

# Update<sup>2</sup>

Making life better

2gether NHS Foundation Trust  
Membership News / Summer 2019



**Win!**

A copy of The  
Bee's Knees  
Journal

Page 15

A record-breaking  
**Big Health  
Check Day**

## Welcome

We hope you will enjoy reading our latest membership newsletter, where we share the latest updates and information on our services, teams and colleagues.


You'll find the latest on our proposed merger with Gloucestershire Care Services NHS Trust, as well as some personal stories from people who have experienced and recovered from mental illnesses. There's a photo spread from the recent Big Health Check Day, the launch of a new Herefordshire service and much more.


Thank you for reading and please send us your comments or suggestions for the next edition.


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## Welcome to Sumita



**We are pleased to welcome new Non-Executive Director, Sumita Hutchison, to the Board. Sumita, from Bristol, is hoping to use both her personal and professional experience to support the work of the Trust.**

"We are at an exciting point in the Trust's development, in the lead up to our merger with Gloucestershire Care Services NHS Trust. We have the opportunity to make a real difference to the lives of the people we serve and improve health outcomes," Sumita said.



Sumita is a lawyer by background and a social care commissioner. She is also currently a Non-Executive Director on the Board of Bristol Community Health. In addition, she is one of the founding members of the Mayoral Bristol Commission for Race Equality and a member of the Women's Commission (Bristol).

Ingrid Barker, our Chair, welcomed Sumita to the Board.

She said: "Sumita's background, experience and passion for equality and diversity will make her a huge asset to our Board and the wider Trust.

"We are at a turning point in mental health, learning disability and community health services in Gloucestershire and Herefordshire, so Sumita joins us at an exhilarating and significant time.

"I am very much looking forward to working alongside her, as I know my fellow Board members are."




### Do you feel stressed, anxious, worried, depressed?

We provide guidance, courses and talking therapy.

**0800 073 2200**  
[www.talk2gether.nhs.uk](http://www.talk2gether.nhs.uk)



 If you would prefer to receive your newsletter by email, please let us know by calling 0300 421 7142 or email 2gnft.comms@nhs.net

# Trust News & Updates



## Letter of Hope - A New Suicide Prevention Initiative

**A 'letter of hope' is to be given to anyone arriving at Gloucestershire and Herefordshire's hospitals who has attempted suicide or is experiencing suicidal feelings.**

The letter has been written by people who have also made attempts to take their own life, or who have supported family members who have made such an attempt.

From their unique, personal perspective they are offering words of encouragement and sources of support.

The initiative is being introduced by 2gether NHS Foundation Trust, as well as Wye Valley Trust, Gloucestershire Hospitals NHS Foundation Trust, and Gloucestershire Care Services NHS Trust, following the success of similar projects elsewhere.

Gordon Benson, of 2gether, said: "The Letter of Hope has been written by people who have been through the same or similar experience as people who arrive at our county's hospitals, having had suicidal thoughts or having made an attempt to end their life.

"It's a very personal letter that only people who have been through these experiences can really write. We hope that the people reading it will take comfort and see things in a different light than perhaps they would after speaking with a health professional.

"It took a great deal of courage for those who wrote the letter to share their feelings in this way and our wish is that it will have a big impact on the readers, ultimately making



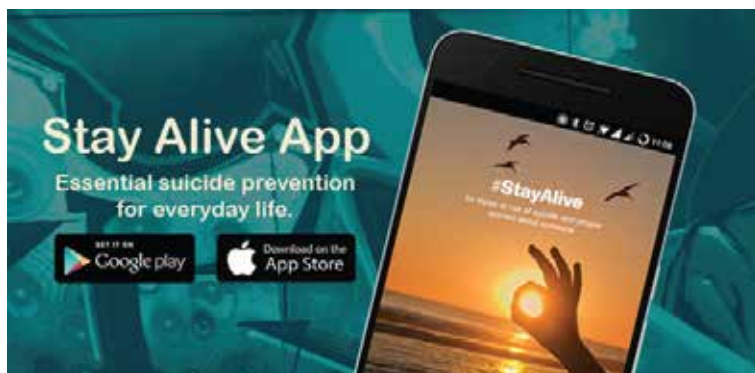
them feel that there is hope and that they have something to live for.

"We hope it will have a real and lasting impact on saving people's lives."

