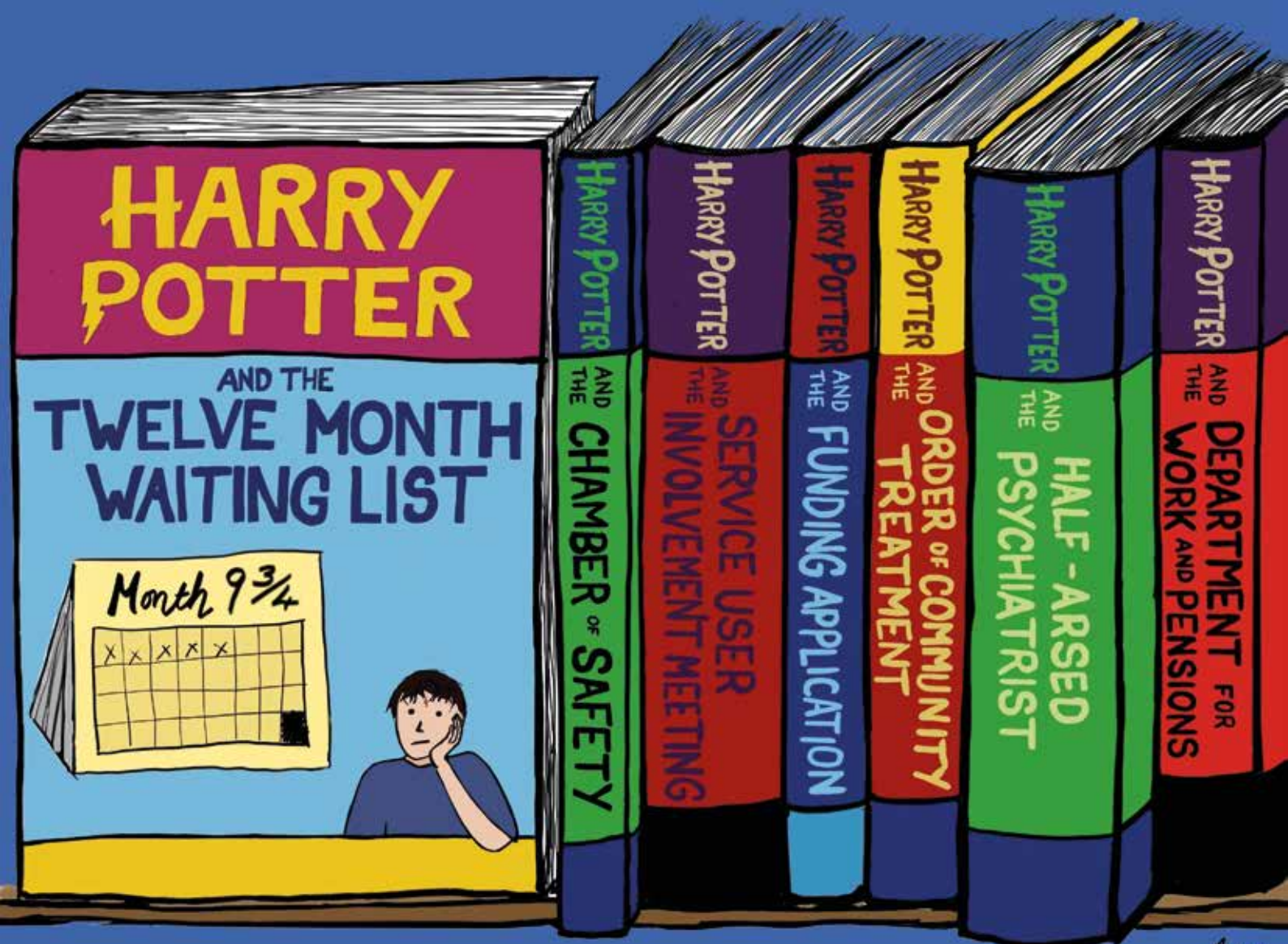


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the magazine for democratic psychiatry



**Er, no Harry Potter, but plenty
to get your teeth into...**

Great British Habitats



Two dwellings in the same area: working for everyone?

Mark Bertram



The magazine for democratic psychiatry

Volume 25, Number 1, Spring 2018

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Asylum magazine is a forum for free debate, open to anyone with an interest in psychiatry or mental health. We especially welcome contributions from service users or ex-users (or survivors), carers, and frontline psychiatric or mental health workers (anonymously, if you wish). The magazine is not-for-profit and run by a collective of unpaid volunteers. Asylum Collective is open to anyone who wants to help produce and develop the magazine, working in a spirit of equality. Please contact us if you want to help.

The views expressed in the magazine are those of the individual contributors and not necessarily those of the Collective. Articles are accepted in good faith and every effort is made to ensure fairness and veracity.

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Editorial

Well, it's a busy time in mental health policy. Last year, PM Theresa May said she intended to abolish the Mental Health Act – on libertarian grounds. Many activists have been campaigning for this for years. Under a Tory Government might this be a case of 'be careful what you wish for'? Perhaps we'll soon find out. The Government has launched a review of the Mental Health Act, headed up by the controversial ex President of the Royal College of Psychiatrists, Simon Wessely. Not the best of starts when the Government ignored a strong petition suggesting he wasn't the best person for the job (see our film review). Tight timescales; limited service user consultation; and a Government hell bent on curtailing welfare isn't the best context for this review. But we hope something good comes of it.

We are always keen to link the struggle for better mental health care with wider socio-political issues, so we are pleased to include an article about the #metoo campaign. We were less pleased to receive a letter from a

'disillusioned Asylum subscriber'. On the plus side, we've seen a few small victories for common sense: The high court upheld the view that PIP assessments discriminate against people with mental health problems; and the Bronx District Attorney found that the police killing of Deborah Danner, an elderly black woman experiencing psychosis, was unlawful. Black and 'mentally ill' lives do matter: Jeffrey Brooks makes a heartfelt and controversial (at least for Asylum) plea in this issue. Whatever happens to the Mental Health Act – and we very much welcome readers' views on this – we need ways of providing support and protection (not indignity and brutality) to those of us suffering mental distress. In the meantime, we asked our survivor-reporter 'Connie Sachs' to give us an insider view on the machinations of policy consultation. In doing so, she keeps up a time-honoured tradition of poking gentle fun at the powerful.

Helen Spandler

Big Farmer is Watching You?

BY 'CONNIE SACHS'

You think mental health services are stretched to the very limit? Spare a thought for Paul Farmer CBE, Chief Executive Officer (CEO) of Mind. When not at the helm of the leading national mental health charity, dealing with over £40m in income last year, he is very busy out in the community doing independent assertive outreach with NHS England and the Department of Health (and Social Care, as it is now), not to mention the Department for Work and Pensions (DWP). He's even been kind enough to lend his name to the 'Thriving at Work' independent

review of mental health and employers, commissioned by the Prime Minister, who he's now advising.

If, like me, you have the dubious delight of keeping track of mental health policy, you may be aware of the *NHS England Five Year Forward View for Mental Health*, from which most policies proceed at present. For example, the Department of Health's *Framework for Mental Health Research*, which sneaked out just before Christmas while everyone was tipsy or in hiding, and the *Mental Health Act Independent Review* that has rumbled

on in mysterious ways since it was announced in October 2017 (due to conclude in 'Autumn 2018'). Paul Farmer CBE was Chair of the NHS England Mental Health Taskforce and so has had an influential role in all of these mental health policy initiatives.

For those not in the know, Paul Farmer CBE was educated at The Oratory School Reading, a Roman Catholic boy's public school, before going on to study Modern History at St Peter's College, Oxford (narrowly missing the postgraduate Mark Carney, Governor of the Bank of England, by a few years). His background is in public relations and communications, having been the communications manager at The Samaritans and the director of public affairs at Rethink, before becoming the Chief Executive Officer of Mind in 2006. Shortly after his appointment, in a March 2006 Guardian interview, he spoke about his ambition for Mind to 'contract to provide NHS services' and in 2008 Mind took over the Mental Health Media Awards.

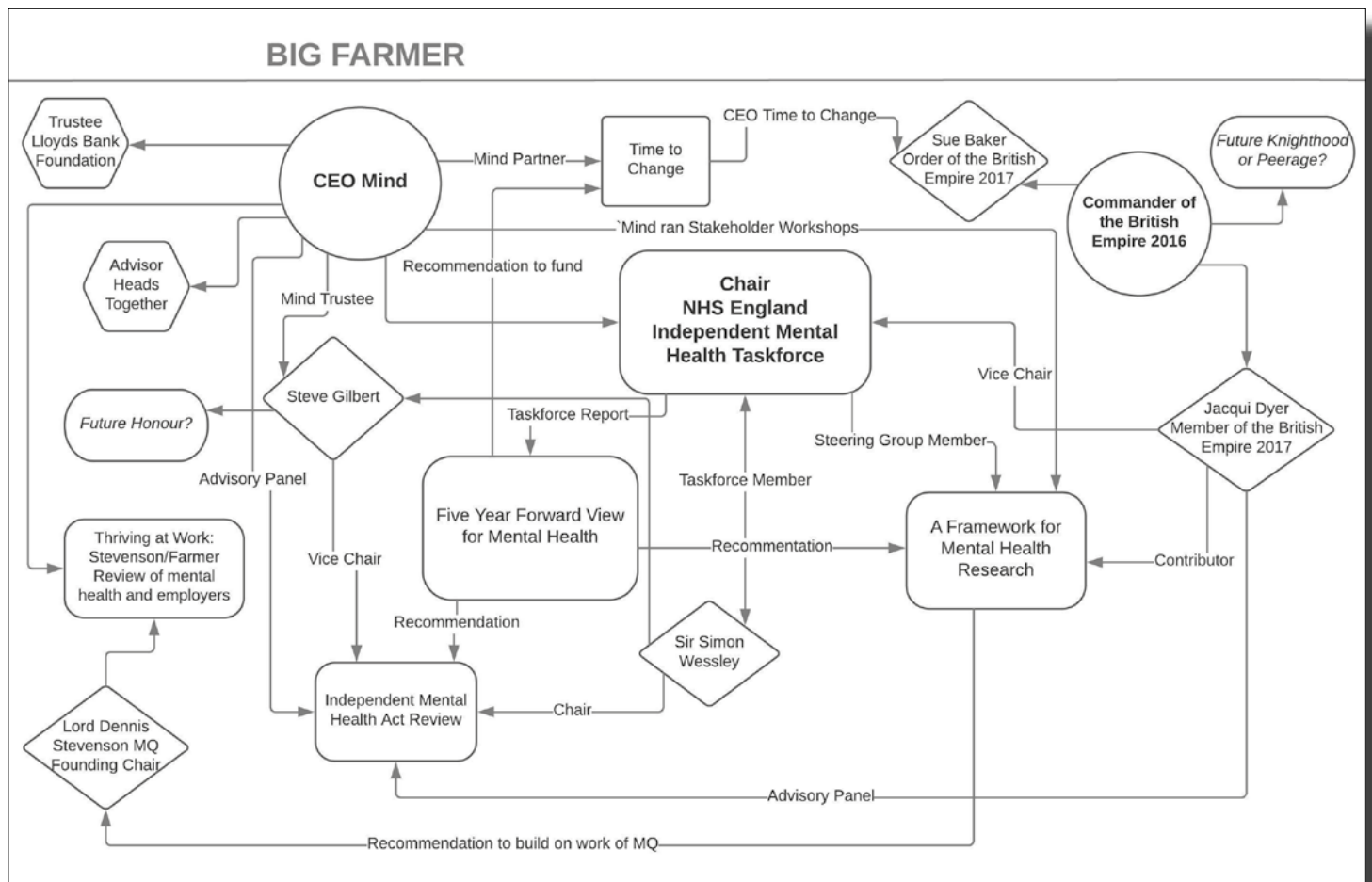
Evidently endowed with boundless energy, Paul Farmer CBE is also Chair of the Association of Chief Executives of

Voluntary Organisations (ACEVO) and a trustee at Lloyds Bank Foundation. He has advised the Catholic Bishops and the Metropolitan Policy on mental health. In 2013, he was voted 'Most Admired Chief Executive' at Britain's Most Admired Charities awards and counts Heads Together founders the Duke and Duchess of Cambridge and Prince Harry among his mental health campaigner colleagues. As Mind CEO he earns in the region of £120k a year. He's certainly doing very well for a PR man.

