



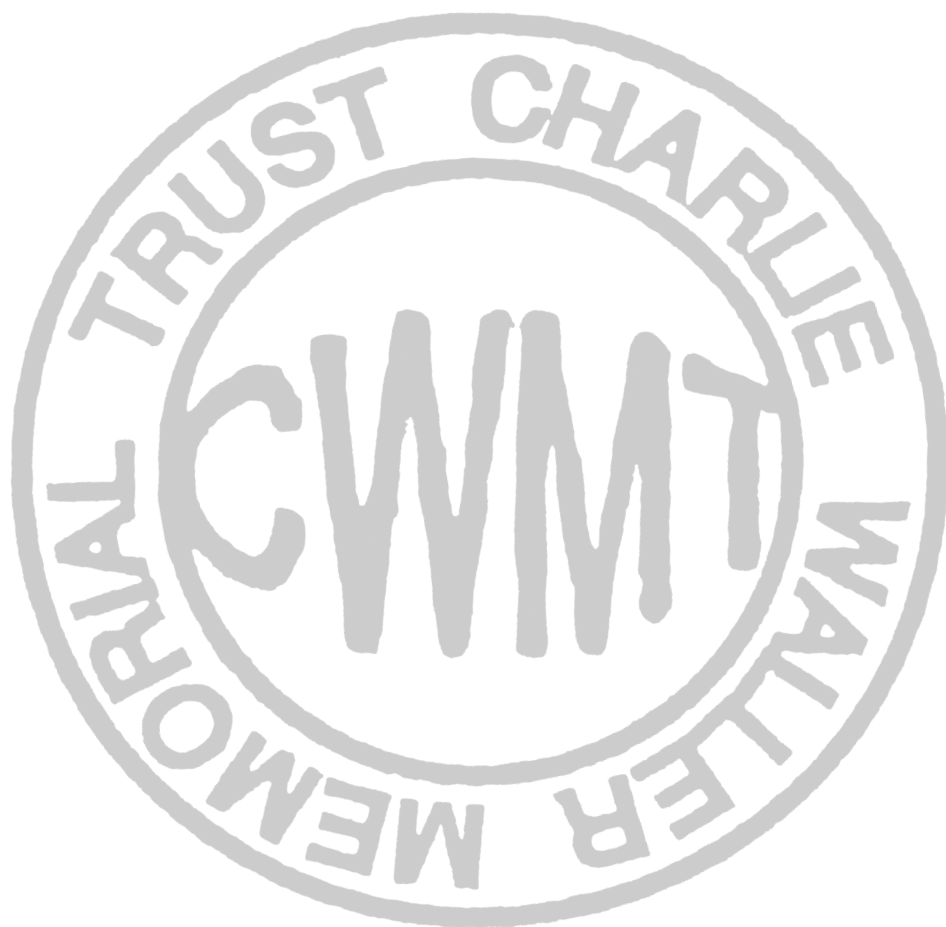
CWMT NEWS

The Newsletter of The Charlie Waller Memorial Trust



Issue 11

December 2004



Mead House Bradfield
Reading, Berkshire RG7 6HU
Web Site www.cwmt.org

THE CHARLIE WALLER MEMORIAL TRUST

Registered Charity No. 1065936

Mead House, Bradfield, Reading, Berkshire RG7 6HU

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Letter from the Chairman

Dear Supporters,

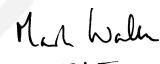
The contents of the News Letter will speak for themselves. Its production and the production of the last eight issues are down to the hard work of Christine Davey, our Secretary over the last four years. She set up the office in Henley. She has been at the hub of CWMT's achievements both in its projects and in its fund raising.

Christine has decided to retire and spend some time travelling to Australia and elsewhere. We shall miss her greatly and are very appreciative of all she has done.

Fortunately we have been very pleased to recruit a new secretary Natalie Hurrell. We welcome her aboard and look forward to working with her over the coming years.

As both Natalie and Michael Lord live close to our home in Bradfield and Rachel is about to retire and will thus wish to be more hands on, it seems sensible to relocate the office to Bradfield. We hope to adapt a room at Mead House. On the front of the Newsletter is, therefore, our new address. A slip should be enclosed with the new telephone/fax numbers.

As always we are grateful for all the support we get; long may it continue.


Mark Waller

Trustees: Rt. Hon. Sir Mark Waller (Chairman), Michael Whitfeld (Treasurer), Dennis Silk CBE,
Neil Durden-Smith OBE, Gordon Black, Anthony West, The Hon. Sandra de Laszlo, Ian
McIntosh, Richard Waller, Philip Waller, Nigel Gray, Sir Michael Connell
Project Director: Brigadier Michael Lord Secretary to the Trustees: Christine Davey

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

REPORT FROM THE PROJECT DIRECTOR

This will be a short update, as I suspect that my Report on 'Access to Schools' will take-up more than its fair share of space in this edition of the Newsletter.

THE B4 CAMPAIGN

Excellent work with companies continues, in particular in the West of Berkshire, which has received enquiries from Southampton, Swindon and Cornwall.

My last report indicated that the formats for publishing best practice on the CWMT website had been agreed. This has proved to be over-optimistic! I am still trying to obtain final agreement from all the parties involved but hope to have something available in time for the re-launch of our new site.

BEATING THE BLUES IN WEST BERKSHIRE

The two facilities funded by CWMT are now located in Falklands, Newbury and in Thatcham as predicted in my last report. The two surgeries have made available resources to the other surgeries in West Berkshire so coverage has increased. Our next Steering Group meeting will be at the end of November so I will provide up-to-date statistics in the next Newsletter.

Arrangements for evaluating this project are being put in place in conjunction with Newbury and Community PCT, Ultrasis plc and CWMT.

YOUNG OFFENDERS INSTITUTION, READING

The challenges reported in the last Newsletter have not yet been fully resolved. The Institution has a new Governor, a new Healthcare Manager and a new inreach worker from Reading PCT. We are in discussion with all those individuals to put in place arrangements which will make better use of Beating the Blues and benefit inmates.

There is great determination amongst all stakeholders to make progress.

ENHANCED CARE MANAGEMENT APPROACH TO THE TREATMENT OF DEPRESSION IN PRIMARY CARE

This joint John Lyons Charity/CWMT project has made steady progress since I reported last.

A total of 66 patients in the Amphil and Keats practices have been accepted into the study, either as a result of examination of medical records, or by self referral (in some cases in response to fliers) or having been referred by GPs. This may not seem many but there are a number of reasons why patients can be deemed unsuitable (e.g. medication or therapy within the last 4 months, GP non recommendation, lack of interest or no response to letters and telephone calls). The study considered a total of 415 possible 'starters' in order to achieve 66.

The original target was to accept 130 patients with a minimum of 100. As time is running out the Trustees have granted an additional £11,000 to the project so that recruitment can continue beyond the end of January 2005. This has been more than matched by Camden PCT. Contingency planning is in hand to consider ways and means of further recruitment beyond the end of January but this will not involve additional funds from the Trust.

As it is the drafting of some sections of the Project Report is going ahead now, in particular those parts relating to the job description for Primary Care Mental Health Workers, the training requirement and the protocols covering the interaction between practices and PCMHWs. Allowing for planned 4 and 8 month follow-ups with patients it is hoped that a draft report will be available by the end of 2005.

STUDENT DEPRESSION WEBSITE

The Trust has entered into a contract with Denise Meyer of Royal Holloway, University of London to provide a Student Depression Website as discussed in the last Newsletter. This arrangement followed presentations by two organisations on 12th July 2004 and a unanimous decision from the Steering Group.

Work has started on the recruitment of a User Group to provide input for the site and the team of consultants is recruited and in place. Arrangements for certification and validation have been agreed. All going well the site will be up and running by September 2005 in time for the start of the next academic year but we hope to improve on this forecast. The existence of the site will be publicised through the Heads of Student Counselling Services Group which is part of the Association of University and College Counsellors.