Rosie Gardener, 60, from Gloucester, was one of the letter writers. She said: "Most of us who took part in this project have, at one time, attempted suicide. The project itself was a way of showing others that there is hope in times of total despair and that if we give it time then life will give us a second chance.

"The Letter of Hope is a way of showing that there is help out there and that there is always hope."

Christopher Shellam, 65, from Herefordshire, was another of the letter writers. He said: "When being discharged from A&E after suicide attempts I was never given a Letter of Hope. That's why this Letter of Hope is so important because not only does it give hope, it shows others do care and have been in the position of wanting to end it all."



### Key features include:

- Quick access to national and local crisis resources
- Create your own personalised Safety Plan
- Select your own reasons for living
- How to help a person thinking about suicide

# Focus on Research

We have a dedicated research team which participates in national and local studies, aimed at increasing our understanding of mental health conditions, improving the services we provide and helping to develop new treatments.

Here we interview Mark Walker, Head of <sup>2</sup>gether's Research and Development Team, about his role and what the team does.



## Tell us a bit about you and your role.

2019 will be my 20<sup>th</sup> year in the NHS and throughout that whole period I have been involved in research. I started as a data manager for the 3 Counties Cancer Research Network in Cheltenham, moving into the Research and Development Manager role for Gloucestershire Hospitals NHS Foundation Trust, where I worked with <sup>2</sup>gether's research team for many years. And then, not quite 12 months ago, I took on the role of Head of Research and Development with <sup>2</sup>gether. The preceding 19 years have hopefully given me a deep and detailed insight into NHS Research and Development and will ensure I can continue giving my best to supporting the research team to contribute to vital research and development projects.

My role, in a nutshell, is to oversee the research delivery team, which consists of Research Nurses and Clinical Studies Officers, who deliver research by recruiting service users, carers and staff to a variety of studies from questionnaire surveys to full-blown clinical trials.

## What's the aim of the research team?

We support one of the aims of the NHS Constitution, which is to offer research to every NHS patient. We still have a lot of work to do to achieve this aim, but the team ensures as many service users as possible are offered access to ethically reviewed and approved research projects.

We are set targets by the National Institute for Health Research (NIHR) every year to recruit a certain number of patients and the team works very hard to ensure we meet targets while ensuring that research participants are treated well and enjoy the experience of taking part in these important projects. We are also funded by the NIHR and this is linked to performance but also, importantly, is separate from clinical care budgets to ensure normal patient care is not compromised.

**"Although only a small team, the Research Team is a vital component of the healthcare system, supporting the provision of evidence-based practice and contributing to the development of new ways of working, new clinical interventions and new drug development."**

## How can readers get involved in research?

Clinicians can become involved in a variety of ways depending on how much time they have and how much they want to get involved. We are always looking for new Principle Investigators (PIs) for our research projects (the clinician who has oversight of the running of the project) and are happy to discuss this role with anyone who is interested. Where time is an issue, people can get involved in referring potentially eligible participants to our research team who can then talk about the study in more detail and undertake the consent process.



Staff can also get involved in being a participant if they wish. Of course, we are always looking for service users and carers to take part too. Basically, anyone who is interested in getting involved in research is welcome to contact us and we can discuss the work and think about the options that are available.

### How does the research make a difference?

Without research, developments in healthcare would come to a grinding halt or, at the very least, slow to a crawl. We work on trials that will contribute to the development of new drugs that could save lives or help those with severe and enduring mental health issues. But we also work on studies that can help us understand how people see the world or fight the stigma associated with mental health. The possibilities are endless.

We also support student researchers to undertake their educational projects which may not have an impact on current care but do serve to encourage the next generation of researchers, without which the range of research available to us would diminish.

### What studies are currently recruiting?

We currently have a range of studies on our website at [www.2gether.nhs.uk/research](http://www.2gether.nhs.uk/research)

### Get involved!

If you are interested in taking part in any of our studies, or would like to find out more, contact the research team.

Telephone: 01242 634490

Email: [2gnft.research@nhs.net](mailto:2gnft.research@nhs.net)



# Merger Update

Our proposed merger with Gloucestershire Care Services NHS Trust is getting closer. We plan to become one Trust from 1 October 2019, as long as we receive the official authorisation. We've recently agreed the name of our new, joint Trust.

