

Staying Connected

Early Intervention in Psychosis Service Newsletter

Welcome to the first 2019 issue of the Early Intervention in Psychosis Services (EIPS) newsletter, *Staying Connected*. This newsletter is edited by published every three months and is designed to provide information and advice to service-users and carers of EIPS.

Who we are

The newsletter will be edited and published by Sharma Beaton (Assistant Psychologist), alongside other members of staff in EIPS. This newsletter is co-written by our service users and carers and we welcome contributions of articles, artwork, quotes etc. Articles are also written by various members of the multidisciplinary team, in order to give a holistic overview of mental health and the services we provide. The team is made up of Community Psychiatric Nurses (CPNs), Social Workers, Psychologists, Vocational Advisors, Occupational Therapists and Support Time Recovery (STR) Workers.

What will the newsletter include?

The newsletter is aimed to provide useful and interesting information to service-users and carers of EIPS. In EIPS we are keen to promote

different ways that health and wellbeing can be improved.

What's in this issue?

In this issue, we explain the role of the EIPS physical health team and give some tips on improving and maintaining good physical health.

We know that there are increased physical health risks when on certain medications, e.g. weight gain, hypotension & diabetes, so it is important to be conscious of this and take positive steps toward good physical health. We also have an article written by one of our peer support workers sharing his journey and his experience working with EIPS. In this issue, there is also a new research opportunity looking at the potential neuroprotective factors of Vitamin D, when taken after a first episode of psychosis, a chair yoga segment and much more!

How you can get involved

We are keen for as many service-users and carers to be involved in the production of this newsletter as possible. If you have any ideas for articles to be included in future editions, or are interested in writing an article, we would like to hear from you. If you would like to be contacted about providing your opinion on topical issues, again, please let us know.



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EIPS Physical Wellbeing

Written by the EIPS wellbeing team.

Purpose of the role

We provide support/advice around physical health to service users with a presentation of first episode psychosis, who have complex needs.

What we offer

We offer information, support and interventions to EIS service users. When you join the service we will contact you to book a physical health check.

We can support you with

- Physical health checks
- Diet and nutrition
- GP registration/appointments
- General physical health & wellbeing

What happens next?

When you are referred to EIP we will check your medical records. If you require further checks, we will arrange a physical health check.

Completing a physical health check

We will ask some questions to get an idea of your overall health pertaining to; lifestyle history—diet, exercise level, alcohol & drug use, current medication and self/family medical history (if known).

Vital signs are taken such as; Temperature, respiration, pulse & blood pressure.

- Your BMI is calculated by:

Weight (kilograms)

Height² (centimetres)

Physical Health Quick Tips

Drink more water and fewer sugary drinks—Staying properly hydrated helps the body's cells to function more efficiently. Cutting back on sugary drinks is good for your dental health, weight and budget.

Exercise regularly—To maintain health and reduce your risk of health problems, health professionals and researchers recommend a minimum of 30 minutes of moderate-intensity physical activity a day.

Eat more fruit and vegetables and less fast food—Fruit and vegetables contain natural vitamins and minerals your body needs, to function optimally. Fast food is high in sodium, saturated fat, trans fat and cholesterol, it isn't something you should eat often. Eating too much over a long period of time can lead to health problems such as high blood pressure, heart disease, and obesity.

Get a good night's sleep—Quality sleep will not only improve your mental well-being, it will also decrease the risk of diabetes, heart disease or high blood pressure.

Reduce sugar intake—Reducing sugar intake and eating a healthful diet may help people: lose weight and prevent obesity and have more energy throughout the day.

We can refer you to services that can provide additional support with your physical health such as:

- *One You Kent (which offers support with lifestyle support)*
- *Smoking Cessation Programme (to support to help stop smoking)*
- *Passport to Leisure (to help you join a gym)*
- *Drug & Alcohol Services (to help with substance misuse)*

My Journey...

This article was written by West Kent EIS peer support worker, Adam Crick.

"You'll never get out of here" was the first thing Hal ever said to me. This left me quite scared; I looked around for someone that I recognised to ask if they heard it too. Mum still smiling made me think she didn't hear it, as she was quite sensitive – she would have reacted if a gruff sounding male voice had just spoken to her like that. I never really liked going shopping again, this might be why. I was 8 years old when I heard my first voice; the tag along that's been on this journey with me is Hal. A 40 something year old gruff voice that sounds really like Phil Mitchell... The worst part is I learnt that similarity when I was about 10 watching EastEnders for the first real time. I also learnt that I didn't like it once that connection had been made.