In addition we have been promised help by Pam Vick of Caspia Consultancy, one of the Trust's supporters, who is currently working with SUBtv. This organisation broadcasts on 40-inch screens to over 60 Student Unions across the U.K.

Michael Lord

WALLER FELLOW

(Covering North of England)

Since coming into post in May I have concentrated on making links across the North of the country. I have worked with the four existing Trailblazer programmes in various ways and in addition have delivered a range of training events to primary care staff.

I am also heavily involved in securing funding for a programme of events next year for primary care staff aimed at improving understanding of mental health problems, particularly depression.

Trailblazers and Masterclasses

I attended two modules of the Yorkshire Trailblazer course. I was paired with a GP who acts as a police surgeon. He carried out an audit of the identified mental health problems of those people he had seen at the point of arrest and found high levels of current substance use (328 out of 349) and that a significant number had a history of mental illness (139 out of 349 of whom 68 (48.9%) suffered from depression). Following on from these findings we looked at suicide risk assessments and how they inform pathways to care through the criminal justice system. Issues about how suicide audit data were collated was also raised and taken back to the suicide lead for the area.

A wide range of project work was successfully undertaken and presented by the course participants on the final module.

I have secured funding and am currently arranging the first Masterclass in the Yorkshire and Humber region to run early in 2005.

I joined the first East Midlands Trailblazer course for the second and third modules acting as co-facilitator. Some projects were of particular interest. One has resulted in funding being secured to set up a primary care training and education centre in Northampton. Another was working with the Primary Care Trust (PCT) to develop a pilot to provide mental health awareness training in schools as part of the mainstream curriculum.

I am involved in setting up a day on Mental Health Promotion to take place early in 2005 in Northampton.

The North East programme is well established and I attended one of their Masterclasses in County Durham. Links with the tutors will continue.

The North West area does not have a Trailblazer programme but I am involved in ongoing discussion with North West NIMHE and the Deanery to develop a training programme that will meet their primary care staff needs for the Manchester area.

I am negotiating funding to set up Masterclasses in Cumbria.

Conferences and workshops

- Presented a workshop at the Mental Health Promotion NIMHE regional conference to an audience of primary care workers.
- Co-presented a training day on depression to consultant physicians and diabetes nurse specialists. I am producing the materials as a training pack which can be used for other training events.
- Co-presented a session on the use of stepped care and care pathways for people with depression to a group of GPs and primary care staff in Hull.
- Delivered short presentations on The Charlie Waller Memorial Trust and my role at two South Yorkshire primary care network meetings.
- Co-presented a session to group of GPs in Rotherham on use of care pathways for people with depression.
- Co-presented a session to group of GPs in Sheffield on use of care pathways for people with depression.

Other activities

I met with a number of mental health promotion leads in PCTs to discuss joint training sessions in the future. Some planned events are:

- A session for primary care staff on recognising depression and how to access help for patients (South East Sheffield PCT)
- A session on legal aspects of mental health for GPs and primary care professionals (North Sheffield PCT)
- I am working with one PCT to help write up an evaluation of their implementation of the use of care pathways in primary care with people with depression.

I attended an excellent training day on cultural awareness in mental health work, which gave me some good ideas for developing training.

I also attended a NIMHE conference on the GMS contract specifically looking at enhanced services for depression, which provided much useful information on developments in primary care.

Bradford PCT are in the process of setting up a group to carry out training needs analysis of all their staff and have asked me to attend a meeting when it gets underway.

The first six months in this post have been rewarding in terms of making contact with many enthusiastic primary care staff, who want to increase skills and knowledge about mental health problems.

I look forward to continuing this work over the next six months when I hope to be involved in more direct training events and developing training packages which others can use.

Aileen Moore
Waller Fellow (North)

WELCOME TO OUR NEW TRUSTEE SIR MICHAEL CONNELL

Michael officially joined the 'board' of Trustees in July of this year and by way of introduction he has written a short and (I am sure) extremely modest autobiography

After Harrow and Brasenose College, Oxford, I was called to the Bar by the Inner Temple in July 1962. In the summer of that year I joined Queen Elizabeth Building as a pupil and then as a tenant, practising as a Common Law Junior until taking Silk in 1981. My practice involved primarily divorces and Horses, with a regular injection of Crime! In 1991 I was appointed to the High Court Bench, Family division, serving as a Judge until retirement in 2002. Since then my main involvement has been as a Steward of the Jockey Club, concerned with the Regulation of Racing.

My sporting interests are very general; a keen supporter of English cricket and Rugby and of Luton Town football Club. My principle sporting involvement has been equine. Between 1957 and 1989 I rode enthusiastically (and just occasionally with success) in point to points and Hunter Chases which accompanied my long involvement with, and affection for, the Grafton Hunt. Nowadays I confine myself to the occasional (and mostly unprofitable) punt on one of our own horses, which are often home bred.

I retain great affection from my old school, Harrow, where I was a Governor for 19 years, and Chairman for the last five. Each of my three sons attended Harrow and I am proud that four of my grandsons hope to follow on in about 2012. Annie and I married in 1965. Since 1990 we have lived near Brackley, and our four children all live about one hour away from us. Our eldest three are married with varying numbers of children so that, to date, our grandchildren number eight.

My charitable involvement has centred mainly on Harrow, although I am a Trustee of JET, which is concerned to continue education for children whose families have suffered a severe setback. I have supported CWMT since its inception; and, given that I know a little about depression in young people, mostly via the courts, I believe that the Trust does make, and will continue to make, a serious, constructive contribution to a problem which is far more common than most of us realise.

Michael Connell

TEENAGE BLUES

Depression in adolescents is notoriously hard to spot. Sulkiness, moodiness, tantrums, antisocial behaviour, negativity, withdrawal - these are all fairly typical parts of growing up. Yet Young Minds estimates that as many as one in five teenagers is presenting symptoms of depression at any time. More alarmingly, Childline estimate that there are 19,000 suicide attempts by adolescents every year. That's one every 30 minutes. The majority of those attempts are made by young women aged between 15 and 19, usually by overdose. Of all these attempts, a minimum two suicides by people under the age of 25 in the UK and Republic of Ireland are recorded every day.

While some attempts are reactions to age-specific circumstances - exams, eating problems, body image, relationship break-up, pregnancy, sexuality, bullying, problems at home, abuse - many are alarm bells signalling an underlying mental illness.

So how are parents to tell the difference between teenage angst and clinical depression? Symptoms to watch out for include unrelenting sadness, hopelessness, boredom, unexplained irritability or crying, loss of interest in usual activities, changes in eating or sleeping habits and

alcohol or substance abuse. Other alarm bells include missed school or poor performance, unexplained cuts or burns indicating deliberate self-harm, threats or attempts to run away from home, persistent physical aches and pains, outbursts of shouting, complaining, reckless behaviour and thoughts about death or suicide.

I went overnight from being a shy, well-behaved, studious teenager to coming home drunk on school nights, talking incessantly about death and life's inherent pointlessness and listening to deafening nihilistic music. I began hiding in my room, blowing my Saturday job money on cigarettes, breaking down in tears over the slightest thing and bringing home report cards with ailing grades. Like most parents with a teenager in the house, mine figured it was just a rebellious phase, a hormonally induced nightmare that would eventually pass.

I now know that one of the earliest symptoms I presented - my obsession with death - is a common way for adolescent clinical depression to announce itself. But several more years of slamming doors, getting into trouble at school, binge-drinking and ranting at my mother about how we were all going to die of cancer, would follow before my parents insisted I see our GP, who diagnosed "anxiety with depression" and put me on antidepressants. I was 18.