Surely his ambition for Mind to be a big time NHS mental health provider will be realised soon, but until then, Paul Farmer CBE is very active independently helping with central government mental health policy. Who knows what's occurring?

Anyway, here's a brief diagrammatic overview of how Paul Farmer CBE is currently making sure 'no one has to face a mental health problem alone':

Now, how did that old song go? Oh yes, "Time to stop your schemin', time your day was through, Can't you hear the bugle softly say? Time you should be dreamin', Little man you've had a busy day". ■



"Bigger Pills to Swallow"

BY JEFFREY BROOKS

I was the strong silent type who made good grades, excelled in sports, and was well known in school. Shortly after my high school graduation, I was admitted to Middle Tennessee Mental Health Institute (MTMHI). I was diagnosed with Bi-polar disorder or manic depression and later diagnosed with schizoaffective disorder, which is a combination of manic depression and schizophrenia. Previous to my diagnosis, I was spending most of my time at the gym, aspiring to become a personal trainer. My ultimate goal was to get paid to look and feel my absolute best and to encourage others to do the same. But, all of my goals and ambitions became squandered when I got diagnosed with a mental illness.

I tried to stay and remain active at MTMHI, but the nurse accused me of being hyper-active and felt the need to inject me with more medication. I was heavily sedated and walked around like a zombie.

My once highly active lifestyle soon became sedentary and I had no motivation to exercise. I was twenty years of age when I finally decided to get back in shape. One day while waiting on the bus stop to go to the gym, I saw this Rastafarian-looking guy with sun glasses, long hair, and a full beard. He looked righteous, mystical, and biblical. Little did I know, talking to this much older gentleman would become another pivotal moment in my life.

I felt the need to ask why I had to be sick from a mental illness and his response sounded like music to my ears! "You're not sick," he replied. "You're just ahead of your time and you have to learn to be patient with your environment," he exclaimed. "But you're not sick my friend. It's the people who are around you that are sick," he stated. "The tortoise won the race at a snail's pace. It barely lifted a hair, but it was the first to get there. You've just got to unlearn your learning, my friend. You don't need medication."

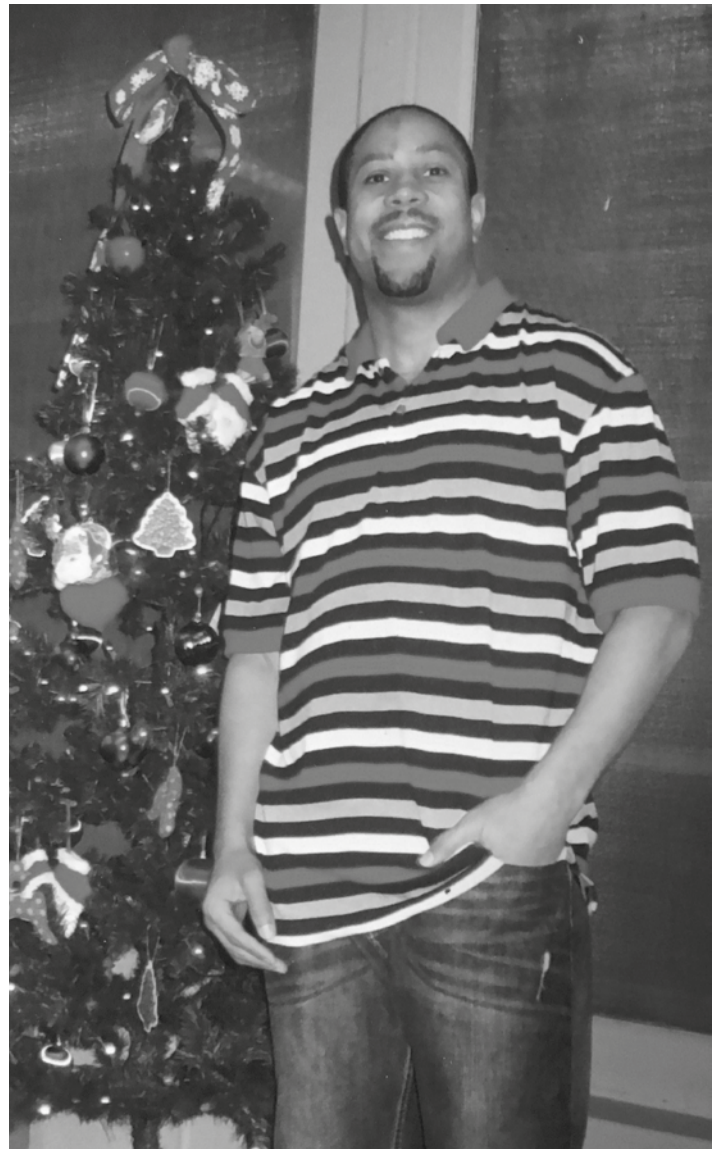
I was extremely impressed with his choice of words and before I knew it I was following in the footsteps of a complete stranger. I began smoking marijuana and grew dreadlocks and a beard. "Don't set goals for yourself," he exclaimed. "That's the first thing you must unlearn. When you set goals for yourself, you set yourself up for disappointment," he stated. "By doing nothing, you leave nothing undone."

I was mesmerized with the way he spoke and deceived by this "silver-tongued devil" for the following seven years until I finally saw through his mask. But, by this time I was already brain-washed and convinced my relatives and friends were against me.

My relatives called the police many times, because I refused to take my medication. I'd been admitted to MTMHI so many times, I was given an ultimatum: Take my meds or be admitted there once more as a permanent resident. I did not want to take that risk so when I got discharged, I caught the Greyhound from Nashville, Tennessee to live with relatives in Milwaukee, Wisconsin.

One day, while admitted at the Milwaukee Mental Health Complex, I was prescribed the wrong medication, accused of malingering and later discharged after making homicidal threats.

Shortly after discharge, I was found not guilty by reason of insanity for an intentional homicide. I'd gotten out of control and killed a very close and dear relative. I was given a life commitment at Mendota Mental Health in Madison, Wisconsin. The hardest part is forgiving myself.



I forgive myself for being stubborn and foolish and naïve. I forgive myself for listening to a complete stranger and for not listening to my relatives and friends. But, I'm not sure if I've completely forgiven myself for the offense which lead me to Mendota Mental Health. I'm still recovering after all these years and I probably will be for the rest of my life.

My family and friends practically begged me to take my medication, but I refused to listen. My mother exclaimed: "that boy ain't gonna be satisfied until he kills one of us." Sad to say, she was right.

If you suffer from mental illness, please comply and take your medication. It could be the difference from experiencing a traumatic mistake and serving a life commitment in a state mental health institution or living a decent life despite mental illness. Having a life commitment in a mental asylum is no way to live, although it beats life in prison.

Had I not been so stubborn, I could have gotten control of my illness before it got control of me. My grandfather once mentioned, "If more than two people tell you the same thing, they're probably right. Now take your meds," he stated. I just wish I had listened, before it was too late. Now I have to live with my own regret, shame, guilt, and stupidity for the rest of my life.

I was in denial of my illness, because I was ashamed of taking medication. Now I have BIGGER pills to swallow.

Mental illness is no joke. It affects one in every four people. If you've been diagnosed – obey your physician and those you love the most. You may or may not desire to take meds for the rest of your life, but believe me I know...there are BIGGER pills to swallow and it's best to avoid them while you still can. ■

Jeffrey Brooks is in a mental institution in Madison, Wisconsin. He takes medicines for bi-polar and schizophrenia. About eight years ago he was not taking his prescribed medication and killed his grandmother. He was found guilty of actually committing the crime, but found not legally responsible because of his mental condition.

Response by Dina Poursanidou, Asylum collective

By publishing this article, we are not promoting the use of psychiatric medication or the biomedical psychiatry model of 'mental illness', but trying to open up a conversation about medication in a context of limited (or no) alternatives. I think Jeffrey's plea needs to be viewed within a context where there are no other treatment alternatives for 'mental illness' other than taking medication (if there were other alternatives e.g. therapy there is no mention of them). It is for those who cannot afford to go to private mental health facilities or have private psychotherapy that the absence of alternative treatments (other than medication) is most acute and damaging. If I had not had financial support from my parents for the last 20 years to be in private therapy, I too would not have had any other option – other than just taking my pills. I would probably not be writing this e-mail now... I would probably have been in and out of NHS psychiatric units... and who knows? I might have killed somebody too...

Great Apes:

A cross between Planet of the Apes and One Flew Over the Cuckoo's Nest?

Asylum readers might be interested in a new play by Patrick Marmion, whose previous work included *The Divided Laing*.

Great Apes is based on the novel of the same name by Will Self. It is advertised as a raucous, surreal modern satire that mixes Will Self's rich language with simian movement and vocalisations to create a 'Planet of the Apes' crossed with 'One Flew Over the Cuckoo's Nest'.

When Turner Prize winning artist Simon Dykes wakes up after a wild night of debauchery he finds his world has changed beyond recognition. His girlfriend, Sarah, has turned into a chimpanzee. And, to his horror so has the rest of humanity. London of *Great Apes* is overrun by chimps grooming and mating.

Suffering a nervous breakdown, Simon is taken to Charing Cross Hospital and treated for being under the psychotic delusion that he's a human being. Here he comes under the care of charismatic and controversial chimpanzee experimental psychiatrist, Dr Zack Busner, who wants to help Simon rediscover his "chimpunity".

Great Apes explores the discomfiting mystery of what it means to be a human. We haven't seen the play yet, but we're told that it's a 'hilarious, often disturbing, and original take on man's place in the evolutionary chain'.

The play is produced by the Arcola Theatre and Stepping Out Theatre, the country's leading mental health theatre company.

The play runs at the Arcola Theatre from Wednesday 14 March to Saturday 21 April.

If anyone wants to review this for the mag, get in touch!
www.arcolatheatre.co.uk

If it's #MeToo, it can't be #JustThem

DEBORAH A. LEE

#MeToo

People would have asked: "What were you wearing? How much did you drink?" And "Why didn't you report him?" And so ... shame & silence, over, and over, and over, again.

A nursing postgraduate berated me for ripping up the cervical smear test reminders; she never asked why, and I wouldn't have told her. Life isn't trauma-informed. If you're called for a medical appointment, you attend it – obviously.

Later, I taught sexual violence (quite well) from behind a glass wall I could touch; it was smudged, misty, and made people look small, far away. 1 in 4 can be a dry, incredible statistic for some students' essays: "these women", "lives blighted". There are graduates who seek careers "helping the vulnerable". Behind the scenes and in front of them, there's also the personally political; unexpected, precious gifts for listeners.

My own written self-disclosure in an editorial for an academic journal (after a lot of therapy, psychotherapy training, care from others who know who they are, and some much more personally-engaged teaching – I had a lot to learn), met with (among other things) a kind, whispered: "Is she alright?" (She's the same as she was before you knew that; truly she is! If something's funny, she's still going to laugh.) Some twitter unfollowings; some wide-eyed horror (perhaps theirs and definitely mine) conveyed in some published poetry; more thinking, feeling, connecting, writing, sharing; very personal processes, incremental, meaningful ...

Then, suddenly, surprisingly: #MeToo, #MeToo, #MeToo ... Millions of voices and faces speaking truth to power. Telling or not, people are speaking; shame & silence seem to be shattering, over, and over, and over, again! 1 in 4 live, breathe – and we have, it appears, been underestimated (well, obviously). Some of us were film stars. Some of us, like me, were undergraduates. Perhaps there's space here for anyone who feels they can use it?