Fast forward a few years I'm starting a new school in Ashford at the age of 10, I had to wear a tie and everything. Really wasn't what I was used to, in primary school in Essex it was a lime green polo shirt, joggers navy or black with trainers. Now, a school where shirt & tie, smart trousers and proper shoes was expected. I think my brains way of reacting to this new loss of freedom was another episode of hearing voices. I remember asking my mum to sit in the back of the car with me and my brother sat in the front. Leaving my nans house, staring out of the window watching lamp posts go by and telling her that I hear voices that I don't know. Her reaction was of shock and concern, within days I had to tell the GP about my current problem with a swift referral to a child councillor called Max. This led to my dad calling him 'Mad Max' – I hated that, because it felt like an indirect attack on me, I'd asked for help and Max was there to help relating to my mental health and still was called mad. After some sessions with Max, things didn't change – it was just seen as a small hiccup in the grand scheme of things. One of my school mates was due for a very

large operation on her spine, I can't remember the full reasons why but my teacher decided one afternoon we would all share our fears, so as it went round the class most people said they was afraid of needles, heights, the dark (which I still am!), all sorts of things. However, I shared I was scared of hallucinations – I think because this was the first time I'd said this in an open group it was so overwhelming I was in floods of tears. I remember everyone saying like "what's that?". It led to my teacher explaining it's experiencing something that wasn't there and led to a strange example and it made me feel quite alone as I couldn't relate to what she was describing.

Let's skip to after school, aged 21. Hal exists still, and now so does Lucy. Lucy is trapped as a 16 year old girl, and is a school-yard bully attacking my self-confidence and usually tag teams with Hal. Things had got too much one day after finishing work and I couldn't cope anymore, I had started self-harming as a way to deal with the pressure of keeping my experiences to myself however this actually brought attention to it more so. One morning after I had hurt my hand quite badly my mum said "right we are going to the doctors, because this has got to stop." After some time I was seen by the community mental health team and went through different questionnaires and questions regarding home life and if I felt safe etc. I was at my end, I had enough of living and made an attempt at my life; things weren't going to get better. I saw no way out. That night I tried to overdose myself with intent to never wake up and people will be better off without me. I'm glad now that I failed to do that, although at the time I was angry that I couldn't even do the one thing I thought I needed more than anything.

Eventually I was referred to the Early Intervention Service for Psychosis after much umm'ing and arr'ing if I met the correct criteria. I had an appointment to meet a nurse for an assessment; it was someone who I

now have the privilege to call a friend. He had a great approach to me, I think he could see the loneliness that I had alongside my psychotic symptoms and a buddy/role model was what I needed also. I can only commend his efforts to help treat my first “recognised” episode of psychosis and has been one of the few professionals to dig a little deeper and get it all out on display so we knew where we are starting from. Not only this, he challenged my father and that was one of the critical blocks to challenge because my dad at this point could not see progress, I was still sleeping until 11am and going to bed at 5am or sometimes not at all until the next afternoon as, I felt safer throughout the night and I needed to be on my guard in case of an episode of tactile hallucinations started.

For me my tactile hallucinations feel like crawling under my arms, only way I can describe it is if there is a breeze on your arm hair and it instantly gives you goose bumps because you wasn't expecting it. That's a pretty close similarity for me; however the way I dealt with this was at the time self-harming. I had no other choice it felt like, my symptoms took me to a place where I could see spiders marching on my arms and burrowing beneath the skin but I felt paralyzed to stop them I could only watch.

Moving back to my time with early intervention, Charlton was a huge thing for me. Having the time where I was allowed to not be alone, surrounded by peers and staff that understood. It allowed me to be me; I could be curious in a gentle way and ask questions to see if there was a similar start to a story for other people. Meeting two peer supports changed my approach to my mental health, it taught me to be kind to myself and that there is a future for me as I had no idea how I wanted my career path to be, no real plan but after meeting them I knew if I could do that in my own little weird way that'd be perfect.