In those days, you didn't turn the TV on to find Princess Diana talking about her struggles with depression. You couldn't buy memoirs like Elizabeth Wurtzel's *Prozac Nation* and Lauren Slater's *Prozac Diary*. There were no films like *Thirteen* or *Girl, Interrupted*. You didn't have Kurt Cobain singing about clinical depression and then blowing his brains out.

You didn't have movie stars like Angelina Jolie going on talkshows explaining why she used to cut herself. You didn't surf the web and find online support communities for every kind of psychological ailment imaginable. You didn't open the newspaper and read columns like this. And I never once heard anybody use terms like depression, anxiety or self-harm.

Now, 20 years later, much has changed. I get emails from teenagers who read this column, telling me they take antidepressants, they're seeing counsellors or therapists, their friends are depressed too, there are self-harm epidemics at their schools. One 16-year-old girl wrote asking for help because her best friend jumped in front of a train and now she felt like doing the same. Another, only 15, emailed saying her parents had no idea that she cut herself every day and that she was writing to me because she had no one else to turn to. And a 14-year-old girl wrote saying that she and a group of friends met in the playground at school once a week during lunch time to hold what she called "self-help meetings", at which they shared tips - gleaned from the internet - on ways to cope and feel better.

Reading these emails, I realise that though we are talking more about mental illness, rates of adolescent depression continue to rise, making it more vital than ever that parents don't misread depression as teenage moodiness.

Nick Johnstone

www.nickjohnstone.com

Nick Johnstone's column 'Blue Notes' in which he frankly, humorously and often painfully relates his ongoing struggle with depression appear fortnightly in Tuesday's edition of the Guardian. www.guardian.co.uk

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DEPRESSION IN CHILDREN AND YOUNG PEOPLE PILOT PROJECT IN SCHOOLS WITHIN WEST BERKSHIRE

Background

This project was first discussed with West Berkshire District Council in the Summer of 2003. The Trust offered to sponsor Peter Wilson, then Director of Young Minds, to visit schools to talk about Depression within the context of the Healthy Schools Programme. Agreement was quickly reached on the basis that the ten secondary and two special schools located in West Berkshire would be invited to host sessions not only for their own staff but also for partner primary schools and other interested parties (Community School Nurses, Connexions Staff, Education Welfare Officers etc.).

West Berkshire District Council wrote to schools at the end of 2003 offering dates in the Lent and Summer terms of 2004. A total of six schools accepted the invitation to host Peter Wilson.

It was agreed that attendance at the talk would be voluntary but all those concerned with pastoral care would be strongly encouraged to attend. The talk would take place after school in 'twilight hours' and last about 1½ hours with opportunities for group and general discussions. The talk would be backed-up by distribution of the CWMT booklet (Depression And How To Deal With It), a local Resource Sheet as devised by West Berkshire District Council and myself and a limited distribution of Peter Wilson's book (Young Minds in Our Schools) and West Berkshire Mental Health Forum's Handbook of Mental Health Services. The CWMT Display Board was available to those who attended. All accepted that the Trust could conduct some basic evaluation during the Michaelmas Term of 2004.

SYNOPSIS OF PETER WILSON'S TALK

- **Mental Health: What is it?**

Depression is a mental health problem but to link 'mental' with 'illness' is too narrow a view and too negative. We want our children to live a full and creative life; not little saints or models of perfection but loveable ordinary children making the most of their talents and opportunities. Promotion and care of children's mental health is everybody's business, not just the specialists.

- **Mental Health Problems: Disorders and Illnesses; What are they?**

Many different kinds of children's problems which can mount up to such a pitch that we can reasonably call them child mental health problems. Some problems pass with time but

often they do not. The more persistent, serious and complex these problems the more likely they will be called child mental disorders. The two most common forms are emotional disorders and conduct disorders. A small group of children have a mental disorder which is so severe that it is appropriate to use the term mental illness. Currently accepted prevalence rates are: -

- * 1 to 2% of children and young people have a mental illness
- * 10% of children and young people have a mental disorder
- * 20 to 30% of children and young people have a significant mental health problem

- **Depression: What is it?**

Sadness; Lethargy; Neglecting hygiene and appearance; Pessimism; Physically Unwell; Irritability.

- **Depression: What is problematic?**

It is helpful to make a broad distinction between those who feel depressed and those who have a clinical depression. We all feel depressed at times in response to loss etc. but usually this is for a limited duration.

- **Depression: What is clinical depression?**

- * Major Depressive Disorder is a serious condition characterised by one or more episodes lasting 7-9 months and five or more symptoms present during a two-week period with at least one symptom being either a depressed mood or reduced interest/pleasure.
- * Dysthymic Disorder is a more chronic condition, more long term. Characterised by low mood, often crying, feeling tired, lacking energy on most days, for most of the day for at least a year.
- * Bipolar Disorder is a serious mood disorder characterised by episodes of mania alternating with periods of depression.

- **Depression: How common is it?**

Generally agreed prevalence rates indicate that: -

- * 2% of children under the age of 12 are depressed to the extent that they would benefit from seeing a child mental health professional.
- * 5% of children under the age of 12 show significant distress - on the edge of clinical depression.
- * 5% of teenagers are seriously depressed.
- * 10% of teenagers show significant distress.

After the age of 15, depression is twice as common in girls as in boys.

- **Depression: At what age?**

Feeling depressed and clinical depression can occur at any age from babies and toddlers through older toddlers to school aged children and teenagers. Symptoms within each age group were discussed with the comments that depression is more common in adolescence than in childhood. It is not unusual for some teenagers to think about suicide or to act recklessly.

- **Depression: What are the causes?**

Much depends on a combination of genetic, biological, cognitive and family and environmental factors and circumstances. Life experiences can act as triggers for becoming depressed or developing a clinical depression but not all children and young people become depressed.

- **Key Vulnerability Factors**

- * Genetic Linked to a concordance in identical twins also to data concerning adopted children.
- * Biological For example abnormalities of the pituitary gland
- * Cognitive The development of a negative and pessimistic mind set.
- * Developmental Perinatal difficulties and early defects in the development of motor skills have an effect on later development of depressive tendencies.
- * Family Circumstances Children of depressive parents, quality of attachment to parents and family difficulties can all contribute to the incidence of depression in children and young people.

Depression is a complex experience. Suicide is not common but can be seen as a violent solution for a disturbed and isolated person and, for some, may offer in fantasy the relief or escape from intolerable feelings or difficulties in relationships.

- **Medication Outline of the use of tricyclic anti depressants, SSRIs (including Prozac and Lithium).**

Reference to cognitive therapy and psychodynamic psychotherapy and, in the first instance for supportive therapy (listening, reassurance etc.)

- **What Can Teachers Do?**

Teachers cannot be psychiatrists, psychologists nor psychotherapists but they have a unique role to play in building the strengths and capacities of their pupils.

More specifically it is important to be aware of the signs of depression and observant about how children and young people are learning and behaving. Listening really does

matter but time spent on any one individual child has to be limited. Teachers need help and support from senior and other staff. Concerns must be shared. All teachers need to be clear about the pastoral and support services available.

- **Conclusion**

- * Know the signs of depression
- * Listen and observe
- * Share concerns
- * Be clear about what you can and cannot do
- * Don't be left worrying about a child alone
- * Be clear who to refer to for help
- * Don't get drawn into individual problems
- * Don't give up caring - your continuing support for the child is critical

The text of Peter Wilson's talk was sent to all participating schools.