* * *

#MeToo

It's all so powerful, so positive, so very democratic – isn't it? Maybe. But ... where might people who speak (or not) turn next, when #MeToo is no longer "trending", when

it's #NotAllMen, when "it mustn't be a witch hunt" starts to be said, when some women are blamed for keeping fearful silences, when we hear the Metropolitan Police are revisiting their rape cases and that John Worboys is being released (hardly #TimesUp); when hearing, seeing, feeling anything else is just too much? Not everyone makes the cover of *Time* magazine; some #MeToos won't have attracted a 'like'; you can delete your unliked tweet, but not so easily what you may have unleashed: what then?

* * *

#MeToo

"... We only let them cancel an appointment twice, because they're manipulative – no disrespect to them – it's because of what they've experienced," so said a psychotherapist at a sexual violence support service. "The ladies are chaotic," so said almost everyone, as if reading from a prepared script, in another service for women. "What about going for a walk?", sniffs a rape helpline worker. And at a psychotherapy placement interview: "We're therapists – we have resolved all our issues" (all of them; ideally we never had any to begin with; I've written of intrusive questions at placement interviews).

Ordinary, everyday words – often from people who don't seem to know, or say, any better. A distinction between 'us' (the supposed majority), and 'them' (the supposed minority, the 'minority' of the 1 in 4 - a bit like women used to be said to be a 'minority' perhaps). A polarity of 'ok' and 'not ok'; 'mental health': you've either got it or you haven't (and if you haven't, here are some simple tips to help you get it back). Some lecturers attend training events to learn how to respond when students have 'mental health' issues, returning with pages of well-meaning notes; are their own stresses 'mental health' I wonder?

* * *

#MeToo

Change isn't straightforward; the status quo of 'them' and 'us' and its many injustices are engrained, and located now, of course, in stretched services with particular agendas that often choose to see "irrational" individuals rather than rational responses to trauma in a social and political context.

But if society *is* now finally going to recognise (even if not necessarily now, then sometime soon; a cycle of #MeToo and #NotAllMen needn't, mustn't, persist forever), just how many people, *just how many people*, with all sorts of pasts and presents, have experienced sexual violence and its variety of aftermaths (and Liz Kelly's (1988) classic text *Surviving Sexual Violence* draws our attention to the "continuum of sexual violence"; there are so many manifestations), mental health professionals (and those they influence) *cannot* now meaningfully persist in pathologising survivors as: #JustThem: 'manipulative' and 'chaotic' people (usually women); strange people wilfully objecting to the supposed comfort of a walk; not so very many people, certainly not people like 'us'.

By noticing the sheer weight of numbers now, encompassing people from all sorts of places, all aspects of care could be caring, could be prompted to become more trauma-informed – the My Body Back Project (<http://www.mybodybackproject.com/>), for instance, is alongside women survivors having cervical screening (among other things). Eventually, even life could become more trauma-informed (imagine that): for there are probably more of us who have experienced sexual violence than those who haven't. Being trauma-informed must encompass political activism, and political activism can take place in so many ways ...

* * *

#MeToo

I'm writing and revisiting my testimony, as an academic & psychotherapist-in-training – an 'expert' and an 'expert-by-experience' rolled into one – on my own and with others, making a patchwork of lived experience about what happened to me and what it's like now to share some of it, because the politics of writing feel more powerful than those of keeping silent; I find something new each time I write, it's an unfolding autoethnography, a weaving together of pessimism and optimism – just as life isn't cut-and-dried. It's radical; risky; sometimes it's painful ...

... But my proposal (and I think this, too, in relation to psychotherapists and all sorts of 'sensitive' subjects) – is that more mental health professionals (from crisis team workers to psychiatrists, social workers to nurses) – also might say/write, be enabled to say/write (even if first/just to ourselves): Yes, I'm also in the 1 in 4 ...

And being here isn't a confession of weakness, or offered glibly as an inspiring tale of 'overcoming' (in comparison with failing 'others'). It's about actually creating a *sustained* culture of #MeToo, rather than

an unthinking #JustThem; speaking, writing, thinking, feeling the unexpected (in the myriad of ways that we, not others, will choose) and gradually making it less so; raising awareness of trauma's impacts (so everything doesn't always need re-explaining at the worst times); making connections across the continuum of sexual violence, across humanity; exploring how language in society always seems to make divisive, inappropriate hierarchies and how can we start to even them out; questioning received, unimaginative notions of being 'better' with how we all *really* feel day to day; being fully present with one another; seeing and valuing differences and similarities.

It's about solidarity, community. Linda Gask (2015), in *The Other Side of Silence*, started such a process with regard to depression, juxtaposing seeing patients with being a patient. So much more can be done for sexual violence; the time may well be right if we make it so.

* * *

#MeToo

This piece began as a (never acknowledged) poem sent to a psychotherapy organisation advertising a play exploring complaints against psychotherapists in what was termed the "age of accusation" – just as #MeToo exploded on social media. Hmm. Everyone can consider ways to be more aware; and if what I'm proposing here doesn't resonate with you, think of something else and share it; engage, take action.

If you do consider 'coming out', know that it doesn't mean having no 'boundaries' - if you back me into a corner wanting to know more than I want to tell, or you pigeonhole me as some sort of 'victim', I may bite – and so can you. But more honesty (in all sorts of ways) may help a movement towards long-overdue changes for the better in 'us' and 'them' mental health settings, and society, where sexual trauma is often missed, and people needlessly harmed. If this sounds idealistic ... why not have ideals? So come on in if you can, the water's lovely – well, either it's getting warmer, or you cease to notice the cold. ■

* * * * *

Dr Deborah A. Lee is Senior Lecturer in Sociology at Nottingham Trent University and an existentially-informed person-centred psychotherapist-in-training.

If you'd like to hear more about Deborah Lee's work you're welcome to email her: Deborah.Lee@ntu.ac.uk

LETTER

Dear Asylum magazine,

As a subscriber of your magazine and reading your twitter account, I feel that working class voices are not represented and only middle class ones given a platform. I feel this is an issue in mental health twitter accounts where there is a strong class bias.

Working class people are proportionally more likely to be survivors of mental health services and psychiatric abuses and discrimination. Middle class people are more likely to be able to articulate their needs and be listened to, due to being the same background as professionals. There is academic snobbery on twitter and it would seem in your magazine also.

Bloggers and people from MH twitter accounts have tweeted about their Oxbridge education and even when battling with the perverse and inhuman benefits system, their experience is different to people from working class backgrounds as they seem to have the connections and supporters to help them navigate the system. Working class people often have none at all and don't have the benefits this brings in dealing with authorities or the trauma of appeal systems and being unrepresented.

By excluding working class voices whose articles may not be as polished or literate, I feel you are perpetuating

the class bias that seems so prevalent on twitter and mental health debates in general, so it is skewing the picture of how things are for the majority. People who are less articulate or have not had access to the education or social connections and capital that your contributors seem to possess.

I cannot identify with people writing about going through many different therapists and experiences of private therapy. The reality for many (as in my case) is that they won't be offered ANY therapy on the NHS, despite being in dire need.

Perversely, they are the ones who have the biggest platform and followers who treat them as deities, hanging on their every word. Sadly, they are the only people listened to, or who you give a platform to in your magazine. The same people who are giving interviews to the BBC, doing podcasts, or being consulted as part of mental health research.

I feel your contributors are more aligned with the likes of Stephen Fry or Ruby Wax who think all psychiatric hospitals have swimming pools and flowers in the waiting room.

A disillusioned subscriber of Asylum magazine

Editor's response

Thank you for your letter. We cannot speak on behalf of people who have written for us, or tweet about mental health. But we do take criticism seriously and your general points are well made. We do not actively exclude working class voices, but we do receive more submissions from those who are likely to be middle class and educated. We'd like to do more to represent a wider section of views and perspectives, especially those who are under-represented, under-served and silenced.

Would you – or other readers – consider writing something for us about your experiences? If you have any ideas about how we can make the magazine more representative, please get in touch.

Editorial footnote: This letter was edited as it contained some inaccuracies about individual survivors who have written for us. Whilst we encourage open debate and criticism, we feel it is important to provide a relatively safe space for people – especially service users and survivors – to contribute.

William Park (Asylum Collective) will respond to the letter with his own letter in the summer issue of Asylum. William's background is working class, and he wishes to express his own particular viewpoint to progress the debate.

Spreading the word – Eight years of HVN Greece

Creating Space for our Voices

About the authors:

Marina Lykovounioti: Web Designer, voice hearer, Hearing Voices Network (HVN), Athens, Greece

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The article is part of a presentation made at Hearing Voices Conference organized by the National Paranoia Network & Bradford Mind at Bradford on the 14th of June 2017

After a series of visits by members of the English Hearing Voices Movement to Athens and Thessaloniki, during which they gave talks about alternative approaches to voices and paranoia, the **Greek Hearing Voices Network (HVN)** was founded in 2010. It represents a partnership between individuals who hear voices or have other extreme or unusual experiences, professionals and allies within the community, all of whom are working together to change the assumptions made about these phenomena and create support, learning and healing opportunities for people across the country. The Network operates at a national level, supporting people who hear voices and promoting alternative approaches to voices, and is part of the Intervoice Network.

But, from our point of view, what is described above is something more than collaboration. It is a system that aims at producing meaning and therefore life. And that's how it started: from the quest of meaning deriving from the sorrow, the self-awareness and the radical stance of a young woman, Marianna Kefallinou, who met the creative, rebellious, open-minded person, Peter Bullimore. And the spark was there. In our history this was our Big Bang moment. Meaning and dreaming... And then some professionals came, voice hearers entered the meetings, family members, students, persons coming from a community that has been violently attacked from neoliberal politics that aim to destroy the community. So these meetings turned out to be something more than a network of people. It proved to be a dreamland, a movement that aims to keep people connected. Here in the UK Margaret Thatcher said that "there is no such thing as society. There are individual men and women, and there are families." But also here in UK, the Hearing Voices Movement declare that there is no life without connection, there is no life for human beings without meaning.

The Hearing Voices Network (HVN) Greece is one of over 20 nationally-based networks around the world joined by shared goals and values, incorporating a fundamental belief that there are many ways to understand the experience of hearing voices and other unusual or extreme experiences.

Goals of the HVN Greece include:

- Raising awareness about voice hearing, visions and other unusual or extreme experiences.
- Supporting anyone who has had these experiences by providing opportunities to talk about them freely and without judgment amongst peers especially by setting up self help groups.
- Supporting anyone who has had these experiences to explore, understand, learn and grow from them, in their own way.
- Supporting individuals providing treatment and helping family, friends and the general community to broaden their understanding and ability to support individuals who have had these experiences.

Our work includes:

- Promoting and supporting the development of HVN support groups in accordance with the values and ethos of the movement worldwide.
- Providing training for carers, family, friends and the general public on the HVN approach and the experience of hearing voices and other unusual or extreme experiences. Most of these events have been organised with the invaluable support and contribution of the UK HVN. In parallel, presentations

and discussions are organised to educate its members and help them familiarise with the ethos and core values and concepts of the HVN

- Providing training for individuals interested in becoming HVN group facilitators and starting new groups, and supporting HVN group facilitators to network and support one another.
- Promoting access to information and resources about hearing voices and related topics through writing up information about the history of the network, collecting and translating material produced by the Hearing Voices Movement and other useful resources.

A crucial principle characterising our work is the participation of voice hearers at all levels of our actions. Apart from 'spreading the word' those outgoing activities contribute to the empowerment of everyone included. The voice hearers gain confidence through the acceptance they receive from the audience. They are also empowered, because they challenge themselves by exposing personal issues and, speaking through their experience, they present a new perspective about 'psychosis' to professionals. Family members also convey a new non-pathologising approach which helps them to broaden the way they deal with the problems that arise in their families. But even professionals find an emancipatory path when they adopt a new language, a more human approach. Furthermore all the work done in the community brings us in touch with other social movements such as associations for human rights, antifascist movements, etc.