Following our merger, we will be known as:



**Gloucestershire Health and Care**

**NHS Foundation Trust**

This is a name that clearly explains what we do, which is providing health and care services in Gloucestershire.

Our services in Herefordshire will use a separate name, which should be easily understood and recognisable for people in Herefordshire, as well as our colleagues:



**Herefordshire Mental Health and Learning Disability Services**

Here is a reminder of how our merger has been developing since September 2017:

- **September 2017** - we announced plans to merge with Gloucestershire Care Services, with the aim of forming one organisation to provide joined up community mental health, physical health and learning disability services.
- Between **May and September 2018** a 'strategic case' was prepared and submitted to NHS Improvement. This outlined the reasons for the merger. We also held events for our members and stakeholders in both Gloucestershire and Herefordshire, enabling you to share any thoughts or suggestions to be taken into account.

- In **September 2018**, the Boards of both <sup>2</sup>gether and Gloucestershire Care Services agreed to submit the case to NHS Improvement.
- In **December 2018** we heard that NHS Improvement were happy with the case and gave permission to continue and prepare a full business case.
- In **January 2019**, the full Shadow Board was appointed. This will be the Board of our new Trust, as and when the merger is formally and finally approved.
- In **May 2019**, we submitted our Full Business Case to NHS Improvement.

We'll be working over the next few months to organise our Trust management structures and, most importantly, look at what improvements we can make, with our partners, in terms of delivering better services for our communities. Our full transformation programme will carry on even after our official merger.



Find out more – You can stay in touch with information about our merger on our website – [www.2gether.nhs.uk/jointfuture](http://www.2gether.nhs.uk/jointfuture)

## Annual General Meeting

Join us at our Annual General Meeting on **Tuesday 23 July** to hear the latest updates on our planned merger.

It's taking place from 4 to 7pm, at the Friendship Café, Chequers Bridge Centre, Painswick Road, Gloucester, GL4 6PR.

If you'd like to come along or if you have any questions, please email [2gnft.comms@nhs.net](mailto:2gnft.comms@nhs.net) or ring 0300 421 7113.



## Gloucestershire awarded funding for new mental health support in schools

School children in Gloucestershire are set to benefit from £5m Trailblazer funding which will see specialist mental health support in schools and waiting times for other mental health services improve.

NHS Gloucestershire Clinical Commissioning Group worked with 2gether, Gloucestershire County Council and local charity TIC+ to submit the county's bid to secure funding and is one of only a handful of areas in the country to be successful.

The funding will be used to set up four Mental Health Support Teams in a number of schools, including primary, secondary, and special schools and other settings.

The teams will be staffed by experienced, qualified counsellors working alongside NHS staff. The balance of skills, experience and training within the teams will be flexible in order to meet the specific needs of the children in each type of school.

The teams will focus on improving the resilience of students in schools, and providing early support to prevent issues from escalating. They will also identify children and young people who need more specialist help.



Some funds will also be put towards reducing the length of time young people wait for treatment, following a referral to specialist mental health services.

John Campbell, Director of Service Delivery for 2gether NHS Foundation Trust, said: "Obtaining Trailblazer status is fantastic news for children, young people and families across Gloucestershire.

"We know that two-thirds of mental health issues can be identified by age 14 and therefore early intervention and prevention is vital. This funding will help further develop multi-agency approaches with schools to provide this support and to further improve access to treatment when needed."

### Did you know?

We have our own Children and Young People's website at [cayp.2gether.nhs.uk](http://cayp.2gether.nhs.uk). Take a look at the services we provide, tips and advice and links to other organisations who can help.

## Michelle's Marathon Effort

Michelle Allen, who is a clinical audit officer, ran the Virgin Money London Marathon in April for our charity.

Michelle started running around 12 years ago after the birth of her daughter. Although in the past Michelle has trained with a club and also with friends, nowadays she likes to run alone and sees training as part of self-care. She said: "It's such a great way to clear my head and forget everything. It's so good for mental health and wellbeing."

Luckily for Michelle, the iconic event was not her marathon debut as she has run a 26.2 mile race twice before in Berlin and her home town of Dublin. Michelle completed the marathon in 5 hours, 28 minutes and 20 seconds!

A huge well done and thank you to Michelle!