I cannot fault my time with EIPS as a service user, my needs were met and opportunities

was offered to me that I don't think I'd of ever done if given the chance in a different circumstance, I got to watch white water rafting and my care co-ordinator fall in on a Charlton activity. I was given training to facilitate a hearing voices group and met some fantastic people on that training course hosted by a truly inspirational person that made me think about the word “diagnosis” and how it doesn't change the fact I'm still me with experience that may fit in the medical box of a diagnosis. After the course I helped facilitate one of the first hearing voices groups in Kent, hosted in our local Tesco community room we had different angles of opinion for people to ask questions that might relate to them. Our facilitators were me as an ex-client of EIPS at this point, a Carer and her son who was currently under EIPS and an Occupational Therapist from EIPS.

Now I have worked under the Kent and Medway NHS and Social Care Partnership Trust for nearly two years, some as a Peer Support in the acute setting and more recently moved into working for EIPS Medway team and I couldn't be happier in my current setting.

I still have my entourage of Hal and Lucy, but I also have Nathan now, a strange old man that I still haven't quite worked out but he's not critical or hostile towards me, when he talks to me it is also accompanied by visual hallucinations of colours that can take over my vision. Best way to describe this is the wrapper of a sweet like quality streets and you can take the outer layer that doesn't have foil on, put that against your eye and it becomes filtered in that colour, or they will be colour splotches that are like if you stare at a light for too long except they are almost 3d effect.

I feel like my story isn't over yet in regards of recovery however my circumstances have definitely improved from 2012 within regards of mental health.



DFEND

A Research Study Looking at Vitamin D Supplementation in People with First Episode Psychosis

New Research! – DFEND Study

An opportunity to take part in new research is available. KMPT are taking part in an exciting new study in association with King's College London. The aim is to assess the effects of Vitamin D supplements compared to a placebo, on mental and physical health in people experiencing their First Episode of Psychosis.

Background

Vitamin D is commonly known as the 'sunshine hormone'. With regular access to strong sunlight your body can make vitamin D to keep you healthy, however people in the UK commonly have low Vitamin D, due to a lack of strong available sunshine. Vitamin D is known to be important for healthy bones, but there is growing evidence that it may help brain health, and enough vitamin D can help protect the brain (neuroprotective). At this stage, there is no evidence to tell us whether adding vitamin D to the standard treatment of people recovering from their first episode of psychosis can help recovery. If adding vitamin D supplements to standard treatments aids recovery, this type of treatment could be provided routinely in the future.

Purpose of the study

This study aims to explore if the addition of a Vitamin D supplement to standard treatments (medication, support, talking therapies etc.)

can help people recover after having their first psychotic episode

Who can take part?

You can take part if you are aged 18 years and over; have recently experienced your first episode of psychosis.

Do I have to take part?

You do not have to, participation is voluntary. If you do take part you are free to stop completing the questionnaires whenever you want. This will have no effect on your legal rights or medical care.

What is involved in this study?

Your participation would be required for a total of 6 months to receive monthly dosing of either Vitamin D or placebo. In addition you will be given both physical and mental health assessments at several time points throughout the study.

In compensation for your time, we will reimburse you a total of £40 for trial completion and all travel expenses.

For more information, please speak to your care coordinator or contact your local DFEND study researcher Roberta.Box@nhs.net or 07500 920737 / 01622 427211.

The responsible DFEND researcher at your research site is Dr. Vincent Mtika; 01622 766900.

*Alternatively, text **DFEND** to 07500 920737.*

Yoga

In addition to its widely known benefits in improving flexibility and relaxation, yoga has been shown to improve balance and strength, reduce chronic pains, menopausal symptoms, daily energy level, and social and occupation functioning, among other health parameters.

Article by Becky Bew, EIS Social Worker

Hands Chest Chair

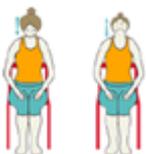
- This sequence is done in the seated position with the support of a chair, it important that the seat comfortable, not too cushioned, and has a flat base. A low-height seat is necessary as the feet should touch the floor comfortably in order to promote blood flow.

- Sit on the chair, legs parallel to the legs of the chair. Extend the spine upwards until you feel comfortable



- Bring the palms in Namaste towards the chest & Anahata Chakra, and close your eyes.
- Begin to feel the flow of breath through the nostril while trying to fill the abdomen and lungs.
- Make sure the breathing is also slow and smooth.
- As we grow old and done with our responsibilities, it is time to focus from deep within and begin this slow connection. While still breathing, take this moment to understand to answer questions like, Who, Why and What related just to yourself.
- Sit connecting with the breath for about 6 breaths or more and bring that smile on the face to keep the facial muscles calm and relaxed.