However, a recovery community incorporates pain, experiences significant turning points, and enjoys the benefit of companions who chart their own paths. The pain concerns more people than the person directly experiencing psychosis; included are also family members called to stand in support and manage an endless series of dilemmas, personal anxieties, fears and the duty for responsible action as prescribed by society. Also included is the mental health professional who is faced with the same endless series of dilemmas, personal anxieties, fears and the mandate for responsible action issued by society; and last but not least, the ordinary citizen, who is coming face to face with an unfamiliar condition usually stigmatized by fear, in response to which s/he is invited to reconsider ethical, ideological

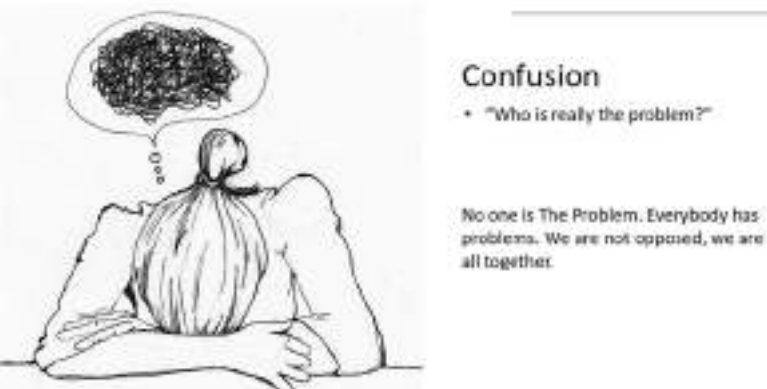
and personal self-evident beliefs in what is also a confusing challenge that one has to overcome oneself.

Working in self help groups

One of the main aims of the Greek network is to set up self-help groups. Those groups are not in themselves a form of therapy; rather they offer therapeutic support and education. Professionals such as psychologists and psychiatrists may well attend to provide information, while group members provide expertise through experience to professional courses in some universities. During the last 8 years the voice hearers have highlighted some issues that they consider important. They indicated a number of factors as being vital for their operation, such as positive feedback, the normalization of experience, the establishment of safety and acceptance, the joint investigation of the factors that trigger voices and the acknowledgment that there are different phases in learning how to manage these voices. As Julia says: *"If 26 years ago, when I collapsed for the first time, there had been a group like Hearing Voices, I would not have had to write these 'dark' lyrics. I would certainly have avoided several mental and physical discomforts (involuntary incarceration, insults, humiliations, mistakes due to panic attacks, etc.). I am now convinced that we [voice hearers] are not 'idiots' but 'exceptions' with a right to 'difference'."* In the same spirit, another member of the Greek Network shares the following sentiment with his team: *"The voices are the strings of the mind; whenever they grind with perhaps unnecessary ideas and thoughts, the result is cacophony. We have to look for the right notes to be able to listen to the melody that we like to have in our heads at one point. Voices are a different form of reality, the reality of a plastic world that we live in, accumulating like rubbish in the dump until we put fire and burn it. We should not turn our minds into a dump."*

Recovering together: relatives and friends of people experiencing voices

Experience shows that recovery is not feasible unless there are some important others available – those who will believe in the reality of the experience, who will feel the pain and suffering experienced and who will trust that recovery is possible despite the mythology about incurable schizophrenia and chronic neurodegenerative diseases that the medical gospel presents. And these important others, especially in the south of Europe, are mainly relatives and friends. They are the people who, however different their stories, identities or roles, find that they share common feelings and thoughts: "The feeling that it is not easy for us to be understood by others and that there is no room for us to talk openly recedes when we create a common space of understanding through the group process (...). Each of us can speak confidently of what is happening to him/her in the present time and of what s/he has in his or her own mind at a given moment. In this sense, the best way to deal with our uncertainties is to reconcile ourselves with them."





Nevertheless, the “demand to place oneself in those people’s shoes” still remains a persistent process. Marianna, a sister of a voice hearer, reminds us: “But I can now understand why he and many others who have found themselves in a similar position find it intolerable – I hope for the moment – to speak publicly about their experience. (...) I suppose (...) that things are more difficult for anyone who has directly suffered the disrespect and the irrational violence of a system that is unresponsive and places preconceptions, economic interests and insecurities and the contributions of insurance funds before human beings. Also, I am now in a position to respond to the professionals who had earlier claimed that my brother would not remember anything from his phase of ‘fixation’ because of being unaware of the situation or due to insensitivity; I can tell them with conviction that in fact he remembers everything. But he cannot bear to relate to it often. Thus, it was they, the professionals, who rather lacked empathy, as well as sensitivity, since they did not realize that they were causing harm. (...) I have always seen my brother’s unusual beliefs as completely intertwined with his personal story. Knowing how troubled he was in various phases of his life and how many dreams of his have been frustrated, I could at least discern a reasonable meaning behind what he described. A narrative that most practitioners dismissed as delusional garbage helped me understand a part of his anxieties, fears and hopes. He finally brought me closer to him.”

The recovery of the mental health professional

Much more likely than ordinary citizens, professionals – fortified as they are behind their knowledge-given power, and already armed through a tedious journey of many years of education – finally fail to discern their own recovery path. As U. Galiberti points out, mental health professionals, deprived as they have been of their own humanity, attempt to explain man objectively like any natural phenomenon.

However concepts such as “personal encounter with the sufferer”, “common learning process”, “partner-like cooperation in developing common goals”, “solidarity”, “development of self-help potential”, “acknowledgment of the personal responsibility for the disease and health” are all trying to describe a less authoritative and more effective way of working together. In the end, the emancipatory process for the professional can only emerge through a challenge, such as that described by F. Kafka in the Message to the Emperor: “It’s easy to write recipes; it’s hard to get in touch with the world.”

To conclude, at a time when technological approaches are glorified, and when difference and diversity tend to be discredited, societies become frightened and thus easily fall prey to fascism, to the effect of consenting to or keeping silent in the face of easy institutionalization and suppression; and at a time, moreover, when the ruling psychiatric practice is dominated by one-way institutionalization and suppression, the Network of Voice Hearing People in Greece advocates alternative ways of dealing with mental discomfort through searching for meaning in the discomfort.

Perhaps, as Albert Camus once said, the world we live in is intrinsically unreasonable, and the only real role afforded to humans is to become conscious of their lives, their rebellion and freedom. Overall, we strongly believe that the HVN offers a paradigm shift (in the Kuhnian sense) in the area of mental health, that it opens new horizons for a different and innovative understanding of people who have been diagnosed with schizophrenia; and most importantly:

IT WORKS! ■



Creative Writing: Poetry

BLACK BEAR

Darkness seeps through the window, accompanies the obsidian within.
Eternally, the frown supplants the grin.
The voice in my head begs mercy, no more.
The only reprieve, the impact of skull against the floor.
It sneaks up on me, takes me unaware.
Some call it the black dog, but mine is a fucking bear.

There can be no reason, no shelter, and no cause.
Inside my mind rages the cruellest of wars.
In a second it snaps from sane, to unstable.
Of the functions I know, I am suddenly unable.
Those dependable vices that cushion the sink,
can scarcely touch the intruder, be they hard drugs, or drink.

Kind sentiments, helpful in intent,
Fall on deaf ears, open only for dissent.
And yet in a sick twist, their feelings are those that hold sway.
Their opinions of me stack onto the disarray:
Judgements of my destiny, good and great.
Deep in the well, the bear wrestles them from my fate.

There are times I see one escape for my weakened brain,
dashed and diced, carmine paint for a passing train.
These moments haunt relentlessly in a long pain-driven haze.
The bear flashes his teeth and devours the days.
Then as if a switch is thrown, shines in the light.
Dazzling and startling, scorching and bright.
The guest is welcome, but an equal surprise,
as the suffocating dullness it chases from my eyes.

I emerge from my stupor, punch-drunk and reeling,
at the sudden reversal in my deepest feeling.
All of a sudden, I can do no wrong.
My heart bursts louder than fireworks in song.
The monster is a stranger, as alien as the stars.
Dead as the dust swirling in the heat of Mars.
I awake from my hibernation, begin to ravenously feast,
but always and forever, I watch for the beast.

ANDREW JACKSON

Creative Writing: Prose

A CHRONOLOGY IN KISSES

It was autumn. I kissed Andrew on the bridge to the ravine. We couldn't see past our next place to sleep, so gazed instead at one another, and it was like we'd never shook to keep from freezing. His kiss was a gift to unwrap remembering, in harsher future moments.

Luke wore overalls, and stuck wet brushes in their bib pocket. By the end of every class, his torso was a rainbow. I loved these masterpieces he'd compose by accident. When he smiled at me, I felt like one. I kissed him to wear his colours.

The health department powdered us for scabies. We stood shuddering in smocks while our effects were borne away. Workers arrived, to transport us to hasty interim destinations, where we would remain displaced. Jeremy kissed me when his summons came: hard, as though to defy impermanence by leaving a bloody stain.

I bought Pam a coat last week with the last of my funds. We walked to a diner, two thin shadows sketched on concrete, and she talked alongside me to someone I couldn't see. I watched her being warm, and filling in a space of dignity, and cared less that I was destitute. I cared more that I wasn't alone. I told her she had given this to me, and she was quiet. I knew she'd heard my words above her internal cacophony, because she rose then, and kissed me. She left, and I could not afford to wonder where she went.

VERITY DAWN HILL

NOT ABOUT ME

A nurse said "can't we get her out of here? This is not a homeless drop-in. I bet she has scabies," so I stopped going to prenatal classes.

A worker said "you're resourceful, resilient. You don't need handouts. There are people worse off than you," so I decided I was greedy for asking, and didn't eat that day.

A policeman said "look at your scars. You just did this for attention," so the next time I required some I didn't call them.

A man I dated said "you wouldn't be so together if those things actually happened to you," so I made up a backstory for the next one.

The next one said "you're too fucked-up. I hope you never thought you'd actually meet my family," so I never let myself hope for acceptance again.

Then it occurred to me that all these reactions to something about me that made them uncomfortable with themselves were contradictory. Perhaps my circumstances questioned their own privilege or coping? I never really cared enough to ask. But it became clear that their dismissal was not about me.

VERITY DAWN HILL

OUTSIDE OR INSIDE? TWO VIEWS ON SURVIVOR CULTURE

RAVAGED WONDERFUL EARTH, A COLLECTION FOR DAVID KESSEL.



**Outsider Poets in
collaboration with
F.E.E.L. Stepney,
July 2013.**

**REVIEWED BY
WILLIAM PARK**

At first, I had one personal reservation scanning through this A4-size book of 54 pages. This was nothing to do with the excellent abstract painting on the cover by John Zammit, nor a cursory reading of some of the poems and articles. Though David Kessel takes prominence, the collection is intended 'to celebrate the creativity and solidarity of mental health survivors'.

No, it was the references to 'survivor poetry'.

So, let me clear this up. I've seen work categorized as 'survivor poetry' in the past, but felt (as a lifelong reader of a wide variety of poetry, and a practitioner myself) that the poems were somewhat limited in scope and style, dwelling overmuch on the problems of mental ill-health without *transforming* the pieces into vivid, vital, works of art (in my opinion).

I may still hold elements of that view, but this collection at its best happens to achieve the focus and intensity, the passionate melancholy, which I'd longed for in the survivor-related poetry I'd been aware of in the past.

I am thrilled to become acquainted with David Kessel's poems, the poetry of his colleagues, and to learn more about the writings and thoughts of these poets, many of whom are based in the East End of London.

I was immediately struck by Kessel's gift for unusual focus, 'archaisms' which don't sound awkward, and a facility for sound and rhythm. Listen to the line here from the poem *Summer Rain* (from page 2):

A sufi song, as ruthless as the rain.

Occasionally writing in this collection from others fell flat for me, was sometimes mundane, particularly if the work was meant for 'performance' rather than the page. I don't need to dwell on that here, but it does bring up a long-standing argument about the merits of performance poetry, some of which is superb and powerful *in performance*.