## Criminal Justice Liaison Service

**We have been awarded contracts to provide Criminal Justice Liaison and Diversion Services in both Gloucestershire and Herefordshire.**

For Herefordshire, this is a new service which started on 3 June 2019. The CJLD team will be based alongside the hospital liaison team at the Stonebow Unit and will operate across Hereford Police Custody and Magistrates Court sites.

In Gloucestershire, we will be the prime contractor for children's liaison and diversion service, which will be provided by Prospects Ltd, and also for the delivery of a new women's pathway, which will be provided by Nelson Trust. The award of this new contract from the 1 April 2019 will allow us to continue to provide this service and also to build on the partnership work with key partners.

## Hereford Times Health and Social Care Awards

**Nominate your Herefordshire health hero in the Hereford Times Health and Social Care Awards 2019.**

The awards will again salute outstanding work by individuals and teams in the health and social care sector across the county.

The 12 categories are: Care Team, Care Hero, Care Home Worker, Domiciliary Worker, Good Nurse, Outstanding Contribution to Social Care, Care Trainer, Dignity in Care, Dementia Carer, Palliative/End of Life, Mental Health Care and Care Employer.

Nominations will be accepted until Wednesday, July 3, and the awards ceremony will be held on Thursday, September 12.



To make a nomination and to find out more visit:  
[www.herefordtimes.com/healthandsocialcareawards](http://www.herefordtimes.com/healthandsocialcareawards)

## Living Well with Dementia in Herefordshire and Worcestershire

**Dementia was the focus of a recent event hosted by colleagues and partners from across Herefordshire and Worcestershire.**

Professor Alistair Burns was the lead speaker. As National Clinical Director for Dementia he spoke about the work taking place to improve prevention, diagnosis and support for the condition which, it is believed, affects more than 800,000 people across the UK.

Professor Dawn Brooker, from the Association of Dementia Studies, outlined work taking place to develop Meeting Centres, to support people to live well for as long as possible in their local communities.

Sue Strachan, from Herefordshire, also spoke movingly about her diagnosis of vascular dementia at the age of 57, and the impact this has had on her life as well as the life of her partner and carer.

**If you are concerned you may have dementia, or someone you know or care for does, speak to your GP. Useful websites include [www.dementiauk.org](http://www.dementiauk.org) and [www.alzheimers.org.uk](http://www.alzheimers.org.uk).**





# Why I wear a colourful band

## by Yahya Pandor

I received a phone call to write about my experiences with self-harm. It was ironic because only the night before, in a moment of insanity, I had self-harmed for the first time in seven months.

The first time I started self-harming was at 13 years old, I'm now 23 and in that ten-year period I have self-harmed with varying frequency. At my worst, just before a suicide attempt two years ago, the need to cause self-injury was huge.

Now you may wonder what possesses a person to take such drastic action? For me it was simple, I needed a distraction and some relief from my own depressions, anxieties and suicidal ideations. Pain provided a focal point. Pain was empowering, it demands overwhelming attention. This provided me with the necessary distraction and warped sense of respite to quieten my own thoughts.

**“I reasoned with myself that harming myself was the better option over killing myself.”**

Mental ill-health makes you feel isolated, alone and a burden and that is what makes part of the solution so difficult; You need to reach out, create a support network and develop healthy coping mechanisms. I found myself a fantastic therapist and attend weekly therapy sessions. I also spoke to my GP and, after my last suicide attempt, I have a team of wonderful professionals I can count on. I also have a very supportive family, who I still find it difficult to be open with and an indescribably brilliant best friend who is there for me.

The struggle does not have to be singular, support will lessen the burden and you will be surprised at how much people do care and want what is best for you.



A final note for anyone who does self-harm, a nurse gave me a helpful suggestion; wear an elastic/rubber band and when you have thoughts to self-harm pull the band away from your wrist and let go. It will, on impact, provide a pain-like sensation without being too harmful or leaving marks.

**“I wear a colourful band on my wrist. That way if anyone asks, I can just say it’s a fashion accessory. If I’m feeling open and confident, I can use it as a way to start a conversation on mental health.”**

**If you are self-harming, speak to someone you can trust.**

**Visit your GP or call one of the following organisations:**

**Samaritans – 116 123**

**Papyrus HOPELineUK – 0800 068 4141**

**If you are in Gloucestershire, the Self Harm Helpline – 0808 801 0606**

**Details of other support organisations can be found on our website at [www.2gether.nhs.uk](http://www.2gether.nhs.uk)**

# Big Health Check Day 2019

After months of preparation, the sun shone (again) for this year's Big Health Check and Social Care Open Day and a thoroughly good time was had by all.