Evaluation

- **Participation**

Six Schools participated (A-F). Attendance varied and is summarised below with those from partner primary schools and other organisations highlighted: -

- A. Total 22 including no primary school representatives and 2 from other organisations (22/--/02)
- B. 24/--/05
- C. 27/02/01
- D. 13/03/01
- E. 59/16/12
- F. 21/04/01

TOTALS 166/25/22

The size of the potential audience in each school is not known. We did not set out to achieve 100% attendance recognising the pressures on teaching time, the difficulties associated with 'twilight' training and the feeling that this topic might be more successfully addressed to smaller rather than larger audiences. That said it would have been nice to achieve 100% response from invited schools and a higher turnout from partner primary schools in 5 out of the 6 schools which participated.

- **Questionnaire**

A total of 158 questionnaires were sent out having excluded 6 pupils who were studying psychology A level. At the time of writing this report a total of 78(49%) completed questionnaires have been received back. A copy of the questionnaire with a breakdown of the replies to 'tick' questions is attached as an Annex.

Comment on Responses

- **Content**

Bearing in mind that a total of 11 community schools nurses attended one or other of the talks, we appear to have achieved our main aim which is to increase awareness. (See Question 2)

Audiences commented on the large number of children and young people that could be affected and the early age at which depression could be diagnosed. The statistics horrified some. The need to understand the symptoms and recognise them was accepted but not all felt confident about doing so. The need to share concerns and to address the problem with professional help was recognised - depressive symptoms cannot be ignored. Some commented that parents would not wish to accept/admit that their child had a problem.

The 'need to know' paragraph provoked demands for a coping strategy which included details of clear referral routes, sources of advice, protocols for contact with parents and details of practical ways of achieving better health.

- **Format**

The majority (92% very good or better) were satisfied with the format and the length of time set aside for the talk. That said significant numbers would have welcomed audiovisual input, case studies and more time spent on discussion in smaller groups at the end of the talk not in the middle. Some felt they needed more specific instruction on treatments and how to help sufferers cope.

There was a majority (58%) in favour of repeating such a talk every 2 years with a significant number opting for an annual talk. Resource factors would probably prevent an annual talk and every 2 years would probably be difficult to achieve (i.e. time and the availability of speakers). That said could community school nurses deliver such talks having been provided with relevant materials?

- **Target Audience**

In general this pilot project appears to have targeted the right audience. Some supported the inclusion of pupils (VI form only) on the basis that they might recognise symptoms in other pupils first but others felt that pupils might have difficulty understanding the content and might feel scared, sceptical or even panic. There was some support for including parents but this has resource implications.

Virtually all supported the inclusion of partner primary schools but the reality is that with 5 out of the 6 participating schools this was not achieved.

The list of those omitted included parents, governors, education welfare offices, child protection officers and a number of groups who probably were invited but were unable to attend. One comment favoured a shorter lunchtime session rather than 'twilight' training.

Just over 73% of respondents favoured the inclusion of such a talk within compulsory INSET but some highlighted the pressure on time, funding and the fact that INSET was virtually teachers only. There was support for a cascade approach and for the inclusion of such training in basic and PGCE courses.

- **Supporting Literature**

In general there was a lukewarm response to the supporting literature handed out to all those who attended - more work is necessary.

Copies of Young Minds in our Schools were handed to representatives of each school which attended (1-3 copies per school). Several months after the talk 29% had had a chance to read the booklet. Similarly a copy of the text of Peter Wilson's talk was sent to each school along with a list of those who attended. Of those who replied to this question 43% had received a copy.

- **Future Action**

Copies of this Report will be sent to West Berkshire District Council and all participating schools. In addition a copy will be sent to the South East Development Centre of the National Institute for Mental Health in England who are already aware of this initiative. Other charities, groups and individuals will (hopefully!) read this Report in our Newsletter.

Clearly CWMT cannot replicate what appears to have been a successful initiative (albeit within the context of other school based initiatives) in West Berkshire let alone on a wider basis. What we hope to achieve, assisted by Peter Wilson and others, is an easy to use template, which can be delivered by appropriate school based staff who have been trained. Certainly the training of a nucleus of trainers within (say) each geographical area covered by each Development Centre of NIMHE should be within our capacity.

CHARLIE WALLER MEMORIAL TRUST

Depression in Children and Young People - Evaluation Form

We greatly appreciate your taking the time to fill out this evaluation form. We need your feedback on the pilot scheme in a number of West Berkshire schools so that we can decide how to support schools in the future. I sincerely hope that it will not take longer than the promised 5 minutes to fill-in this form!

School/Organisation Based on 6 participating schools

CONTENT

1. Do you remember attending a presentation by Peter Wilson, recently retired Director of Young Minds, concerning Depression In Children and Young People?

Yes

No

2. Did the presentation increase your awareness of Depression?

A great deal Quite a lot Fairly Not at all

3. What do you remember in particular about Depression in Children and Young People?

Comment

4. Do you now have a better understanding of what to do in your school if you think that a pupil may be suffering from depression?

A clear understanding Much better Better No change

5. If not, what do you need to know?

Comment

FORMAT

6. Did the format of the presentation (i.e. talk, discussion with colleagues in small groups, central discussion) suit you?

Excellent Very Good Good Not very good Poor

7. How could the format be improved?

Comment

8. Was the time allocated (approximately 90 minutes) about right?

Yes No

9. If 'No' would you have liked more or less time?

More Less

10. How frequently should such a presentation be repeated in order to maintain awareness of Depression?

Every Years
 Annually 2 years 3 years 4 years 5 years

TARGET AUDIENCE

11. Recognising the resource implications, was it correct to target teachers as opposed to pupils?

Yes No Both

12. If 'No' or 'Both' why?

Comment

13. Was this the correct forum to include representatives from partner primary schools?

Yes No

14. If 'No' why not and how should we target primary schools?

Comment

15. Was this the correct forum to include

a	School Nurses	Yes	<input type="text" value="76"/>		<input type="text" value="-"/>
b	Connexions Staff	Yes	<input type="text" value="71"/>	No	<input type="text" value="4"/>
c	Teaching Assistants	Yes	<input type="text" value="78"/>	No	<input type="text" value="-"/>

16. If 'No' to any group, please say why

Comment

17. Have we left anybody out?

Comment

18. Should this presentation have formed part of compulsory INSET for all teachers?

Yes

No

19. If 'No' why not?

Comment

SUPPORTING LITERATURE

20. Did you find the CWMT booklet 'Depression And How To Deal With It' useful?

Extremely Very Quite Not at all

21. Did you find the 'West Berkshire Resource List' useful?

Extremely Very Quite Not at all

22. Since the presentation have you had the chance to read Peter Wilson's booklet 'Young Minds in our Schools'?

Yes

No

23. If 'Yes' did you find it helpful?

Extremely Very Quite Not at all

24. Have you received the text of Peter Wilson's presentations?

Yes

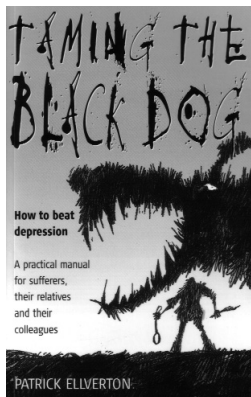
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TAMING THE BLACK DOG: HOW TO BEAT DEPRESSION

BY PATRICK ELLVERTON

Reviewed by Robert Beaumont

(How To Books, £9.99)



It was Winston Churchill, of course, who first - and famously - referred to depression as The Black Dog. It is a vivid and eloquent description which, unfortunately for black dogs everywhere, has stuck.

Churchill himself was no stranger to depression and the following quotation, taken from one of his wartime speeches, could equally be applied to his struggle with his own personal demons.

“Then turn again to your task. Look forward, do not look backward. Gather afresh in heart and spirit all the energies of your being, bend anew together for a supreme effort. The times are harsh, the need is dire, the agony seems infinite but the power of commitment and perseverance hurled united into the conflict will be irresistible”.