What is more pertinent is why David Kessel in particular

– as well as some of his colleagues – aren't more widely known. There were references in some of the articles about 'outsider' poetry, and I wondered if the 'outsiders' want to remain there (outside) or if there is an unbridgeable disconnect between the so-called 'establishment' poetry world and those who feel alienated from it?

My own view is that this so-called outsider poetry is urgently needed and relevant today to understand the fractures and fragmentation of the mind. As David Amery in the article *Outsider Poetry* explains: 'What distinguishes outsider art, and means that perhaps it will never be "fashionable", is that it is driven by an inner compulsion which doesn't cater for any audience or market. Another term for it is "raw vision" ...'

There were also issues raised in the book about the role of poetry in vocalising and expressing alienation caused by social inequalities, poverty, and the inadequacy of mental health services. My own standpoint is that there is a woeful lack (in mental health provision) of recognising that creativity itself can be a source of thriving and mental health.

I feel much of the writing in this collection embodies a celebration of the creative individual's unique and fearless perception of the world when the going gets tough. There is an article by Richard Owens about the poet Howard Mingham (another poet until now unknown to me). From the excerpts quoted I found the work unusual, surprising, cryptic, and vivid, held together by rhythm:

Beneath your feet an essence is running,
thick as oil, thick as drumming, an early
dark madness we had forgotten

Or there is the transformative vision of Shamim Azad's *In The Silence*:

I hear my eye-
lashes drooping ...

I hear the whispers of insane insects

When reading David Kessel's *A Mug of Black Coffee* it so happened I was transported into a world of synchronicity when the line 'A greasy bacon butty in June hail' coincided with me passing a sign for Bacon Butties while riding on a bus! This poem should be anthologized widely. Kessel, in lines such as 'The rusty smell of the sea and misogynists' guilt' expresses the flair and uneasiness of the truly individual voice. We *need* – in today's cruel and unsettled world – individual voices. I commend this collection and call for a wider readership for these vital poets. ■

OUTSIDER CULTURE – SURVIVORS POETRY

Andrew Roberts from the Survivors History Group reflects on William Park's review in relation to the preservation of survivor identity and culture.

Survivor identity builds on survivor culture. As suggested elsewhere in this issue of *Asylum*: We gain 'health' through our 'history'.

In 2013 *Ravaged Wonderful Earth* consolidated the memories, philosophies, photography, art, analysis, prose and poetry of a network of survivors and friends held together by the desire to make a present to David Kessel. In 2018, just as it attracts the attention of wider audience, it is running out of print. How can we maintain our culture if its objects become unobtainable?

William Park's review of *Ravaged Wonderful Earth* (above), suggests to me that survivor culture may be preserved when it is recognised by mainstream culture as worthy of preservation. He also refers sympathetically to David Amery's suggestion that our culture is intrinsically an 'outsider' culture. So my reflection on the review is that it would be good to have poems by David Kessel, Howard Mingham and others in anthologies of 'establishment' poetry, but that to keep survivor culture alive, we must also preserve what remains outside.

Most survivor culture is outsider culture and much of what is not, was once: William Blake and Charlotte Mew for example. In relation to David Kessel and the other work reviewed by William Park, I want to consider how it was created outside the system, how it is circulated and preserved outside, and how people can get hold of it.



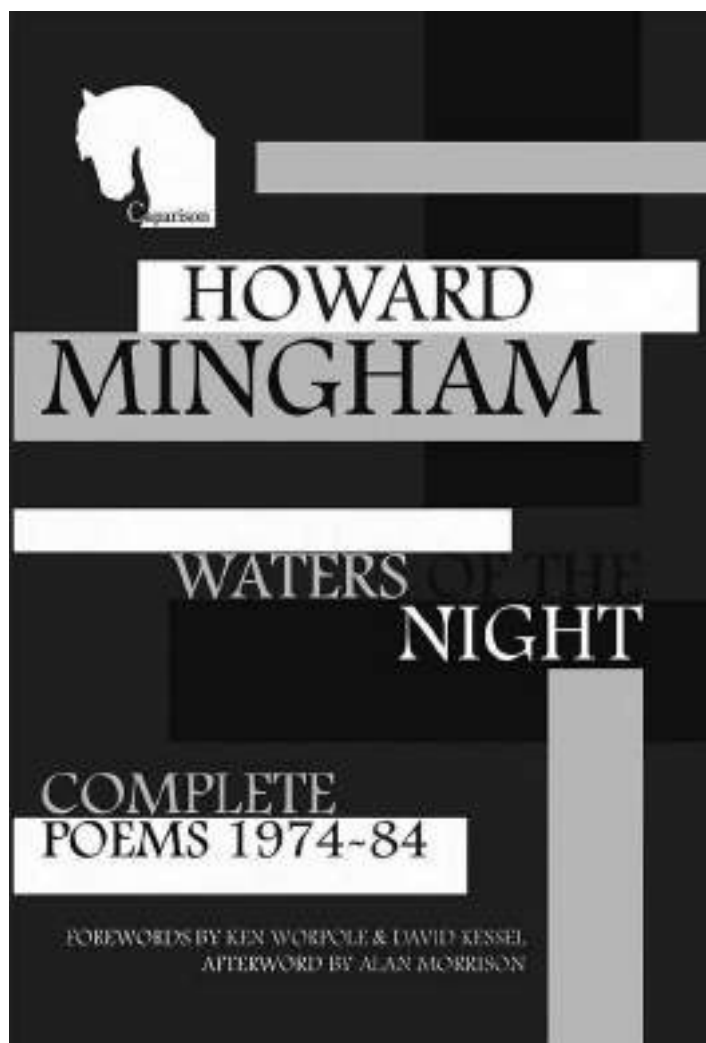
David Kessel
knocking at
the window to
come in.

Photographed
by Natalie
Fonnesu about
2013

Born 2.4.1947, David is the son of two committed communists. His father was a famous surgeon and his mother an artist. From when he was eleven years old they lived in Hampstead. Destined to be an insider, severe mental distress and socialist choice made David an outsider. Poems and schizophrenia are at the centre of his view of the world. His journey from middle class Hampstead to what his German publisher describes as the "fringes of society in the East End of London's immigration district" began when he suffered his first breakdown at 17, prior to medical school. Gradually he achieved his diplomas, worked in the psychiatric unit at Hackney Hospital (where he first met Howard Mingham) and then as a GP at the Lower Clapton Health Centre in Hackney, until his second breakdown ended his medical career and started his life's work inciting his fellow mental patients to work together. "A schizophrenic", David says, "has an existential duty towards the community in communicating by word, organisation or art his or her particular spiritual richness".

David was himself inspired by the socialist poetry of Howard Mingham. "Writing poetry", David wrote "may be organically linked to the healing of schizophrenia". When Howard fell to his death from a tower block in 1984, David collected Howard's poems and published them for a memorial meeting in November 1984. In 2012 a complete edition with two recently discovered poems was launched as *Waters of the Night – Complete Poems 1974–84*. (Second edition launched Brick Lane Bookshop, October 2014). Hard copies or electronic copies of this book are available from the publisher, Comparison (books) at <http://www.therecusan.org.uk/> A recusant is someone who refuses to conform.

David published his own work in two editions of *The ivy – Collected Poems*, the first in 1989 and the second in 1995 with additional poems. In 1999 John Zammit, David Kessel and David Amery collaborated to publish *Outsider Poems*. In this anthology the work of the three poets appears to merge in a geographically situated protest against an insider system by which they are "wiped out of the world". "The City gnashes its teeth at anything sacred. We find it in the East End traffic ... Our Minds are the World", they declare. David Amery is a reader of the work of the French authors Gilles Deleuze and Félix Guattari whose 1970s publication *Capitalism and Schizophrenia* has some similarities with David Kessel's theories.



David Kessel's 1971 poem *Glass is Dynamite* – 'The new world shines through all the windows of the old one' *Lenin* stands at the beginning of his recorded poetic career like a declaration of intent. The line "O the Windows of the Bookshop Must be Broken" provides the title for the definitive edition of his work, edited by Alan Morrison and published by Survivors Press in 2006. Like a mighty explosion the culture contained in the insider bookshops of Hampstead will be blown out for the benefit of outsiders.

David has said that "A true poem acts as an affective template for personal growth, healing, transcendence. It confronts the deadly through affirmations, contradictions, discovery, astonishment with the life bearing threads and realities of one's own, and social, existence. Hence the importance of the Survivors' Poetry movement." The main organisation of this is Survivors Poetry. Frank Bangay, a contributor to *Ravaged Wonderful Earth* was "one of the founders of Survivors Poetry" in 1991 and a friend of David's for "over thirty years".

It was through Survivors Poetry that the 2006 collection of David's work was published and the organisation used to preserve much survivor culture (not just poetry) electronically and on paper. David Amery called it "poignant" that the publication of *O the Windows of the Bookshop Must be Broken* coincided with Survivors Poetry losing its English Arts Council funding. The funding was restored, but has collapsed again over the last few years. The website has been lost (at least temporarily) but an electronic archive of its e-journal *Poetry Express* is preserved at <http://www.thefed.btck.co.uk/Publications/SurvivorsPoetry>

Poetry Express is even more important to the preservation of survivor culture than its title might suggest. In addition to poems and detailed reviews and notices of poetry events, many editions have a featured artist with generous space devoted to his or her paintings (in full colour) and written reflections. Music features in CD reviews and analysis and discussions of punk amongst other traditions. General issues related to survivors, to mental health, to legislation and to survivor politics are frequently covered. The magazine is an invaluable record of recent survivor history. Dave Russell, the editor of *Poetry Express*, sends out over 900 copies of each edition. To be added to the list, download a copy and write to Dave at the email address on the cover. It is free as well as invaluable!

Nathalie Fonnesu (Nat) who took most of the photographs in *Ravaged Wonderful earth* is the internet presence of F.E.E.L. or 'Friends of East End Loonies', a group founded by Myra Garrett and David Kessel in November 2007. The production of *Ravaged Wonderful Earth* was the inspiration of "outsider poets in collaboration with F.E.E.L.", which largely means that David Amery put it together with help from Nat and others as a "present" for David Kessel and as a celebration of the survivor "circle" of which he was a part and its "creativity and solidarity". The booklet lamented that *O the Windows of the Bookshop Must be Broken* was out of print and hoped it would find new readers for David Kessel's work. Now *Ravaged Wonderful Earth* is almost out of print.

What is to be done? So many of our cultural objects flare up like fireworks and fall into darkness or blaze like the sun for a day and disappear. There is no complete answer, but on the Survivors History website we are making a digital feature based on *Ravaged Wonderful Earth* to keep the light burning until we ourselves fall into darkness. ■

<http://studymore.org.uk/ravaged.htm>

The Other Side of Insanity

ASH E RAH

I know that we are new friends, but there's really no gentle way to say this: I have spent a lot of time over the past few years being legally insane. Locked wards, scary henchmen, anonymous pills— I've seen it all, and somehow come out another side.

Note, my friends, that I did not say *the* other side. Walking the knife edge between sanity and insanity gives a person a unique perspective about these things – about what they can offer, about their place in the world, and about what it means to live in a world where there is only 'sickness' and 'health'.

I'm not going to lie to you here – in that world, my place is far from assured. See, I look around and I see books, movies and TV series that show mental illness as a weakness at best, and deviance at worst. I see people clinging desperately to rationality, either 'sane' or desperate to pretend so, leaving people like me with no one to look up to, and nowhere to go.

The thing is: in a world where people are either well, or expected to assimilate back into its standard, I must be some third thing, someone the world isn't quite set up for.

I have no intention of turning my back on this pivotal part of me. I am not crazy – but I might not be sane, because I have absolutely no desire to deny myself for a place in the world. For years I have pushed my thoughts aside, medicated them, amputated the parts of my mind that challenge the world I see around me.

I don't want to do that anymore.