With a record-breaking 1,400 people in attendance for its 11th year, the day continues to be a popular outing for those living with learning disabilities, complex health needs and other disabilities in Gloucestershire. Amongst the joy and laughter, the event also carries a serious message about ensuring people with learning disabilities can access health and wellbeing support and can live healthier and happier lives.

**Here are a few interesting figures from the day:**

- 81 volunteers from Hartpury College, Inclusion Gloucestershire and Dene Magna School
- Boccia competition opened by Lord-Lieutenant, Edward Gillespie OBE
- 120 stall holders, stands and static displays
- 14 inclusive adapted sports inside and outside
- 104 coaches, support activity volunteers
- 400 healthy goody bags given out, provided by 2gether NHS Foundation Trust's Charitable Fund
- 4 very cute therapy dogs
- 2 Mounted Police on horses
- 4 lambs
- 10 Bantams
- 2 pirates

Thank you to everyone who joined us including carers, advocates and support workers. An extra special thank you to the stallholders, volunteers, our registration team, Cater Cater and Oxstalls Sports Park management and staff for their invaluable contribution.









# Eating Disorders: Zoe's Story

This is the story of my recovery from an eating disorder. I don't pretend to speak for all people with eating disorders. I am sharing my own personal experience in the hope that it will provide some insight into what it can be like to suffer from this illness; also, to communicate the hopeful message that effective treatments are available, and recovery from an eating disorder is possible.

My eating disorder began when I was 14. Eating disorders don't tend to go away without treatment, and sadly mine was to hang around for the best part of 20 years before I felt able to seek help. During this time, I did outstandingly well at school, got a degree from the University of Oxford, fell in love, married at 21, worked in corporate banking and ran a successful business with my husband. I appeared to be the sort of person that other women envied... yet I was living in my own private hell.

**"Year after year, I made myself sick every time I ate and binged secretly several times a day. Life felt chaotic and my eating disorder governed every single decision that I made."**

By the time I was in my mid-twenties the constant vomiting had taken its toll and I had lost so much enamel from my teeth that I needed intensive specialist dental treatment. I was desperate to be rid of my eating disorder, but shame prevented me from seeking help, so I continued to suffer.

My first pregnancy (at the age of 30) was healthy. Like most women, I had a strong urge to be well before and during it. My husband and I had longed to start a family and we were both overjoyed to be expecting a baby. The problem was, I had been ill with an eating disorder for so long that I couldn't remember what normal eating was like and I felt too ashamed to ask for advice.

When I first met my midwife early in pregnancy, I hoped that there would be a standard question, "have you ever suffered from an eating disorder?" or "have you ever had problems with eating or losing weight?" and I steeled myself to make my confession. She asked me about asthma, diabetes, heart trouble – a whole list of questions related to physical health – but the



question I needed never came so my problem remained a secret.

I bought a book about what to eat while expecting a baby and allowed myself to let go of my rules about food.

I had a wonderful pregnancy and felt happier than I'd ever felt before in my life. After giving birth to a beautiful son, I was adoring motherhood, then ecstatic with joy to be pregnant again after ten months. Life seemed perfect.

But that's when the problems really began: just when I was least expecting it, all those fears about food, body image and self-worth crept up on me again. Eating less helped me feel in control when everything else seemed out of control. This was a familiar coping strategy for me... Yet before I knew it, I was out of my depth.

**"Gradually, the amount I felt safe eating got progressively smaller and the range of foods I allowed myself became progressively narrower."**

All the usual medical checks on the baby were fine, but I didn't feel healthy and I was scared that I might be harming him too. I was getting thinner by the week, the shape of my baby becoming visible through my skin as the bump grew. At night I would lie awake, starvation gnawing at my insides as my baby stirred innocently. A sensation which should have inspired joy and comfort was the source of overwhelming guilt and self-hatred. I felt evil.

I had longed for children for so many years, and felt tremendous love for the tiny being growing within me, so how could this be happening? I kept thinking, "I must get up and eat something; my baby is telling me he's hungry..."