Patrick Ellverton, the author of this sensible and straightforward guide to the causes and effects of depression, as well as some possible solutions and cures, is clearly a fan of Churchill. He quotes him extensively and approvingly, reassured by the fact that one of the most outstanding political figures of the 20th century was able to achieve greatness despite his debilitating illness. Ellverton himself is a depressive, which gives this book the authenticity that so many other analyses of depression, written by so-called experts, lack. He writes sparingly about himself, but we learn that he was an officer in the Army, a merchant banker and a television director. These three disparate careers suggest that he was either a renaissance man or, more likely, unable to settle down to one discipline because of his personal problems.

Ellverton also reveals, more significantly, that his heavy drinking cost him two marriages. Drinking and depression, yes, there's a marriage made in hell. They feed off each other like ravenous wolves. The alcoholic needs a drink because he's depressed and the depressive needs a drink because he's depressed. It is not surprising, therefore, that most of the alcoholics I know have suffered serious bouts of depression which have only lifted when they have given up drinking. Equally, it is also not surprising that many depressives become alcoholics. Circles don't come more vicious.

The author agrees. “Depressives have a drink to give ourselves a shot in the arm to overcome our low self-esteem. It gives us a lift and diminishes self-doubt. Our social confidence is strengthened and we feel we are in control of ourselves and our lives. It's a great feeling to be relieved from the servitude of despair”.

That's the first drink. Cut to those unforgiving hours in the run-up to dawn when the drunk/depressive emerges from a bender to a very cruel and cold world. Ellverton writes: "It is now that the Black Dog has us on the floor. In the darkness in our remorseful state we see ourselves as we think others saw us - and particularly our loved ones - a foolish exhibitionist compensating for his or her own inadequacy. Our diminished opinion of ourselves is enforced. Fear, unmitigated and stark, comes out of its box and we curl up in a foetal ball - paralysed."

Depression, though, is about much more than excessive and destructive drinking. There are so many other factors which come into play, such as low self-esteem, personal loss and tragedy, changes in metabolism, divorce and debt. Each comes with its own emotional baggage and is fiendishly hard to combat. This book, to its credit, outlines a number of constructive methods - both physical and mental - and looks at them carefully and dispassionately.

There are a couple of chapters which I would especially recommend. The first is Your Emotions, which tackles a notoriously difficult subject with startling lucidity. "To overcome depression, we must first of all identify which of our emotions are out of balance and what underlying causes are contributing to the imbalance". That may well be easier said than done - but it is worth the try.

The second chapter is entitled Helping A Friend Or Family Member To Tame Their Black Dog. Almost everyone who is reading this article, I suspect, has either suffered from depression or is very close to someone who has. There is lots of valuable advice here, especially for those exasperated friends and family members who cannot understand why their loved ones are so low.

The author makes the crucial point, which is often misunderstood, that depression is not just a state of mind. It affects a person's whole physiology. But helping to relieve depression is not to nurse a sick person back to health; it is to elevate a normal person to their full creative potential. That is why telling a depressive to buck up, have a cold shower and pull themselves together is so destructive; and that is why extending the hand of friendship, love and understanding is so important.

There is also a helpful appendix at the back of the book, which gives details of various drug and herbal remedies for depression as well as numbers and website addresses for useful organisations such as Depression Alliance, No Panic, The Samaritans, Saneline and Young Minds.

Taming The Black Dog is a despatch from the frontline of depression. The author accepts that there is no wonderful panacea for this most debilitating of illnesses, mainly because every single case of depression is different, but he believes that there are certain mental and physical "solutions" which can enable the depressive to lead a normal, fulfilled life. This brave and honest book proves, in Patrick Ellverton's case at least, that these solutions work.

Robert Beaumont is a freelance journalist and Charlie's uncle

DEPRESSION: THE WAY OUT OF YOUR PRISON AN ALTERNATIVE VIEW

I was very concerned and troubled by Robert Beaumont's article on Jeremy Clarke's extremely negative view of Dorothy Rowe's book *Depression: The Way Out Of Your Prison*. Having bought three or four of Dorothy Rowe's books in the past I was puzzled by the attack and went to check the whereabouts of my copies, only to remember that I have lent them to friends and they have not been returned, presumably as they wanted to keep them. Surely the reprinting of a third edition indicates that these books are helpful to many people.

We all have different opinions and perhaps I can air mine in response. When my daughter said one day that she felt depressed my heart sank. I knew I felt depressed and could see a link between a maternal suicidal grandmother, mother and myself. It really mattered to me to discover if I could try to prevent this continuing on down to another generation. I wanted to learn more and understand what was going on.

My first impression of Dorothy Rowe's books was very different to Robert Beaumont's. I found the books inspiring and full of hope. Here was someone who did understand and made me feel there was something I could do. I liked her views that this was not a disease with medication (with possible side effects) for life being the only option. When reading the book I certainly never felt the, 'pull your socks up', attitude, more, if you're interested in knowing how your mind works after reading it then find a therapist, explore what's going on, challenge your assumptions, work at it. This is not pulling you socks up.

I'm not saying therapy is easy. It isn't. One has to face some hard truths about one's self and one's relationships and might have to recognise that sometimes there is some vested interest in staying in one's prison. There are no quick fixes. Depression is very complex and multi-layered and it would be naive to expect to read a book and solve the problem. If it were that easy there would be no problem. It would be a pity if Dorothy Rowe's books are not seen as introductions to beginning to think differently about your own experience of your internal world and how that has impacted on you today.

It doesn't surprise me that the engaging Jeremy Clarke feels the way he does. He had been successful and is probably relatively happy with his life, despite his serious mental illness. He may have managed without having to confront his darkest fears and pain although when recounting stories about his addictions, he is describing his methods of blotting out unwanted feelings. I would encourage anyone to begin to think about their depression by reading one of Dorothy Rowe's books and if you find it helpful then counselling or psychotherapy, with perhaps medication to help allay anxieties, is a real option.

The result of my first foray into thinking about my depression, thanks to Dorothy Rowe, is that eight years later I am a qualified psychodynamic counsellor, having completed the Advanced Diploma in Psychodynamic counselling, a member of FPC, and an accredited member of BACP.

Of course counselling does not suit everybody and indeed it is important to find the right counsellor in whom you trust in order to be able to talk about very personal things. Finally may I puncture one major misconception - that counselling is a 'soft' option. It isn't, it actually takes a great deal of courage to pick up the telephone and admit you need help. Dorothy Rowe's books gave me an insight without which I wouldn't be doing my job.

Caroline Shelford

Foundation for Psychotherapy & Counselling,
607 The Chandlery, 50 Westminster Bridge Road, LONDON SE1 7QY.
Tel: 020 7721 7660 Email: office@psychotherapy-counselling.org
www.psychotherapy-counselling.org

British Association for Counselling & Psychotherapy,
35-37 Albert Street, RUGBY CV21 2PJ
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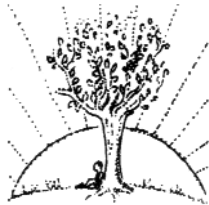
WHAT'S IN A NAME?

In summer 1980 my usual abundant energy seemed to run out and I slowly ground to a halt. My illness was given various names by different doctors - nervous exhaustion, depression, anxiety-state, neurasthenia and later, during a relapse in 1987 'M.E.' (myalgic encephalomyelitis). It was all very confusing and some of the symptoms were very frightening. I didn't get much help in managing it until by chance I saw the late Dr. Claire Weekes on television in 1984. She was an Australian consultant physician specialising in nerves. Her two very readable books *Self Help* and *More Help for your Nerves* became my bible and are largely responsible for my recovery. Whereas I had thought nervous exhaustion was a very minor condition I learnt it is extremely complicated and lack of understanding leads to nervous illness, i.e. anxiety-state/breakdown/depression. I realised that all the different labels I had been given referred to the same thing, as neurasthenia and 'M.E.' also mean exhausted nervous system.