Chair Neck Rolls A



- After a good round of opening up with deep breathing and calming the nervous system, open your eyes and rub your palms generating heat and place them on the eyes for some time.
- Inhale and take the neck upwards and backwards as you feel comfortable and

exhale. Then. Inhale and bring the neck downwards toward the chin and exhale completely.

- Practice the movement of neck in two rounds taking 2 rounds of breath in round.
- Make sure not to strain the body and movement trying to coordinate the breathing with movement. Maintain breathing. Close eyes if you prefer.

Chair Neck Rolls B



- From the centre, take the neck towards the right shoulder as you exhale and then bring it back to the centre.
- From the centre, take the neck towards the left shoulder as you exhale-inhale and bring back to the centre.
- Repeat this movement of the neck from centre to shoulder and back again if comfortable. Close the eyes and relax the body as the movement happens.
- Reducing and opening the blockages around the upper spine helps with a smooth flow of prana towards the brain, keeping the mind calm and relaxed. These moves when done alongside breathing can work wonders on the nervous system.

Chair Neck Rolls C



- Come to the centre and relax for a few breaths. If there is discomfort in the head of neck, take deep breaths through the nostrils.
- With breathing, move the neck clockwise and anticlockwise for 2 rounds, 2 breaths each round.
- Be sure not to strain the body trying to coordinate breathing with movement.
- The idea of rotating the neck is to release the tensions built around the neck and shoulders. Tensions and stiffness around these areas will create headaches leading to lack of sleep.

Chair Seated Shoulder Circles



- Come back to the centre after the previous move. Place palms on the shoulder close to the base of the neck, bend the elbows, extend the spine and sit straight.
- Make circles with the arms rotating while bent,

clockwise and anticlockwise. Do this for two rounds, with 2 breaths in each round.

- If taking the arms to high is difficult, bend the hands and elbows and rotate within your body's comfort.
- This stretch is to keep the shoulder, elbow and wrist joint active, reducing symptoms related to arthritis and osteoporosis.

Chair Seated Side Stretch



- Come to the centre, relax, close your eyes and take a few breaths.
- Inhale and raise your right arm upwards, taking it towards the left side as far as you can go, whilst slowly tilting the chest and neck towards the left.
- Exhale, and take another breath. Remain for a few seconds, continuing the breathing.
- Inhale and extend the right arm and bring it back down to the chair. Exhale, relaxing the neck and shoulders.
- Repeat this movement one more time. Make sure you are balanced.

Chair Seated Side Stretch



- Repeat with the left arm, while having the right placed down holding the chair.
- The idea of this stretch is to gently open the heart muscles, making sure the breathing is not wrong.

Chair Seated Twists



- Release from the previous pose and relax. Inhale slowly and turn towards the right, twisting the torso from the hips, gaze behind you and exhale.
- Remain for one more breath and release slowly, inhale, come to the centre and relax.
- Practice this in 2 rounds towards the right, taking 2 or more breaths on each round.

Chest Expansion in Chair



- From the centre, relax the spine and shoulder, breathing calmly.
- Inhale and raise your arms behind you to grip the chair's back. Raise the chest upwards and outwards and try to

gaze up lifting the neck a bit.

- Do this for 2-3 rounds, and enjoy the stretch at the chest and spine. This pose activates the glands within the body.

Hands Up



- Come to the centre, and take a few breaths.
- Inhale and raise your arms above your head, opening the chest and stretching the shoulders and arms.
- Exhale in this position and remain for a further 1-2 breaths if comfortable.
- If this movement is difficult, practice with one arm at a time or taking up the arms as comfortably as you can with bent elbows.
- Raising the arms above the heart will help the pumping of the heart, helping control pressure and keeping the heart fit.
- Close your eyes if possible and focus within you. Enjoy the calmness and focus on the sounds happening from within, as the ears would be partially blocked with the arms.

Head Up



- Inhale, extending above and go forward flexing the hips. Exhale and bring the arms down towards the legs.
- Let the hands reach comfortably for the legs/feet, gaze upwards tilting the neck.
- In this pose the abdomen is pressed, encouraging internal organ functioning, for better digestion, insulin balance and less urinary infections.
- While going forward make sure there is now pressure at the chest or abdomen, if comfortable hold for 4 breaths.
- Inhale and raise up the torso. Come to the centre and relax. This pose can be repeated with the flow of arms from 'hands up', into 'head up'.