But, to my shock and self-revulsion, I remained powerless and passive. I was terrified that if I started eating I would never be able to stop. So I just lay there in silence, tears pouring down my cheeks.

Despite my intense shame, I tried to seek help from GPs and midwives several times while I was pregnant, but without success. I wasn't assertive enough to speak plainly, and nobody picked up on my hints or asked the right question. If a health professional had asked me compassionately, "Have you got an eating disorder?" I would have been so relieved, but it just wasn't something I could find words to volunteer. I was convinced that everyone would think I was disgusting and selfish.

I did not gain any weight at all during the course of this second pregnancy. My GP and midwife urged me not to worry ("We don't tend to worry about the mother's weight"). I began to feel as if I was just a convenient vessel in which my baby could grow for nine months, preparing himself for the world; and that being a mother meant sacrificing the rights to any status as an individual whose health was important for her own sake.

**"By some miracle, my son was born healthy. But my euphoria and relief soon turned to guilt and self-hatred at what I had done and my eating disorder grew stronger."**

I concentrated all my energy into nurturing my children tenderly while starving myself cruelly. By the time my son was nine months old I weighed just five-and-a-half stone. Wild with hunger, every few days my control would snap and I would binge uncontrollably then be forced to spend hours making myself sick in a vain attempt to make myself pure again. But it was hopeless for the rot was deep within me.

Despising myself, I went to bed each night wishing it would be my last. My eating disorder was relentless and ruthless and the most terrifying thing was knowing that its voice was louder than the cry of my own baby.

I entered treatment ambivalently. I felt pessimistic about the chances of therapy making any deep and lasting positive difference to my life. However, my choices were narrow because my physical health had deteriorated. Moreover, watching my children grow made me certain that I wanted to change. Soft and cuddly, spontaneous, guileless, wholesome, raucous,

vivacious, strong, and devouring all of life: these children were everything that I loved, and everything that I was not. Their lives had to be different from mine.

Through receiving Cognitive Behavioural Therapy (CBT), my whole perspective on myself, on life, was dismantled piece by piece, and rebuilt. Gradually, I began to feel some compassion for myself, and despair turned to tentative hope.

The first glimmers of light entered a dark place, and simultaneously began to ignite the belief that one day maybe I could get better and do the same for other people.

So began my own hopes of one day training for a job in which I could help others work towards recovery from eating disorders. Such were my relief and gratitude at being liberated from my eating disorder, that I felt an overwhelming urge to spread the good news and help others.

While I completed my treatment, I began campaigning to raise awareness about eating disorders during pregnancy. I ran training sessions for health professionals and gave interviews on national TV, radio and in the press.

All that happened about fifteen years ago. I went back to university as a mature student for ten years, completing a Master's degree in Psychology, then qualifying in Interpersonal Psychotherapy and Cognitive Behavioural Psychotherapy. For four years while my children were young, I also worked as a volunteer drug and alcohol charity worker and a volunteer researcher and clinician for the Trust's Eating Disorders Service.

Nowadays, I constantly and consciously appreciate being mentally well, every minute of every day. My children are glorious teenagers aged 15 and 16, my husband and I celebrated our Silver Wedding Anniversary last year and I have worked for <sup>2</sup>gether for five-and-a-half years.

**If you feel you may have an eating disorder, it is important to seek help as soon as possible. Visit your GP as a first step to getting the help you need.**

You can also contact Beat Eating Disorders on 0808 801 0677 or visit their website for more information [www.beateatingdisorders.org.uk](http://www.beateatingdisorders.org.uk)

## E-Burn Pilot Success

**Smoking is considered one of the main causes of ill health amongst the mental health population. In September 2018, the Trust started a pilot on Kingsholm ward at Wotton Lawn Hospital which ran for just under six weeks.**

Service users were given three free E-burns – a non rechargeable electronic cigarette, to support them to cut down, quit smoking and to help drive the smoke free agenda in the trust. The E-burns can be used indoors in the individual service user's bedrooms only and not in communal areas. Once they had used the three free, they were given information on where they could purchase further E-burns from. The E-burns cost £2.40 each with each E-burn the equivalent of 30-40 cigarettes.