The person I was before I was first diagnosed with a psychosis was angry, self-destructive, arrogant, competitive and unpleasant. For years people told me they loved me, and for years I hated them almost as much as myself. I saw myself in a world of enemies, constantly on the defensive, never seeing the possibility or the value in anything but my own pride.

No-one questioned my sanity then.

But when I had become so dysfunctional I started poisoning myself with my own stress hormones, and my brain short-circuited trying to make the unhealthy patterns of my behaviour make any sense, I became somebody I am proud of for the first time.

Gone were my assumptions and judgemental prejudice, gone was the selfishness that taught me only to see myself, gone was the denial that blurred that sight beyond reckoning.

For the first time I thought about the world. I thought about life, and how we can make it. I thought about love, and what it felt like to feel it.

I thought about you. Because you're worth it.

My psychosis taught me how to see the world and remove my head from my ass. It taught me how to see us all, connected as one. It taught me the infinite power of belief and of faith, and has highlighted truths I could never have seen 'healthily' – but I would be remiss not to mention that it also convinced me I'd discovered the apocalypse, named its Four Riders, found the Holy Grail, and became mother to life that wouldn't exist for millions of years.

A lot was happening. Note, however, none of it was criminal. None of it was deviant. I was on the side of protecting life in all its creation – for one brief shining moment that you were not aware of, I decided that your existence was precious, and I gave my life to preserve it.

Thank insanity for that one – the healthy me didn't give a shit. You were either in my way, or unimportant.

That's why I don't want to go back.

Couldn't we live in a world where our experiences, the things that truly make us, are celebrated rather than scorned? Imagine it – people valued for their stories, valued for their empathy, valued for their difference. People with no homes, or battling addiction, discriminated against because of their race or worldview: I see them talking, connecting with people about the amazing things they've done and seen.

I see a world where we are allowed to be more than logical and rational, where we are allowed to value the whole human experience, and where we can come together with people who are so often pushed aside.

My place in a rational world is not assured. I am a minority voice in a powerful vacuum, and the side of me that sees that is frightened. I'm not ashamed to admit that.

I know what happens to people like me.

But what scares me more than a world knowing the truth about me, is a world where I have to deny it. It isn't brave to stand up and say "I'm loopy" – what's brave is going back to work as if it never happened.

I am not that brave. I need to live in a world that has a place for me.

Now, I know, I do know – "Bare your psychotic history for the masses" is sound advice for no-one.

I understand.

But, I have faith – and you are the reason why. This world doesn't need my credibility or reputation – but it could use my faith. I believe that insanity has something to offer us all – but more than that, I believe this world is coming to a point where it can see it. ■

UNREST

– Film Review

TERRY BURKE

A new film by Jennifer Brea, directs a searing light upon a disease that is largely ignored and stigmatised by doctors and wider society, and describes in harrowing detail the struggles that she and all sufferers face, to be taken seriously and in getting adequate health care and support.

The illness is ME (Myalgic Encephalomyelitis – meaning muscle pain and inflammation of the brain and spinal cord. Despite being recognised by the World Health Organisation as a serious neurological disease affecting the central nervous system, it has been consistently trivialised as simple fatigue, or all in the mind, and given names such as Chronic Fatigue Syndrome (CFS), which merely describe one of its many symptoms.

Brea, a Harvard graduate, becomes sick after developing a flu like infection from which she doesn't recover, her health declining dramatically. From the opening scene, when desperately ill, she tries to raise herself up from the floor and repeatedly fails, falling over until she crawls back to bed, the film captures the daily grind of many people with ME in their struggle to get through the day. Approximately 25% have the severe form of the illness, resulting in a bed or home-bound existence. Typical symptoms include widespread pain, dizziness and nausea, profound fatigue, together with a range of measurable abnormalities of the immune, hormonal and cardiovascular systems among others.

One of the signature features of the illness, known as Post-Exertional Malaise, is possibly its most difficult to live with, where the slightest exertion beyond one's limited capacity, can lead to a prolonged worsening of the illness, aptly described by Jennifer Brea herself,

The way I describe it is that I feel like I'm this battery that is broken and only charges 20%. As long as I stay within 20% I can function to some extent – everyone with ME has their own different battery level, some much lower – but when I exceed the 20%, all my systems crash and I become very ill.



The precise mechanisms of how ME occurs are still not known, and this has led to the psychologising of the illness. Historically, complex illnesses that have been difficult to diagnose have attracted psychological labels until they became recognised, including MS, which was known for a time as 'hysterical paralysis'.

In the U.K, a group of influential psychiatrists have shaped government policy and practice for over 30 years. Led by Prof Simon Wessely, they are often referred to as the 'Wessely School', and have largely been responsible for hijacking resources away from proper biomedical research into programmes supporting a psychological approach. Among others, they developed the biopsychosocial model for ME and other unexplained illnesses, maintaining that the condition is perpetuated by "false illness beliefs" with the person affected adopting a "sick role" undermining recovery.

The treatment offered for this, widely adopted within the NHS and in other countries, has been Cognitive Behavioural Therapy (CBT) and Graded Exercise Therapy (GET). These treatments, although found ineffective in a recent research trial, (known as PACE), and in the case of GET, positively harmful, form the basis of treatment approved by health insurance companies and the Department of Work and Pensions (DWP). This has resulted in many people being disallowed benefits when they have continued to be ill after receiving this 'treatment'.

The trial included subjects who were recorded as 'recovered' even though their health hadn't improved, or in some cases, had dropped out! Despite this, the trial was hailed as a great success by the British media under headlines such as "Exercise and Positivity can overcome ME" (*Telegraph*).

Many of the psychiatrists referred to above, are also paid consultants with the DWP and the main health insurance companies – surely a conflict of interest?

As Mary Dimmock, ME Advocate, (*Thirty Years of Disdain*, 2015) says:

This isn't science or medicine as I had come to know them, but rather a parade of psychogenic bias, neglect, bad science, flawed public policy and the political agendas of powerful people and institutions that have sentenced ME patients to the medical equivalent of the most squalid slum in the poorest country on earth

The denial of benefits fits neatly with austerity driven attacks on the welfare system, using the easy target of sick and disabled people. This toxic mixture of the disbelief of doctors, lack of medical care, the removal of benefits and media propaganda has meant that many people have been left completely desperate and without any support at all, with even family members and friends disbelieving

their illness. This chimes with the wider experiences of those affected by sickness, disability and mental health conditions, where the reality of people's lived experience is neither validated or believed, but instead is dismissed, leading to additional distress. A treatment approach that says that it is our mindset that needs to change feels like a very oppressive experience.

Unrest graphically shows both the severity and isolation of those worst affected.

To counter the profound isolation that the illness brings, Brea finds strength in advocacy and community. Using the internet and social media from her bed, she filmed her experience and those of others similarly affected, both to deepen connection and to challenge misinformation about ME. It shows examples of extreme debility, yet these are not the most shocking things we see. Some psychiatrists have taken the extreme view that patients, including children, need to be admitted to psychiatric wards against their will.

The film features a young severely ill Danish woman with ME, Karina Hansen, who was forcibly institutionalised and taken from her family by armed police, in a brutal, criminal act of government suppression. She wasn't allowed to be seen by any doctors other than psychiatrists and her family were not told where she was taken. After 3 years, she has returned home, but she remains ill.

In the UK, child protection powers have been similarly used to enforce psychiatric treatments for children with ME.

Because of this medical neglect and the invisibility of those suffering, Jennifer Brea created the global justice movement hashtag 'Missing Millions' and this forms a key part of both the film and the ongoing campaign for recognition of ME. *Unrest* began as a vision of bringing unseen patients together and out into the streets, and has resulted in protests in the USA where she lives, and throughout Europe, although less prominently.



In moving scenes, we see seriously ill people on the streets, some with carers, holding up photos of people who are too ill to leave their homes, and others who have died from ME or taken their own lives because of its severity. This has given many people with ME a visual language to fight back against abusive psychiatric projections.

As Brea herself says of the need for global campaigns:

To fight stigma and to force recognition from the health system, we need a movement for access to treatment, care and research. The HIV/AIDS movement led to extraordinary advancements and that's what we need here. It is about reclaiming our bodies and our experience, having a sense of pride in ourselves and in each other.

Historically, people with ME have been on the margins of the disability rights movement in the UK, and haven't had the lobbying power (or been too ill) to affect government policy. But activists are starting to come together under the slogan 'nothing about us without us'.

The film doesn't paint a rosy picture of the future, though there are glimpses of optimism around recognition of the illness and funding of proper research.

Instead, *Unrest* clearly demonstrates the impact that chronic illnesses such as ME have on our identity, relationships and life possibilities. ■

NB *Unrest* is now available on Netflix and Amazon

Reviews Wanted!

Book Reviews

Is there a mental health related book you'd like to review? If so, we might be able to get you a review copy. Get in touch: contact details below and on the inside front cover.

Lost Classics?

Is there a book that really changed how you thought about mental health/illness? It can be fiction or non-fiction. Lots of people mention Kate Millet's *Loony Bin Trip* or Marge Piercy's *Woman on the Edge of Time*. Let us know your forgotten classics. Send us a brief paragraph or two about what the book is about and why you think it is so important.

Film Reviews

Adrian Chapman recently reviewed *Mad to be Normal* – a film about RD Laing. Seen other films with an interesting, irritating or challenging perspective on mental health? Want to write about it? Let us know. What about an old classic? (Don't all say *One Flew Over the Cuckoo's Nest* please...)

Contact: editors@asylummagazine.org

Creative identities in the spirit of Philip Morgan

BY ANDREW ROBERTS, FROM THE SURVIVOR HISTORY GROUP

Born 13/1/1965, Philip Morgan, (sometimes known as Spirit) of Tower Hamlets African and Caribbean Mental Health Organisation, became one of our ancestors on 6/5/2017. In his *Last Words*, with which this article finishes, he said our family (home) “ought to be all, any and every place where there is heart”. When I first met him, on 30/10/2009, he gave me a copy of *Power Writers and the Struggle Against Slavery*, in the front of which he wrote: “To the Survivor History Group. From one group of survivors to another as we are all family in more than one sense of the word”. As family, we are in a privileged position to learn from one another.

As far back as the Survivors History Group has traced, people who suffer mental distress have individually and collectively worked with negative images and shared experiences with others in ways that are positive. Nowhere is this more striking than in the work of the survivors of a double identity crisis of mental distress and racism. Groups such as SIMBA (Share in Maudsley Black Action) and Tower Hamlets African and Caribbean

Mental Health Organisation (THACMHO) have displayed creative genius in their positive survivor politics that all of us can benefit from.

The dramatic arrival of SIMBA in Maudsley Hospital in 1998 was announced by a mysterious prowling tiger. “Let the tiger roar” the posters proclaimed when their meaning was eventually revealed. SIMBA members wanted to express their identity as both mental health survivors and black people in a predominantly white environment and to show how their cultural heritage gave them both something special to say and a special way of saying it. Away went presentations with PowerPoint to discuss hospital policy, and in came poetry, children (the ‘cubs’) and the music of Bob Marley.

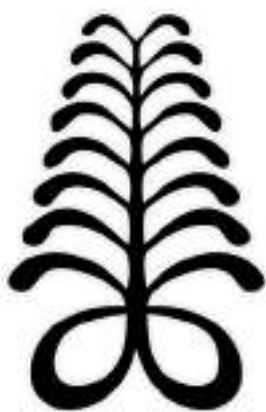
In 1996, THACMHO was started as a place where psychiatric patients of African descent could talk about their situation. Black patients were treated differently. In St Clements, Bow, their then psychiatric hospital, they got more medication, but less talking therapy, than other patients. The group conversations turned to the low self-esteem communicated by a cultural history in which black people were, at best, nameless slaves. After visits to Liverpool, they set about researching the neglected story of Africans in Tower Hamlets, seeking the black identity which is part of the history of both English ports. They called their project “Health Through History”.