Chair Pigeon Pose



- Relaxed inhale and raise the right leg holding it carefully with your hands and place it over the left thigh sitting comfortably. Flexing the hip joint and the knee plays a good role to keep them flexible.
- Once placed comfortably, sit straight if

possible and take two breaths. If bringing the leg over is difficult, then lift the right leg and try to hold it your arms for a few seconds, then slowly release.

Seated Low Lunge Variation



- Pick up the right leg and press the right thigh close to you, bringing it close to your chest.
- If this is difficult, be comfortable in holding your thigh with your arms or yoga straps.
- This movement keeps the joints fit and helps recovery after injuries at the hip or knee.
- Remain in pose for 2-3 breaths and repeat if you choose.

Pigeon Pose



- After releasing the right leg, inhale and raise the left leg, and placing it over the left thigh comfortably.
- Sit straight if possible and take 2 breaths. If this is difficult bring the leg over for a few seconds, then release.

Seated Low Lunge Variation



- Pick up the left leg and press the thigh close, bringing it into your chest.
- If bringing the thigh towards the chest is difficult, hold with the arms or yoga straps if comfortable.
- Remain in this pose for about 2-3 breaths, after releasing this pose can be repeated.

Hands Chest



- Release from the previous pose and sit relaxing the arms, chest, shoulders and lower back.
- Bring your hands close to the chest and close your eyes. Stay connected relaxing the breath.
- Remain in this pose for about 6 breaths, or as the body demands.

Seated Cactus Arms



- Raise the arms to shoulder level towards the sides, elbows bent, feeling the stretch in the chest.
- Inhale and open the arms wide

expanding the chest, keeping the spine extended and straight.

- Opening the arms outwards helps fill in more air into the lungs keeping it fresh and active.
- Remain for about 2-3 breaths and with another inhalation, release the arms bringing them down to sit comfortably. Repeat this pose if comfortable.

Chair Cat Cow



- Releasing the hamstring, come to the centre and relax taking a few breaths and making sure the buttocks are placed comfortably on the chair.
- Inhale and go into the cow pose, pushing the chest out and taking the shoulders behind.
- Exhale and bring the chest, shoulders and face inwards. Locking the chin and pulling the tummy in. repeat this movement of spine for about 4 rounds of breath. This movement encourages the flushing out of toxins, keeping the internal organs in good condition.

Hands Chest



- Ending the chair sequence, let us focus on the breath alone. Seated comfortably, face, shoulder and chest in alignment, close your eyes and begin the feeling of a smooth flow of breath through the nostrils.
- Connecting with this kind of breathing, the nerves around the neck, chest, head and brain calms down, causing the entire body to relax.
- Close your eyes and then rub your palms together to generate heat. Place them over your eyes for comfort.

This entire sequence can be done 4 times a week or more, depending on the capacity of the individual. Make sure with every practice you see a new you, and the new you should help you stay calm and detached with the outside world.

NAMASTE!!

What's On...

Charlton Activity Group

Charlton Athletic Community Trust works in collaboration with KMPT to provide regular activity programmes for EIPS. Since 2008, these programmes have given EIPS access to fun and exciting opportunities aimed to promote social inclusion. This work has been recognised and won the Kent nomination for the Regional "Best of Health" Awards in 2008 and has been featured on a Department of Health DVD of best practice.



The winter programme kicked off to a great start in October with activities including laser tag, indoor curling retro gaming. This programme runs in both East and West Kent, if you are interested in attending events, please speak to your care coordinator.

Please be aware that the programme is very popular and therefore spaces are limited. Offers of attendance are based on need and individuals' ability to commit to the programme.

Board Games Group

This group is hosted by members of the Medway team, taking place at Canada House in Gillingham between 12-2pm on Fridays. During this group you can play a variety of board games ranging from Chess to Marvel's Legendary, whatever the group decides they want to play. Feel free to bring along game any games you want to play. It is a good opportunity to socialise and break up your week. So come along!

If you have any questions you would answered or would like to tell us about an EIS

event you have attended, please contact Sharma Beaton at sharmabeaton@nhs.net, we would love to hear from you!



This photo was taken at a Charlton activity day in the East, held at a local bowling alley.

