LCO's performance very moving; for me the introduction made the piece much more accessible and meaningful.

The concert was introduced by Baroness Bottomley of Nettlestone who spoke very warmly about the achievements of CWMT and the positive impact that the charity has already had on the issues of depression and suicide, not least by bringing them out into the open and talking about the severity of the problems facing our young people. Lady Bottomley concluded her introductory speech by reminding us of the inspiring words often attributed to Churchill: "You make a living by what you get; you make a life by what you give". I hope that this rang true for the volunteer members of the London Charity Orchestra! While working at CWMT I was often privileged to witness how generously the charity's supporters give their time and energy as well as more material support, and this concert was no exception – in particular, Rosanna Patrick's enthusiasm and hard work made a major contribution to the success of the evening.

**Nikki Harris**



# THE ROAD TO BRIGHTON

Following my successful bid for a seat in a veteran car on the London to Brighton Rally at last year's Texas Scramble my great adventure began at 6.15 am on Sunday 5 November when we strolled round the Serpentine into the enclosure. Watching numerous vehicles going round Marble Arch, some on trailers and some actually on the road heading for the enclosure, we were glad to have heeded Gordon Black's instructions not to be late so that we could "soak in the atmosphere" – we were certainly doing that.

Arriving at Section 15 we eventually found Gordon and car 83 all lined up and ready to roll in Section 3 and at 7 o'clock it was time for the off and sweeping in great style out of Hyde Park we rounded Hyde Park Corner and headed towards Buckingham Palace - greeted like royalty by policemen along the route and a few friendly faces who waved to us. I couldn't believe that there were that many people out on the streets at that time on a Sunday morning but we hardly had time to take all this in before we were motoring down Horse Guards Parade and over Westminster Bridge.

Our next stop was a rather more salubrious Kennington followed by sunny Brixton where much to my admiration Gordon not only dexterously handled the De Dion-Bouton, ensuring we had the necessary revs to keep the machine going, but also managed to persuade one of the extremely friendly locals to throw us a bunch of bananas to fight the cold and keep us healthy.

After a pit stop at Crawley we changed cars. This turned out to be rather fortunate for yours truly as he was delegated to Adam's car, a sleek Schaudel. There were 4 of us in this vehicle and probably the extra weight of a certain gentleman helped to slow it down. It did occur to me that the car went extraordinarily well on the downhill part of the Downs but we might be in some mortal danger if a wheel came off. Adam our new driver was intrepid adopting what one might loosely call a Schumacher style, when he spotted an opening in the traffic he went for it. I don't know what would have happened if the opening had suddenly closed because I am absolutely certain that the vehicle wouldn't have stopped in time but his judgement turned out to be impeccable and he had a Biggles like hunch over the wheel which seemed to augur well for the rest of the journey. Clearly this man has no fear.

Apart from a little bit of steaming up on the way when we ran out of water, a situation that was retrieved by one of the younger passengers roaring across to a garage and returning with 3 or 4 litres of Vittel to keep us going we had a trouble free journey.

Approximately 6 hours after leaving Hyde Park we were approaching Brighton Pier. The streets were really crowded at this stage, giving us huge encouragement - which led us to greatly perfect our royal wave. The enthusiasm and obvious love of the race, encountered from Hyde Park to Brighton, ensured that this was a memorable day which I have certainly never experienced before in any previous part of my life to date. It is a British Tradition worth preserving

**David Armitage**

## EDITOR'S COMMENTS

As you know from Mark's letter there have been a few problems in the office over the last couple of months so my usual anxiety - have I forgotten to thank someone for organising an event - may this time prove to be a reality. If this is the case please accept my apologies it really was due to circumstances beyond my control not inefficiency.

While working on the last Newsletter I was really made aware of how much the Trust has grown - it was hard work fitting in all the reports of fundraising events and keeping the publication to a reasonable size. Obviously this is fantastic, as it means we can continue to expand our work, but editorially is tricky. In consultation with Mark and Rachel it has been decided that we should limit reports of fund raising events to around 350 words otherwise we will be producing *War And Peace* twice a year! I know that writing succinctly can be difficult but I am happy to edit articles (with your approval) of course.

I do hope you enjoy reading this 15<sup>th</sup> edition of CWMT NEWS as much as I have enjoyed producing it.