I certainly agree with Hugo Jacobs writing in the CWMT April Newsletter 2002 that depression is not the best name. Nerves seem to be out of fashion yet it is essential to understand them for recovery. Dr. Claire Weekes' books are famous worldwide and can be ordered from any good bookshop.

Margaret Lindsay

Following these two contributions from supporters it has been suggested that future editions of our Newsletter include a Letters Page. If you would like to recommend books, organisations or resources that you have found useful and feel may be of help to others or comment on articles in CWMT News then please get in touch - a Letters Page cannot exist without correspondents.



MAYTREE

A SANCTUARY FOR THE SUICIDAL

We can all identify with needing somewhere safe in our lives.

72 Moray Road
Finsbury Park LONDON N4 3IG
Tel: 020 7263 7070 Fax: 020 7561 1732
Website: www.maytree.org.uk Email: maytree@maytree.org.uk

Just over two years ago Maytree opened its doors to those experiencing a suicidal crisis. The sanctuary was the brainchild of Paddy Bazeley who during her 25 years as a Samaritan “met so many people who needed somewhere safe. Somewhere to be for a short time where they could consider ... living and dying.” However there was a gap in the services available to the suicidal between the medical, largely psychiatric and longer term, and the voluntary sector offering helplines and hostels. The need is for accommodation and support in a non-medical environment for those in a suicidal crisis. This is particularly relevant in two kinds of situation: where someone is going through a major external crisis, e.g. relationship breakdown, bereavement/loss or a financial crisis but has no history of, or need for, psychiatric intervention; and for the individual with some history of mental health problems but who is strongly averse to being referred to the mental health services.

Maytree’s aim is to save lives and relieve suffering focussing on those at serious and immediate risk of suicide. It seeks to provide a calm, supportive, almost homely, atmosphere, and a non-medical environment that ensures privacy, respect and confidentiality - a place, and the space and time to rest, reflect, talk and be ‘befriended’ without pressure or judgement.

It is hoped that, through befriending and the relationship or re-connection made during a brief stay at Maytree, a suicidal person will experience something of both instant and lasting value that alleviates despair and isolation - sufficient at the very least to enable the individual to respond to introduction to other sources of continuing help beyond their stay at Maytree.

In practical terms Maytree offers guests (among other things) their own room, use of house facilities and the chance to talk to a volunteer, as much or as little as she/he likes.

Maytree is a much-needed resource as, in the words of Professor Keith Hawton, Director of the Centre for Suicide Research, “...for some of the suicidal temporary respite is what is needed but unfortunately increasingly over-burdened psychiatric hospitals are not always able to offer this”.

5 YEARS AND YESTERDAY

It's been five years, but it still feels like only yesterday, that my brother, Gordon committed suicide, after suffering from depression. I finally feel I can speak about it openly and use the experience to raise awareness about depression and the devastation it causes, not only to sufferers themselves, but also to their friends, families and carers.

Suicide is already the third largest cause of death in young men and with the rate of increase of depression in children rising at an astonishing 23% a year, there has never been a better time to support the fantastic work that the CWMT does in promoting awareness of the disease and removing some of the stigma that still surrounds it.

The day of our sponsored walk from Berwick-on-Tweed to the Holy Island of Lindisfarne was a time of mixed emotions-excitement, hope and sadness too. I chose this walk, traditionally a pilgrimage, to celebrate Gordon's life, his amazing character and especially, his knowledge and love of ancient history.

We were a small group from all over England, Scotland and France, I wanted it to be small, intimate and supportive and it was! The walk winds along the cliffs by the sea and then across the moors (unexploded bombs and quicksand optional!) and finally onto the causeway that leads across to the island. We managed the 15 kilometres in five hours, which considering one of our walkers was four and half months pregnant, was reasonably impressive. There were no injuries, no sore feet and everybody agreed that making the walk an annual event was a good idea.

At the end of the walk we sat down in a bar for a well deserved drink and raised a glass to Gordon, I know he would have approved! It was a wonderful experience to come together with friends and celebrate his life like this and such a fitting tribute.

Anne Hitchcock and Georgie Higton

LITERARY LUNCH

Professor Michael Wheeler was the guest speaker at a Literary Lunch at Dean House, Kilmeston, near Winchester on 3rd November. The lunch was organised to make money for CWMT and, importantly to heighten awareness of the Trust's objectives in Hampshire.

Michael Wheeler took as his theme, 'To begin at the Beginning' and he explained the enduring skill and genius of six of Jane Austen's novels, holding the audience of 120 enthralled for almost an hour before answering questions.

A delicious lunch of spicy lamb casserole and various puddings followed which had been prepared by the Committee and friends.

A successful Raffle raised £520 and, thanks also to some very generous donations, a total of £2,801 was forwarded to CWMT.

It was lovely to have Rachel Waller with us and many thanks are due to all those who helped. The afternoon was voted a great success and a similar occasion is planned for the future.

Romy Parsons

MARY MOLONY EXHIBITION OF DRAWINGS AND SCULPTURES



Mary Molony suffered from severe depression throughout her life and tragically committed suicide at the age of 32 eight years ago. Since her death it has been the 'greatest wish' of her younger sister, Sue, to share Mary's work with a wider audience and in 2004 this was achieved.

The Exhibition ran from the 21st to 25th September and on a warm September evening I, along with many other CWMT supporters and friends of the Molony family, attended a private view of Mary's work at The Osborne Studio Gallery situated in a quiet street in Belgravia. The small gallery proved the perfect venue for the Exhibition providing an intimate space in which to view the pictures and creating the illusion of personal hospitality which, as many of the Molony family were present, was entirely in keeping with the spirit of the event.

Refreshed by food and wine and relaxed by the mellow rhythms of two young musicians Charlie Richards & Michael Bester (*The Cape Jazz String Duo*) drifting through the air, guests wandered around the Gallery to look at Mary's work.

There was much to admire. A bronze sculpted figure crawls across the floor. An old man contemplates his pint at the side of the bar. Jockeys urge their horses across the paper. An exquisitely and delicately drawn giraffe gently investigates the bottom of an African boat. Even to my inexpert eye (being of the "I know nothing about Art but I know what I like" school of criticism) Mary's work reveals an impressive talent for characterisation and an accuracy of observation. Her individual visual language speaks loud and clear through the people and animals on display. (If you missed the Exhibition Mary's work can still be viewed at www.marymolony.co.uk).

The event was a great success and our sincere thanks go to Sue and her family for organising such an enjoyable evening.

Christine Davey

JERSEY SWIM

In July of this year a team of eight swimmers and two support teams from St George's Hospital Medical School, swam around the Channel Island of Jersey. The team swam in a relay fashion, taking a slot of one hour each. Early on the morning of the 20th July the first swimmer set out from St Catherine's breakwater. The swimmers experienced perfect conditions on their counter clockwise circumnavigation of the island. Bright sunny skies and calm water conditions both helped the team in their time of 10 hours 28 minutes and 12 seconds, some 1½ hours less than their target of 12 hours!



The team were extremely pleased to have recently been able to present a cheque to The Charlie Waller Memorial Trust for £1360.

Stacy Wardle

CRICKET AT BRADFIELD

The classic British Summer: Henley (picnics, rowing, drinking); Ascot (picnics, racing, drinking); Lords (picnics, cricket, drinking). Do you begin to see a theme emerging? To these seasonal landmarks must now be added, after its 7th successful year, the CWMT tournament at Bradfield.

As at those other events there is ritual to be followed. At Bradfield, just as in Romeo and Juliet or a Buckingham Palace fly-past, a balcony is important. Here on the pavilion balcony, in the dewy morning, balls are drawn from a velvet bag, in the manner of the much-missed Graham Kelly. The teams then scatter to the four pitches and cries of 'play!' are heard.