For Black History Month in 2001, THACMHO organised a history walk through Tower Hamlets, visiting sites associated with five African writers from the end of the 18th century. After further research, they wrote and published *Power Writers and the Struggle Against Slavery – Celebrating five African writers who came to the East End of London in the 18th century* (2005).

In 2004 THACMHO organised a reminiscence conference on the history of West Indian Seamen who sailed regularly during the 1950s and 1960s on the Harrison Shipping Lines to the West India Docks. This also led to the publication of a book, and they have also researched and published a book about Africa and the Tower of London.

SIMBA prowled the wards as an Asian tiger. Other groups have used symbolism preserved in fabrics worn in West Africa, as well as in more long lasting artefacts and





some books. BUGs, the Black Users Group in Hamersmith and Fulham, to which Patricia Chambers (see *Asylum* issue 24.2) belonged, used the symbol for a fern, which represents endurance and resourcefulness.

THACMHO has combined two African symbols. Its logo superimposes the Sankofa bird, representing history, on Tabono, the symbol for paddles,

representing strength, confidence and perseverance. The paddles might suggest paddling a canoe upstream and could be seen as strength and endurance in our emotional journeys. The Sankofa bird turns its neck to pick up an egg in its beak. The egg represents the future and the meaning is that the bird recovers the past in order to fly forward. In the Akan language of Ghana, “sanko” means “go back” and “fa” means take. We must go back and reclaim our past so we can move forward; so we understand why and how we came to be who we are today.



Power Writers and the Legacy of Philip Morgan (Spirit).

By what they say, power writers change our perception of who we are. Their power is the power of words. The five eighteenth century black writers who feature in *Power Writers and the Struggle Against Slavery* challenge any view that Africans were passive slaves who did not speak for themselves: Ukawsaw Gronniosaw with his life narrative (1772), Phillis Wheatley with her poems (1773), John Marrant with records of evangelism (1785 and 1790), Ottobah Cugoana with his work attacking “the evil and wicked traffic on the commerce of the human species” (1787) and Olaudah Equiano, in 1789, with his gripping account of the horrors he had endured as a slave. Their work inspires the present. Reflecting on this Philip Morgan wrote about “self-realisation giving people a truer sense of identity and a greater purpose for living their lives” (*Power Writers*, page 57).

Philip has been described by his friend Steve Laudat as a “motivational speaker”. He was a power presenter of the relevance of “London’s Black African History and Today”. Survivors from all over England who saw and heard him perform Ukawsaw Gronniosaw in the Pageant of Survivor History at Kingsley Hall on Friday 19/3/2010 will have some idea of the qualities that earned him the name “Spirit”.



“Cast not thy fate to the wind, nor anything else. For ye are not the wind nor fate and neither are ye to be casted” Philip wrote in his *last words* (below). Spirit does not cease to blow when you do not see it, as Jesus told Nicodemus (*John 3 verse 8*) and the spirit of Philip Morgan lives on with us. As part of this legacy, Tower Hamlets Archives will re-stage the Power Writers Exhibition in memory of Philip at Tower Hamlets Local History Library and Archives, 277 Bancroft Road, London E1 4DQ during May and June 2018 and the event will be launched by four hours of memories and companionship from 12 to 4pm hosted by the Friends of Philip Morgan on Saturday 5/5/2018. Everyone is welcome. We grieve, but in our grief is the seed of our power to continue the legacy for future generations. Check for up to date information at <http://studymore.org.uk/mpu.htm#MeetingMay2018>

Last words of Philip L. Morgan ‘Spirit’ on his Facebook page 29.4.2017

If home is where the heart is, then perhaps in an ideal real wor(l)d home ought to be all, any and every place where there is a heart.

Thy heart is within/out thyself and does not exist without thee.

Cast not thy fate to the wind, nor anything else. For ye are not the wind nor fate and neither are ye to be casted.

Thy heart and thy home ye create as ye desire and will in the non-true non-entirety of the wor(l)d.

Meaning ye are before, within/out and beyond the wor(l)d/s that may seem to confine thee. ■

[This article is based on information and help from many people, including Philip Morgan himself, Premila Trivedi, Fabian Tompsett, Sam Shakes, Harry Cumberbatch, Shawna Martin, Wayne Martin, Sidney Millins, Stephen Laudat and Raymond Smith.]

Working to Recovery: The Recovery Champions Course and Making Recovery Happen

BEN GRAY

Having a mental health problem can be a frightening, isolating and even terrifying experience. Seeing things and hearing voices can be disturbing and carry with them stigma and exclusion from ordinary human relationships, employment and even simple things that are taken for granted like socialising, going out or making friends. One person I knew in hospital saw people covered in snakes, while another saw people on fire. I myself have heard threatening and taunting voices, saying, "You wait until you see what I'm going to do to you!"

Too often, people can withdraw into themselves and be cut off from others, even from close family members and carers. This is not helped when seeing things and hearing voices are labelled as 'hallucinations' to be dismissed and ignored. Having a mental health problem also has 'negative symptoms' such as tiredness, loss of emotion and apathy. This is not helped by the undesirable side-effects of many antipsychotic drugs, which may cause tremors, tiredness, uncontrollable shaking, dribbling, apathy and weight gain. I can say from personal experience that these side effects are often humiliating, embarrassing and painful. People with mental illness can withdraw into themselves and become passive, a shell, a shadow of their former self and almost zombie-like. People can end up just going through the motions of life in an empty and hollow way.

According to Ron Coleman and Karen Taylor, who have run the Recovery Champions course in places as diverse as Scotland, Australia, Italy and Palestine, making recovery happen is about learning to live again and not just exist as a shadow in some sort of half-life. Rather than running away from the pain and difficulty of living with a mental health problem and withdrawing from life, people are positively encouraged to discuss their voices and difficult experiences. People's voices and experiences are treated as real (at least to the individual experiencing them), so this means they are

treated as valid and meaningful. Rather than ignoring and dismissing hearing voices, a recovery coach talks to the person about hearing voices (what the voice says, if it is male or female, whether it advises or is commanding, its age and whether it is positive or negative). In other words, the voice is mapped so that it can be better understood.

Rather than giving up with life and the pain and difficulty of living with a mental health problem, people are encouraged to make a one year plan of their dream (as well as their nightmares as barriers), which could be travelling, writing a book or getting a dream job. They then work backwards with a recovery coach from 9 months to 6 months to 3 months and finally 72 hours, so that they have a pathway and map to achieve their one year dream. This shifts what can be a negative experience into a positive one, where dreams, aspirations and a good future are anticipated and planned. Drama and art therapy are also run by recovery coaches to engage people's feelings of being accepted and valued as a person (and not just someone with a psychiatric label of mental illness).

During the Recovery Champions course, people are asked to answer the question: 'Who am I?' This helps people to tell their own story and personal journey in life as well as in mental health. But perhaps just as importantly it allows people to share their experiences, rediscover their emotions and prepare for new journeys. People realise that they are not alone. It is instead a shared journey where we can all support each other toward the goal of recovery and a better life.

Ron and Karen also run a very friendly and excellent recovery house on the beautiful Isle of Lewis in Scotland, which is free and relies on donations.

For further information visit:
<http://www.workingtorecovery.co.uk>

5 FUN THINGS TO DO WITH USED TAMPONS

WHEN YOU'RE STUCK ON A PSYCH
WARD & THE ONLY AVAILABLE BATHROOMS
HAVE NO BINS!

1 MISSILE

(for when staff enter without knocking)



2 ART THERAPY

3 CHRISTMAS DECORATION



← LOL AS
IF, NO
XMAS
TREES
FOR
MENTALS



4 "MYSTERY GIFT"

5 DECORATING THE WALLS



← self
portrait
in
progress

Row

NEWS & REPORTS

BIG CUT IN BENEFITS BILL WITH PIP

In the year to October 2017, almost half of the disabled people reassessed under the Government's latest claims system had financial support withdrawn or reduced. 947,000 claimants were reassessed by the Personal Independent Payment (PIP) system and 443,000 had their claims reduced or removed – a quarter were disallowed or withdrawn altogether, while 22% had their benefits reduced.

The latest figures also show that PIP is wrongly denying disabled people financial support at a higher rate than ever. Successful appeals brought against the Department of Work and Pensions (DWP) by disabled people denied benefits under PIP are higher than ever, with 68% of appeal hearings found in favour of the claimant. In the three months ending September 2017, 14,188 cases were found in favour of the claimant.

Successful appeals brought against the DWP over Employment Support Allowance (ESA) have also soared in recent years, with the proportion of cases found in favour of the claimant at 67% in the last quarter, compared with 62% in the same period in 2016 and 58% in 2015.

PIP was introduced in 2013 to replace the Disability Living Allowance (DLA) and brought in the new face-to-face assessment. Figures show that the number of appeal decisions found in favour of the claimant under the DLA system were never as high as they are currently under PIP. Since PIP was introduced, the rate of successful appeals by claimants denied the benefit has risen steadily from 26% to the 68% revealed by the latest figures.

Stephen Lloyd, Liberal Democrat Work and Pensions spokesperson, commented "Vulnerable disabled people are being failed on a monumental scale by this heartless Conservative government. It's time to scrap Work Capability Assessments and replace them with a more humane system."

Bulman, M (2017) Government's new benefit system wrongly denies disabled people support at higher rate than ever. *The Independent*, Dec 14.

HIGH COURT OVERRULES 'BLATENTLY DISCRIMINATORY' PIP REGULATIONS

From last February, Mind had run a campaign on the issue, and the Government has now decided not to appeal a recent High Court ruling which deemed certain Personal Independence Payment (PIP) regulations 'blatantly discriminatory' against people with mental health problems.

PIP has two parts: help with daily living, and for mobility. To get the standard rate of £22 per week a person must score eight points at assessment, while scoring 12 points entitles someone to the enhanced rate of £58 per week.

But last March the Government introduced regulations stating that people who could not travel independently on the grounds of psychological distress – as opposed to other conditions – were not entitled to the enhanced mobility rate.

In a case brought by Public Law Project and their client RF, a judge ruled that these regulations were unlawful. The Government was expected to challenge the ruling, having previously said reversing the changes would cost an extra £3.7bn by 2022.

The immediate effect of not appealing the decision is that 164,000 people are now able to access the financial support they should have been entitled to all along.

Charlotte (2018) Pip Pip Hooray. Mind Policy & Campaigns. email Jan 19; Ministers back down in legal battle over disability benefits. *BBC News*, Jan 19, 2018.

VULNERABLE HOMELESSNESS UP 75% UNDER TORIES

Homelessness among people with mental and physical health problems has increased by around 75% since the Conservatives took over in 2010. There has been a similar rise in the number of families with dependent children who are classed as homeless.

According to official figures collated by the Dept for Communities & Local Government, the number of homeless households in England identified by councils as priority cases because they contain someone classed as vulnerable due to mental illness, rose from 3,200 in 2010 to 5,470 in 2017. At the same time, the number of families with dependent children – another priority homeless group – increased from 22,950 to 40,130. The number of homeless households with a family member who has a physical disability has increased from 2,480 to 4,370.

John Healey, Labour's shadow housing secretary says that falling homelessness under Labour has turned into rising homelessness. Services across the country have also seen an increase in the number of people with multiple and complex needs, and this is because other services are failing to provide the help needed. Eviction is now the number one cause of homelessness. The solution to the housing crisis must be to urgently build more affordable homes and, in the short term, end the freeze on housing benefit that is increasingly pushing people over the precipice into homelessness.

A government spokesman said "Tackling homelessness is a complex issue with no single solution but we're determined to help the most vulnerable in our society. While the number of those accepted as statutory homeless peaked at over 135,000 in 2003–4 and is now well below this level, we know much more

needs to be done. That's why we're providing over £1bn through to 2020 to reduce all forms of homelessness and rough sleeping, bringing in the most ambitious reform in decades through the Homelessness Reduction Act to ensure people get support sooner, and trialling Housing First to help the most entrenched rough sleepers."