**Christine Davey**

**Since the burglary in December we are very concerned that our database is not up-to-date. Accordingly it is very important that you notify us if you have: -**

CHANGED YOUR NAME/ADDRESS

WISH TO BE REMOVED FROM THE MAILING LIST

PREFER TO RECEIVE YOUR COPY OF CWMT NEWS BY EMAIL

PLEASE COMPLETE THE ENCLOSED FORM AND RETURN IT TO  
THE BRADFIELD OFFICE

# **FORTHCOMING EVENTS – 2007**

*Saturday 7th April*

## **TWO OCEANS MARATHON CAPETOWN**

Carina du Preez

*Wednesday 11th April*

## **TEXAS SCRAMBLE**

Badgemore Park

*Sunday 22nd April*

## **FLORA LONDON MARATHON**

Finn McGuirk • Victoria Lansley • Sarah Lansley • Georgie Macphail • Oliver Hooper

*Saturday 5th May*

## **CONCERT**

Featuring the Erleigh Cantors Choir conducted by Ian Westley  
7.30 p.m. St. Peter's Church, Caversham,

*Monday 14th May*

## **BRIDGE AFTERNOON**

Hungerford

*Wednesday 23rd May*

## **ROOFTOP LUNCH IN LONDON**

*Friday 1st June*

## **CLAY PIGEON SHOOT**

Ballyach House, Buttermere Nr. Hungerford

*Saturday 9th June*

## **BALL AT LAMBOURN**



*Saturday 14th July*  
**BRADFIELD CRICKET**

*Monday 3rd September*  
**LITERARY LUNCH – HAMPSHIRE**

*Monday 3rd September*  
**BRIDGE AFTERNOON**  
Ashe Warren House. Overton, Hampshire

*Sunday 16th September*  
**JOIN ANABEL HOULT IN HYDE PARK FOR  
THE 2007 HYDRO ACTIVE WOMEN'S CHALLENGE**  
Hyde Park London, Birmingham City Centre & Liverpool City Centre  
A 5 kilometre (3 mile) fun run... or walk.... for women of all ages, and levels of fitness.  
Online entry is now open, [www.womenschallenge.co.uk](http://www.womenschallenge.co.uk)

*Tuesday 16th October*  
**CHRISTMAS FAIR, MEAD HOUSE**

*Wednesday 24th – Saturday 27th October*  
**THE BOYS ARE BACK IN TOWN**  
Magna Carta Theatre, Egham, Surrey  
Tickets available from 0776 5860632

*Wednesday 12th December*  
**TRADITIONAL CAROL SERVICE**  
Featuring the Vox Cordis Choir  
St Luke's Church, Sydney Street, London SW3

For further details of all events please contact the Bradfield Office  
Telephone – 0118 974 5216 - Email [admin@cwmt.org](mailto:admin@cwmt.org) or visit our website [www.cwmt.org](http://www.cwmt.org)

# SOURCES OF ADVICE AND HELP

From time to time we receive calls for help from relatives and friends of people whose mental health and general behaviour is causing concern. The Trust is not in a position to offer advice but we do know of other organisations which may be able to help and have professional advisors available. This short article is intended to point those in need to some of the sources that we know of and may be able to help.

In our view, assuming that the person causing concern recognises that something is wrong and is prepared to seek help, the first step is for them to consult the local GP with whom they are registered. Your GP may be the mental health lead in the practice, or may have taken a particular interest in mental health but this will not always be the case. It may be worth asking to see such a GP within your practice.

All GPs will have access to a local NHS mental health team of psychiatrists, nurses, occupational therapists etc who they are obliged to refer people to if specialist help is needed. If you are in a position to fund treatment privately your GP should be in a position to recommend a suitable specialist.

It is important to be aware of the treatment options which, besides referral to a specialist, will include medication prescribed by the GP, bibliotherapy, self-help materials, exercise, art etc which in some practices may be supplemented by access to a primary care mental health worker. Availability and waiting times will vary widely from one practice to another.

**In** an Emergency we suggest you contact the following sources of help which are available 24/7: -

**Samaritans** 08457 90 90 90

**NHS Direct** 0845 4647

**If** you need information and advice try contacting:

**HopeLineUK** - Run by Papyrus offering advice to parents, siblings and friends

**0870 170 4000 or 0197 836 7333**

Monday - Friday 7.00pm - 10.00pm Saturday & Sunday 2.00pm - 5.00pm

**Saneline** - **0845 767 8000** 12.00 noon - 2.00am

**Other** sources which may be of help are: -

[www.cwmt.org](http://www.cwmt.org)

Go to 'Sources of Help' which lists contacts by Region and Nationally

[www.studentdepression.org](http://www.studentdepression.org)

Enhances awareness and provides information against a background of real case histories

[www.bacp.co.uk](http://www.bacp.co.uk) (British Association of Counselling and Psychotherapy)

Site which includes a geographical directory of members.

[www.youthaccess.org.uk/directory/](http://www.youthaccess.org.uk/directory/)

Provides information, advice, counselling and support to young people (11-25) across the UK

We hope that this short list proves useful. It is not comprehensive and you will be able to find other sources of advice and help both nationally and through your local health authorities. In due course we hope to expand our web site pages covering 'Sources of Help'