Question & Answer

Question: Question: What is the Early Intervention in Psychosis Service? What do they do? - *Conor*

Answer: Most EIP services work with people aged between 14 and 65 years old whom have ben experiencing their first episode of psychosis for less than 3 years. In accordance with NICE (National Institute for Clinical Excellence) guidelines as of 2016, we aim to start a minimum of 50% of people with a NICE recommended package of care within 2 weeks of referral, as a shorter duration of untreated psychosis is associated with better recovery outcomes.

EIP services offer advice, carry out assessments and provide support for up to 3 years. Interventions (medication, family therapy, talking therapies) are offered by our multidisciplinary care-coordinators and the psychology team. STR and peers support workers are a vital part of the team providing essential advice and assistance with ordinary practical activities to help recovery.

We offer support to carers, giving the opportunity for carer's assessments and welcoming carers to ongoing events throughout the year.

Psychiatry Explained

One challenge that many individuals face, as they enter mental health services, is attempting to understand the clinical language used by health professionals to describe a range of mental health problems. Psychiatrists often use descriptions from medical manuals such as the Diagnostic and Statistical Manual (DSM) or the International Classification of Diseases (ICD), which can be difficult to understand and do not fully explain somebody's experiences.

In this newsletter, we will include definitions provided by service users and carers. These definitions will be based on their own experiences of mental health difficulties. Please contact us if there are particular terms that you would like explained in a different way, or if you have an alternative way of describing your difficulties, and we will include this in the next issue.

Mindfulness

Psychiatry's definition: According to the "father" of mindfulness Jon Kabat-Zinn, mindfulness means paying attention to the present moment, intentionally, with curiosity and in a non-judgmental fashion (1994).

Service user's definition: It is staying in the here and now. Learning to focus and be present in the moment or the task I'm doing, and not being overcrowded by my thoughts.

Psychosis

Psychiatry's definition: Psychosis is a mental health problem that causes people to perceive or interpret things differently from those around them. This might involve hallucinations or delusions.



Service user's definition: A fairly common mental illness, unfortunately often misunderstood by the media and people around you. It causes you to see things differently to other people, often through different types of hallucinations, and what other people will tell you are 'delusions'.

Trigger

Psychiatry's definition: Triggers are external events or circumstances that may produce very uncomfortable emotional or psychiatric symptoms, such as anxiety, panic, discouragement, despair, or negative self-talk.

Service user's definition: This can be anything that could set off - or 'trigger' - a negative feeling, symptom or other aspect of a mental illness. This could be anything from a word to an activity to a scene on TV. For example, many people with psychosis might find that a certain word could trigger voices. One of the most important steps in recovery is working out what your triggers are, and learn how to either avoid or manage them.

Quote of the Day

“A journey of a thousand miles, begins with a single step”

Lao Tzu

Media: Books, Radio, Films etc...

In light of the growing coverage of mental health problems in popular culture, we would like to include a book, film, radio or television programme review in each edition of the newsletter. If you have read or seen something which touched on any issue that you think may be faced by a service user or carer of EIS, please contact us—we would love to include your review!

Review written by Sharma Beaton, Assistant Psychologist, Kent EIS

A History of Delusions

Long Shadows: Trauma & Delusion.

A BBC 4 Radio Podcast.

A History of Delusions is a podcast series on BBC Radio 4, hosted by Clinical Psychologist, Professor Daniel Freeman, an expert in paranoia. The series take us through the changing views and increase in the understanding of delusions across different time periods. Shedding light on the works that led these changes, and the exploration of individual cases, themes within delusions, classification, diagnosis, and much more!

Freeman starts the episode by taking us back to the French Revolution, where “alienist” Phillippe Pinel pioneered the move towards treating those in asylums more humanely. He believed ill mental health to be curable, achievable through listening to those with illnesses and writing detailed histories. Thus, beginning the move towards more “modern” psychology.

The guillotine. Possibly the French’s most infamous execution apparatus, taking hundreds of heads per day during the 1800s, watching these executions were shown to be traumatising for many. Phillippe Pinel handled the case of a man who believed he had been subject to such a beheading; only judges had taken pity and ordered for many tossed heads to be restored to their bodies. The man’s loss of reason came from the further belief he had been given the wrong head, and this change of head occupied his thoughts. Freeman explains how case notes from the late 18th to the early 19th century, showed guillotines featuring in many of the people of that time’s delusional responses. I found this particularly interesting as it can be seen how themes specific to an era are prevalent in the delusions of the people of that time. E.g. Brexit

related delusions, or delusions pertaining to more recent surveillance technologies for example.