Doward, J (2017) Homelessness in England rises by 75% among vulnerable groups. *The Observer*, Dec 24.

TRENDS IN PSYCHIATRIC RESTRAINT

The latest NHS figures show that patients in British mental health units were physically restrained by staff more than 80,000 times last year (2016–17). Patients were subjected to "prone" restraint (held face down) 10,000 times, and "non-prone" physical force 43,000 times; chemical restraint was used on another 8,600 occasions. This is despite moves by the government and NHS in recent years to reduce the incidence.

According to the first comprehensive NHS data on the use of such techniques in England, girls and young women under the age of 20 were the most likely to be restrained, each being subjected 30 times a year on average to techniques that can involve a group of staff combining to tackle a patient who is aggressive or violent. Prone restraint, which guidance says should be used only in life-threatening situations, is used on fewer women than men, but used on them more often. Black people were three times more likely to be restrained than whites. Mechanical means of restraint were used 1,200 times, seclusion on 7,700 occasions, and segregation 700 times.

Campaigners fear the use of force compromises recovery. Katharine Sacks-Jones, director of Agenda, an alliance of 70 organisations working with women and girls who are at risk, said: "More than half of women who have mental health problems have experienced abuse, so not only is restraint frightening and humiliating, it also risks retraumatising them."

In its annual report, the Care Quality Commission (CQC) which regulates NHS care in England, said its inspectors had found unwarranted and wide-ranging variation between units in terms of how often staff used restraint. Wards with low rates had staff who had been trained to handle difficult behaviour and de-escalate challenging situations.

The number of times restraint is used rose from 781 per 100,000 bed days in 2013–14 to 954 per 100,000 last year. However, use of face-down restraint had slightly reduced, from 231 incidents per 100,000 bed days in 2014–15 to 199 incidents per 100,000 in 2015–16.

The Dept of Health commented that its guidance, issued in 2014, stressed that restraint should be used only if other means of dealing with difficult situations were unlikely to succeed. A spokeswoman said: "Physical restraint should only be used as a last resort and our guidance to the NHS is clear on this – anything less is unacceptable. Every patient with mental health issues deserves to be treated and cared

for in a safe environment. We are working actively with the CQC to ensure the use of restraint is minimised."

This bulletin also revealed that almost one in 20 people in England received NHS help last year for mental health problems. A total of 2,637,916 people – 4.8% of the population – were in contact with secondary mental health, learning disabilities and autism services; of these, 556,790 were under 18. 101,589 (3.9%) of those 2.6 million patients ended up receiving treatment in hospital.

Campbell, D (2017) Alarm over restraint of NHS mental health patients. *The Observer*, Dec 10.

GROWING SHORTAGE OF SHRINKS

There is an ongoing rise in the number of unfilled psychiatric consultant posts across the UK – up from 5% in 2013 and 7% in 2015 to 9% in 2017. Consequently, there has been a sharp increase in the use of locums. The problem is most acute in General, CAMHS, Old Age and Intellectual (Learning) Disability psychiatry.

In England, 10% of NHS consultant psychiatrist posts are currently vacant, twice as many as four years ago; in Wales it is 9%, while Scotland and Northern Ireland have vacancy rates of 6% and 2% respectively. The situation is worst for psychiatrists in England who specialise in treating children or older people. In both specialities, vacancy rates doubled from roughly 6% in 2013 to 12% in 2017.

A spokesperson for the Royal College of Psychiatrists said the vacancies increased waiting times for patients, and are "frankly alarming". There are difficulties with recruitment and, as mental illness moves up the health agenda, more posts are being created but there are no specialists to fill them. It takes thirteen years to train as a consultant psychiatrist.

Royal College of Psychiatrists workforce census 2017. RCP website; Psychiatrist vacancies 'double in four years' in England (2017) *BBC News*, 4 Nov.

£10K PAYRISE FOR USELESS MH MANAGERS

Four directors at an "unsafe" mental health trust were given a £10k pay rise (boosting their pay to £108,000) after their organisation came out of special measures in 2016. But in fact they had failed to improve standards, and the Norfolk and Suffolk NHS Foundation Trust (NSFT) went back into special measures in October 2017. The Care Quality Commission (CQC) rated the trust "inadequate" when it found the board had not addressed the serious concerns raised in 2014. A host of improvements are called for and a director will be attached to the trust to ensure they are carried out. NSFT is the only MH trust in England in special measures and only came out of them the year before.

Directors at 'unsafe' mental health trust got pay rise (2017) *BBC News*, 3 Nov.

Mental Health Campaigning and Discussion Groups: UK & Ireland

Please email j.anderson@lancaster.ac.uk with corrections and other links for inclusion.

Beck Road Alliance

Supports survivors of organised childhood sexual abuse on Beck Road, Hackney, and ALL survivors EVERYWHERE, to share their testimonies of surviving childhood sexual abuse.

<http://www.jacquidillon.org/beck-road-alliance>

Bridge Collective CIC [Exeter]

A democratic community for people who have experiences, beliefs, and feelings that have sometimes been labelled as mental illness

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

Community Psychology UK

A movement of community psychology in the UK. Together we hope to empower, liberate and achieve improved well-being for all.

<http://communitypsychologyuk.ning.com>

Critical and Creative Approaches to Mental Health Practice [Lancaster]

A discussion group - for all who are passionate about sustaining creative and critical practice in mental health.

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

Critical Mental Health Nurses' Network

A network in which **anyone** who is interested in the quality of mental health nursing can participate.

<https://criticalmh nursing.org>

Critical Psychiatry Network

A network primarily for psychiatrists, psychiatric trainees and medical students.

<http://www.criticalpsychiatry.co.uk>

Critical Voices Network Ireland

A network of people with experience, carers, professionals, academics and others who want an Irish mental health system not based on the traditional bio-medical model.

<http://www.cvni.ie>

Disabled People Against Cuts

DPAC is about disabled people and their allies fighting for justice and human rights for all disabled people.

<https://dpac.uk.net>

Emerging Proud

A campaign about providing hope; that breaking down does not mean we are broken; it means that we can be amidst a difficult journey to 'breakthrough'.

<https://emergingproud.com>

Evolving Minds

A public meeting which meets on the first Monday of each at 7.30pm the Stubbing Wharf pub, Hebden Bridge, to discuss different approaches to mental health problems.

<http://www.rufusmay.com/index.php/resources/36-what-is-evolving-minds>

The Free Psychotherapy Network

A group of psychotherapists offering free and low-fee psychotherapy to people on low incomes.

<https://freepsychotherapynetwork.com>

Hearing Voices Network

Supports local groups, provides a forum, website and resources.

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

ISPS UK

The UK of the International organisation – International Society for Psychological and Social Approaches to Psychosis

<http://www.ispsuk.org>

Living with Psychiatric Medication [Leicester]

Gain knowledge, ask questions get answers in a supportive relaxed atmosphere.

<https://livingwithpsychiatricmedication.co.uk>

Mad Pride Hull

Mad Pride is about getting people talking about madness, and challenging the tyranny of normality, in creative ways.

<https://madpride.tk>

Mad Studies Network

Started as a website for the Mad Studies stream at Lancaster Disability Studies conference.

<https://madstudies2014.wordpress.com>

Manchester Icarus Group

Discussion and support group for those who have experienced 'madness'.

<https://www.meetup.com/Manchester-Radical-Mental-Health-Meetup/>

Mental Health Resistance Network

Mental health survivors in the UK who are mainly located in Boroughs of South London. We are angry. We are seething.

<http://mentalhealthresistance.org>

Mental Health Under Capitalism [London]

"Mental Health Under Capitalism" is a debate and peer support group, discussing specific topics around mental health in our society

<https://en-gb.facebook.com/MentalHealthUnderCapitalism>

Midlands Psychology Group

A group of critical clinical, counselling and academic psychologists

www.midpsy.org

National Paranoia Network

Aims to raise awareness of paranoia, breakdown social taboos and self-help.

<http://www.nationalparanoianetwork.org>

National Survivor User Network

An independent, service-user-led charity that connects people with experience of mental health issues to give us a stronger voice in shaping policy and services.

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

Oor Mad History

A community history project to reclaim and promote the history of activism and collective advocacy by people with mental health issues.

<http://oormadhistory.blogspot.co.uk/p/what-is-oor-mad-history.html>

Open Futures Network [Nottingham]

Promotes mental health, resilience and wellbeing by exploring an Open Dialogue approach in the field of mental health and also within wider society.

<https://www.facebook.com/OPEN-Futures-1413977165545778/>

Personality Disorder in the Bin

Critiques the use of the label 'personality disorder', exposes its ideology and seeks to abolish it.

<https://personalitydisorderinthebin.wordpress.com/about>

Psychologists for Social Change

Psychologists for Social Change is a network of applied psychologists, academics, therapists, psychology graduates and others interested in applying psychology to policy and political action.

<http://www.psychchange.org>

Ragged University's Mad World Archive - a collection of critical perspectives in the area of Mad Studies.

<https://www.raggeduniversity.co.uk/mad-world-archive>

Recovery in the Bin

A User Led group is for MH Survivors and Supporters who are fed up with the way 'recovery' is being used to discipline and control those who are trying to deal with the very real mental distress they encounter on a daily basis.

<https://recoveryinthebin.org>

ReVision [Liverpool]

A coalition of radical activists who believe in the social model of mental health.

Contact: revision.liverpool@hotmail.co.uk

Self Injury Support

Develops services and raises awareness of self-injury and mental health issues, through training and information.

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

Shaping Our Lives

Shaping Our Lives National User Network is an independent user-controlled organisation, think tank and network.

www.shapingourlives.org.uk

Shatter Boys UK

A peer support groups for adult male survivors of child sexual abuse.

<https://shatterboysuk.wordpress.com>

Social Perspectives Network

A unique coalition of service users/survivors, carers, policy makers, academics, students and practitioners interested in how social factors both contribute to people becoming distressed, and play a crucial part in promoting people's recovery.

<http://spn.org.uk>

Social Work Action Network

A loose network of social work practitioners, academics, students and social welfare service users united in their concern that social work activity is being undermined by managerialism and marketisation and welfare cuts.

<http://www.socialworkfuture.org>

Soteria Network

A network of people in the UK promoting the development of drug-free and minimum medication therapeutic environments for people experiencing 'psychosis' or extreme states.

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

Spiritual Crisis Network

A UK non-profit organisation that provides support and resources to help make meaning of and integrate a crisis experience. Has some local peer support groups.

<http://spiritualcrisisnetwork.uk>

Survivors History Group

Values and celebrates the contribution that mental health service users/survivors have made and are making to history. Meets regularly in London.

<http://studymore.org.uk/forum.htm>

Survivor Researcher Network

A network set up to support people with lived experience of mental distress with an interest in research. Hosted by NSUN.

<http://www.nsun.org.uk/about-us/our-work/survivor-researcher-network>



Flaming Spirit

BY SAM SHAKES



In thoughts that 'Death' would bring an end to the misery – the 'Flaming Spirit' forced me to stay. 'Not yet' it whispered subtly with great strength.

Sometimes I'd curse it – 'Why was 'I' made to keep going? It was punishment making me stay.' I tried many attempts to 'silent' the 'Flaming Spirit'... With drink, but I drank myself sober... With eats, but was never 'satisfied.' With sleep, but became restless... I contemplated 'How I could 'kill it'... 'How many tablets?'... 'how much brandy?' But the 'Flaming Spirit' shone – somewhere in the distance (somewhere that felt far from 'me'). In the dense darkness of Depression, of Hopelessness, in Misery and in Despair with thoughts of giving-up – of Suicide, the 'Flaming Spirit' refused to move-on...

'Not yet,' it continually whispered subtly with great strength.

I listened to the 'Flaming Spirit' – I listened to the master and core of our existence and managed 'Clinical Depression'.

- **Flaming Spirit is one of a series of paintings by Sam, created in 2008. We hope to feature more of her work in future issues...**

To find more of Sam's work please visit: samshakes.wordpress.com

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