Not playing this year (not selected - there, I've said it) I was able to explore more fully the day's attractions. At the bar pints of Brakespear's Henley Ale are served by Henley natives (the Wests) - a nice touch. There is a bouncy castle, which is good fun (although repeated landings on small children do become uncomfortable). Then, you have a choice of four cricket matches to watch; it's just like having digital television - there's even Mark Durden-Smith.

With so many games going on, the sound of leather on willow comes regular as the ticking of a clock. The short format makes for exciting cricket, too exciting perhaps for the denizens of the Christian summer camp, in residence at Bradfield, forced to shelter in their tents under a dangerous rain of cricket balls.

Players and supporters then come together for lunch, when two immense pigs, turning slowly on spits all morning, are reduced to skeletons with an efficiency that would impress a piranha fish. Then it's another four games, a lavish tea, then the finals. The bar, I can report, stays open all day.

On the pitches, the home team the Gussets (with one notable absentee) could make only the plate final and were well beaten there. Shame. Former winners the Tappers made a return to the final proper but there encountered Richard Arscott's team, a collection of cricketers whose youth, skill and fitness seemed almost unfair.

This was a wonderful, sun-soaked day made possible by the efforts of all who organised, baked, served, cleared-up and otherwise gave their time, and by and the generosity of Bradfield in

providing the pitches. £4,897.00 was raised for the Trust. Next year's tournament is on 16th July. See you there.

Iain Weatherby

BRIDGE DRIVE - 21ST SEPTEMBER

I was very grateful for Christopher and Jane Clarke for offering us their 'birthday party' marquee at Crowmarsh Gifford, it was the perfect venue for the Bridge Drive. 96 people took part and we raised almost £2,000. Not only were some of the charity's most stalwart supporters there, but also a number of people 'new' to the Trust and its work: it was lovely to have their interest and support. My thanks go to all the friends who helped on the day.

Deborah Whitfeld

ONE MAN'S MARATHON

The run went very well, considering it was my first marathon. I optimistically thought I might get under 4 hours and in fact achieved 3 hours and 56 minutes. This was very rewarding after many hours of painful training and especially as they say most first time Marathon runners do not reach their predicted time.

The initial few miles I took very easily (which was not difficult due to the number of runners) and I felt very strong from 10 to 22 miles, however at 23 miles I hit the proverbial wall! Luckily my legs were still attached to my numb brain so I struggled on. Refuelled, and realising there were just 18 minutes left to do the remaining 2.2 miles, I put my head down and made for home, eventually achieving the time with relative ease.

To anyone who saw me crying in the Mall, I'm sorry but it was raining!

Jason Walduck

Our thanks go not only to the Trust's 'Gold Bond' runners Jason Walduck, Richard Shore and Lizzie Orange but also to Jeremy Garret-Cox for arranging that CWMT was allocated a share of the money raised by the ING Banking Team and last, but not least, individual runners who sent donations to the Trust. As a result of their efforts the Trust gratefully received approximately £16,000.

RIVERSIDE RAMBLINGS RAISES £11,204

This venture, thanks to the kind offer by Sarah and Anthony West of a marquee and their garden overlooking the River Thames, took place on a balmy Saturday evening in June.

The committee - Helen Belasco, Louise Binney, Jayne Gray, Rose Macleod, Wendy and David Meirion-Williams, Angela Pengilly, Jill Richardson and Sarah and Anthony West under the chairmanship of Nigel Gray brought together over two hundred friends and supporters for an evening of Riverside Ramblings at Remenham Manor.

After partaking of liberal quantities of champagne, provided by our generous hosts, all of the participants, who were seated at tables of ten in the marquee, settled down to enjoy the picnics they had brought with them. Coffee was accompanied by further gastronomic delights to tempt the taste buds and expand the waistline - delicious chocolates generously supplied by Green & Black for the occasion.

Following supper 'Ratty and Mole' guided us through an evening of light entertainment by members of the Henley Operatic and Dramatic Society. This proved to be an eclectic programme of poetry, prose and songs ranging from *Pooh Sticks* by A.A. Milne to *The Eton Boating Song* - John Betjeman's *Henley-on-Thames* and *The Hippopotamus Song* by Flanders and Swan. The finale was an extract from *Three Men in a Boat* read by Anthony West and then a full-hearted rendition of *Messing about on the River* by all present.

Shortly after 11.00 pm it was time to go and as the revellers wended their way homeward I am certain that none was happier than the Clare Fletcher who, as winner of the first prize in Red Rose Raffle, left the party with a magnificent diamond, kindly donated by a Remenham resident together with setting costs of £400 (another generous donation) - lucky girl.

David Meirion-Williams

THE CONCERT

On 10 November, more than 700 people gathered in St. John's Church, Smith Square, for a concert of classical music in aid of the Trust. The evening began with a short speech about the Charlie Waller Trusts work, given by Rt.Hon.Virginia Bottomley, who served at different times as Secretary of State for Health and for Culture in the government of John Major. She said how much she had learned during her time at the Department of Health, about the limitations of state provision for the treatment of depression, especially among the young.

'For a start, I realised that there was no simple, accessible guide to the issue', said Mrs. Bottomley. She praised the work of the Trust in answering this need, and especially its programme for schools. 'We can all see how much more can be done: we must understand; reach out; be with people. We can all be better ambassadors for this cause than we are'.

The London Charity Orchestra opened the musical programme with Mendelssohn's 'Hebrides' overture. This was followed by an enthralling rendition of Saint-Saens' Cello Concerto No.1 in A Minor, given by the brilliant young cellist Jamie Walton.

After the interval, the orchestra performed two pieces by Chabrier, the 'Marche Joyeuse' and 'Espana'. Finally, we heard a selection of highlights from Tchaikovsky's Swan Lake. The London Charity Orchestra is overwhelmingly composed of very young musicians, many of them students, who lend their talents simply for the pleasure of performing, and to assist good causes. It seemed especially appropriate, and indeed moving, to see such a youthful group creating wonderful music for The Charlie Waller Memorial Trust.

They were exuberantly conducted by the rising young star Toby Purser. The violin of their leader, Thomas Gould, gave special pleasure in Swan Lake. He is just 21, a former pupil of University College in Hampstead, now studying at the Royal Academy of Music.

The evening was made possible by the generosity of Mr. and Mrs. Charles McGregor, who underwrote it, and by tremendous hard work from organisers Rosanna Patrick, Christine Davey and Louise Black.

The concert has raised (at the time of publication) over £20,000 for the Trust, and delighted all of us who were lucky enough to attend.

Max Hastings

In addition to those individuals mentioned by Max Hastings the Trust would like to thank Leo Burnett London for designing and printing the programme free of charge, those who placed advertisements and also our supporters who acted as programme sellers for the evening.

THREE PEAKS CHALLENGE

On the 4th June the father and son team, Angus and Henry Cheape, together with Jamie Taylor, Rory Penn, Will Matthews, Jamie Freeman and Jack Collins set out to conquer THE THREE PEAKS. Their object was to raise money for the Trust as they 'Would not have done it for pure recreation!'. The following 'Match Report' charts the highs and lows of encountered on their journey.

19.45 Ben Nevis

The Challenge began and five minutes later complaints of 'the bead' (relentless sweating) were heard. The path steepened, we slowed, passing about 200 people, all with varying estimates of how far we were from the summit - from 3 hours to 1. "Doing the Three Peaks?" was a common question, followed by "You'd better get a move on, dark soon." Great for the morale. Finally we managed to find a path with no one else on it - partly because it was nearly vertical and a Friday evening - and made it to the first snowfield by about 21.30.