Freeman then goes interviews John, a volunteer who explains how his traumatic and tumultuous childhood, contributed to the emergence, purpose and maintenance of his delusions. These sentiments are reflected in the NICE guidelines for psychosis, which highlight the importance of the role of trauma in development of the psychosis or as a result of the psychosis itself. John had the persistent belief that as he had suffered as a child, he had a greater destiny and had been singled-out for this by God. John says he had “ideas” and “presences in his mind. He did not like to call them voices and this was not denial, but simply how he related to these voices. In hindsight, John explained how his “grandiose” delusion helped hold him up, and was his “life raft” when he was drowning in feelings of insignificance and abandonment.

The podcast outlines the understanding of delusions coming from descriptions from individual cases, classification systems, cause speculation and views on treatment efficacy. The show ends highlighting that delusions are quite common and are prominent in the general population and can have functional purpose such as John’s life raft analogy. Clinicians will tend to only see those whose delusions are severe enough for admission, or content is particularly striking or unusual. This *tip of the iceberg* is known as, clinicians illusion.

For only a 14-minute long show, I found it to be very informative. I feel the interviewee articulated his experiences of delusion with great insight and eloquence. The change towards the importance of taking detailed histories was well emphasised, given this is a practice robustly adopted by today’s clinicians, and I would look forward to listening other episodes within the series.

The series aired throughout December 2018 on BBC Radio 4

How to get involved

This newsletter is available online at <http://www.kmpt.nhs.uk/services/early-intervention-for-psychosis-service-west-kent-and-medway/7016> for West Kent and <http://www.kmpt.nhs.uk/services/early-intervention-for-psychosis-service-east-kent/6937> for East Kent.

If you wish to receive the newsletter via email, please contact Julie Lee (julie.lee9@nhs.net) if you live in West Kent or Sharon Barrett (sharon.barrett@nhs.net) if you live in East Kent. We will also produce a small number of paper copies for those who cannot access the newsletter online, including service users currently in hospital. The newsletter will be available quarterly from January 2019 onwards.

We welcome any feedback about any of the articles included in this newsletter. If you would like to contribute to the newsletter, please contact Sharma Beaton (sharma.beaton@nhs.net or 07775228566). We are keen to include articles, stories or photographs from service users, family and friends, or members of staff.

Helpful Contacts

EIPS is open Monday to Friday 9am-5pm. There is a duty worker to take referrals and deal with any urgent matters, if your care co-ordinator is not able to.

If you need help in a crisis, call your local Crisis Team or Home Treatment Team. If you would like to talk to someone outside of mental health services, or if you would like to access additional information, please try the following websites and phone numbers.

Mental Health Matters Helpline

0800 107 0160

info@mentalhealthmatters.co.uk

A confidential service staffed by highly trained and experienced Telephone Helpline Workers, offering emotional support to

anyone calling. Ongoing support is available, and they are also there for carers in need of support.

Mind Infoline

0300 123 3393 or text 86463 (Monday to Friday 9am to 6pm)

info@mind.org.uk

Details of local Minds and other local services, and Mind's Legal Advice Line.

Live it Well (including Live it Library)

<http://www.liveitwell.org.uk/live-it-library/>

An online resource of stories of individuals who have experienced or are experiencing mental health issues.

Release the pressure

0800 107 0160

<https://www.kent.gov.uk/social-care-and-health/health/release-the-pressure>

A support service for Kent.

Providing free advice for people who are under pressure.

Is anyone else like me

<http://www.isanyoneelselikeme.org.uk/>

A website designed by service users to give information to young people experiencing psychosis for the first time. It was developed as part of a research project that KMPT EIPS was involved in.

Rethink Mental Illness

0300 500 0927

<https://www.rethink.org/>

Information and support for people with mental health problems.

Be Mindful

<https://bemindful.co.uk/>

Information on mindfulness, and details of local mindfulness courses and therapists.

Carers UK

0808 808 7777

<http://www.carersuk.org/>

Information and advice for carers.

Hearing Voices Network

0114 271 8210

<http://www.hearing-voices.org/>

Local support groups for people who hear voices.

NICE (The National Institute for Health and Care Excellence)

<https://www.nice.org.uk/>

Evidence-based guidelines on treatments.