Reaching the peak (in just over two hours) we passed the final group who had decided that 'Stella' was the way forward and were casually wandering back down towards the pub. Despite the fact that the temperature was below freezing, Penn's tripod kept falling over and we still had to get back down the reward was the most amazing panoramic views seen from the summit.

Guided by Jamie T' and his head torch with its '2000 hour battery' we began the descent passing the notorious 5-finger gully and, to our delight, halfway down the 'Stella' crew still plastering about in the half-light.

04.45 Scafell Pike

Shrouded in mist and midges we set off up Scafell Pike where Henry Cheape's map reading came under considerable pressure (everyone else having conveniently placed their maps deep inside backpacks). According to the map, left was a long easy climb - right for a short steep ascent. Right was chosen and short and sweet it was. Having overtaken an amazingly slow woman accompanied by her husband, we branched right and were immediately lost. Stumbling along in the half-light, waving compasses and GPS we were back on course. Up a vertical scree slope. Keep on up here and we'll get to a cliff where we turn right from son (HC) to father (AC) who was leading. The cliff came and the decision to turn was taken. Hindsight is a wonderful thing! The path turned toward the summit, but at the same time narrowed and steepened - a lot. Somehow we made it over the huge boulder guarding the exit at the top of the gully and came out on a small plateau which, according to the map (definitely misprinted), was only a few hundred yards from the summit. Emerging from the gully where no man had been before we began the gentle stroll to the top reaching it in about an hour (as did the amazing slow woman and husband who had come up the longer and easier route). HC was not popular! Freezing cold, wet and hungry we posed for photographs and then by popular consent we descended via the longer route.

14.00 Snowden

Half of the team set off on the long flat path to the mines while others packed bags etc., eventually joining the intended path about 1½ hours later, having climbed a scree slope (an activity at which we were becoming extremely proficient). There was a mixture of 'Three Peakers', 'Five Peakers' (strange souls running the five peaks of Snowden) and those who had taken the funicular to the top and thought it would be fun to walk down.

Once again we ascended into the mist then, finding the railway, we followed the track to the summit, which resembled Piccadilly Circus on a Saturday afternoon. This time the tripod stayed in Penn's bag, a quick photo was taken by a passer-by and we began the descent with the goal of reaching the bottom in less than two hours. The group unanimously voted to take the originally intended route of ascent back down. Needless to say it turned out to be murder, the blame lying squarely with the navigator! However at the halfway point the mist lifted off the summit revealing spectacular views - you could even see England and Wales.

The End

Finally the car park was reached, the stopwatch stopped - **21 hours, 52 minutes and 49 seconds** from leaving the car park at Ben Nevis - superb team effort.

The Challenge raised £13,303 and CWMT offer hearty congratulation to the Team for this splendid achievement and sincere thanks to them and their 'numerous and very generous' supporters.

WHO WAS HENRY MORTON STANLEY?

If I'd known that 600 people were going to be sitting in the Ondaatje Theatre at the Royal Geographical Society I might not have had the courage to turn up myself. It's been said many times before but giving talks can be far more frightening than the expedition itself. However it has always been one of my ambitions to give a talk at this famous Centre of British Exploration and to have such amazing support was a great confidence boost.

For a long time I have been fascinated by the explorer Henry Morton Stanley as I believe that he showed classic signs of depression through periods of his life. I feel I can make this judgement as I've been in the same boat myself and empathise with his feelings written in his diaries and expedition journals. My goal has always been to show how exploration is such a positive way for people to build self-esteem, self-confidence and broaden ones knowledge of the world around us. As with music, art, drama etc...it's just another way for people to 'express' themselves.

My challenge was to convey this message to the audience in an hour. To do this I had to explain what it was that first interested me in Stanley and why I wanted to follow his Trans Africa Expedition. I talked about his childhood and upbringing and what the key incidents were that I think influenced his character leading up to the point when he left Zanzibar on this expedition. Coming back to the present day I made comparisons about the environment in Africa that I travelled through and how life or conditions have changed since 1874, when Stanley was an explorer. Finally I showed a 13 minute film of my Expedition Video Diary. This was my most memorable part of the journey when I kayaked 350 miles up Lake Tanganyika to Ujiji - the famous meeting place where Stanley found Dr David Livingstone.

Michael Lord and I are planning a series of talks in secondary schools to create further awareness about Depression and CWMT to this important age group. I am also giving talks about my expedition to Public Schools around the country. Please contact me through the Trust if you know of any schools that might be interested in this programme.

Finally, thank you to everyone for the great support throughout my expedition, at the RGS Talk and for the amazing donations to the Trust. The greatest aspect about linking charities and Expeditions is there's always another challenge on the horizon.....

Simon Wilson-Stephens



Afternote - Simon was too modest to mention that as a result of his Expedition and Lecture the Trust has, to date, benefited to the tune of just over £10,000.

As usual copy deadlines prevent us from including all the fund raising activities that have taken place since the last Newsletter. Although we hope to report on some of these events in the next edition of CWMT News the Trust would like to take the opportunity to thank the following for their efforts on our behalf: -

Marcus Rickard (ably assisted by **Lizzie Orange** and **Cressida Williams**) - Young Collectors' Evening held at the Royal Academy on 23rd April.

George Finch, Lizzie Anstey and friends - Party at Fulham Town Hall - 23rd April.

Jenny & Peter Cooch for completing a Coast to Coast Walk (191 miles) from St. Bees Head (Cumbria) to Robin Hood's Bay (North Yorkshire)

George Burnand - 6 Aside Cricket Tournament

Peter Hughes who heroically completed New York Marathon (with a broken leg) in the memory of Matthew Wood.

And not forgetting the many people who have donated the proceeds from local fetes, jewellery, cake, plant sales etc. to CWMT. We are, as always, sincerely grateful.

FORTHCOMING EVENTS

Further details of any of these events can be obtained from Natalie Hurrell at the Bradfield Office or our website at www.cwmt.org

Quiz Night - London

February

FINE ART SALE - LEEDS

Thursday 10th March

Auctioneers Bonhams have kindly agreed to host a reception and private view of their spring Fine Arts sale in aid of the Trust. This special evening will take place at the Leeds office of Bonhams and invitations will be sent out nearer the time. For further information, please contact Robert Beaumont on 01423 323139 or by e-mail at Robert@minskiplodge.demon.co.uk The Trust would like to extend the warmest of thanks to Stephen Wood of Bonhams, who has helped to arrange this event.

100 MILE WALK

Dorset, Wiltshire and Hampshire - April 4 - 10

Join Tony Maxse on this scenic journey starting from the home of George and Sarah Bingham near Cheeselbourne on the Downs above Dorchester and heading along the Wessex Ridgeway over Win Green Hill and Cranbourne Chase to Salisbury. The route passes the Constable view of the Cathedral and heads east past Clarendon Palace. After crossing the Test and the Itchen the walk then takes in more fine scenery as it crosses over the Hampshire Downs to end in Newton Valence by invitation of the Parsons and Sutton families.

If you are interested in joining the walk or would like to help in any way please contact Mrs Romy Parsons - Tel: 01420 - 588464

LONDON MARATHON

Sunday 17th April

8TH CWMT CRICKET TOURNAMENT

Bradfield College - Saturday 16th July

If Iain's account of the 2004 tournament has persuaded you that this is definitely an event to be added to your summer season the order of the day is as follows: -

- * Draw by Mark Waller at 9.30am.
- * First round matches will start at 10.00 am (each match will be 12 eight ball overs per innings)
- * Lunch (BBQ provided) 12.00 pm - 1.00 pm.
- * Semi-finals will start at 1.00 pm
- * Tea 3.00 pm to 4.00 pm
- * Finals commence 4.00 pm
- * Stumps at 6.30 pm

Lunch £15.00 per head - Tea £5.00 per head

If you would like to attend please contact Natalie Hurrell by Friday 24th June.