During this period there were 32 male service users, and of this total 78% were smokers. The pilot was a great success and found the following:

- 89% of service users who completed post pilot feedback reported that they had reduced their smoking whilst an inpatient.

- Of 15 service users who provided information pre and post pilot on the number of cigarettes smoked, there was a 39.5% reduction in the number of cigarettes smoked.
- Staff liked the E-burn with some staff choosing to stop smoking at work and use the E-burn on their break.
- One carer found it greatly helped their relative while they were an inpatient.

E-burn is now being rolled out across all inpatient settings with positive feedback being received from staff and service users thus far.

It is hoped that by sites adopting the use of the E-burns, we will continue to support temporary abstinence from smoking for inpatients in hospital in line with NICE guidance, help service users reduce the urge to smoke, help maintain nicotine levels rather than service users going into withdrawal and ultimately improve the physical health outcomes for service users.

**If you want to give up smoking, we have a range of information on our Trust website at [www.2gether.nhs.uk/smokefree](http://www.2gether.nhs.uk/smokefree)**



## Roots to Recovery



This allotment is looked after by colleagues at Wotton Lawn's Montpellier unit, but all service users are welcome to be involved. The team run adult education courses regularly so service users can learn more about growing and gardening.







# Marathon Man Myles

**Myles Frazer was treated by the Gloucestershire Recovery in Psychosis (GRiP) Team at 2gether. He embarked on a gruelling schedule of marathon running to help other people who were experiencing psychosis and has now raised £1,000.**

In January 2017, Myles, who is from Cheltenham, was diagnosed with first episode psychosis and in March/April that year, after several months of care, he made a good recovery.

He is now living independently with support from the GRiP team. His dad, Simon, who is ex-military, came up with the idea of them joining forces to run marathons and Myles wanted to use this as a way to help others in a similar situation.

Embarking on this rigorous exercise regime has helped Myles with his recovery, and many other people are now set to benefit from his substantial £1,000 donation to the Grippers charity.

Myles, who is 20, has taken part in four half marathons and a 10k run.

Grippers is a Gloucestershire charity that supports people who are recovering from psychosis by giving them financial help to take part in educational and outward-bound projects, sports and art activities and courses. This encourages confidence and helps them return to normal life.

Myles said: "My dad had an amazing idea to run Cardiff half marathon and when I set up my Just Giving page I used it as a way to explain about my personal experience.

**"Running has definitely helped with my recovery."**

Myles' list of achievements includes:

- Surrey Half Marathon
- Hereford Half Marathon
- Blenheim Palace 10k run
- Cardiff Half Marathon
- The Poppy Half Marathon at Bexhill

Myles feels his biggest achievement is completing the Poppy Half Marathon at Bexhill.



"It was very gruelling and involved running on the shorefront," he said.

"It was demoralising at times because there were some really competitive runners in full combat gear but we achieved it," he said.

"The day of the Hereford half marathon was blisteringly hot and the grounds of Blenheim were very hilly. During Bexhill it was wet and windy with a gale blowing. When we finished my face was covered in salt, it was like a mask. I can remember the start and finish of every race."

Andrew Sabourin of Grippers said: "We were amazed to hear what Myles was going to do and this remains the biggest single donation we have ever had from an individual.

"The money given to Grippers goes directly to helping people in a meaningful way.

"It's very empowering for people and provides opportunities, it makes a huge difference to people's lives.

"We can't do these things without people like Myles so I would like, on behalf of the charity, to say thank you very much."

The charity has an annual turnover of around £5,000 and you can find out more about by visiting [www.grippers.org.uk](http://www.grippers.org.uk).

**GRiP is an early intervention in psychosis service for patients living in Gloucestershire and it is based at Pullman Place in Great Western Road Gloucester. You can find out more about the service by visiting [www.2gether.nhs.uk](http://www.2gether.nhs.uk) and searching for 'grip'.**

## Recovery College Launches Digital Manuals



**The Severn and Wye Recovery College has launched two new digital manuals.**

The manuals were funded by the Health Foundation as a resource to be used both by the college and its students, and by other organisations and groups wishing to set up their own recovery colleges.

The first manual – Journeys to Recovering – is to be used by students to guide them through the college's primary course. It was written by course leader Keith Coupland.

The second manual is a 'How to' guide, titled 'Implementing a Recovery College: One NHS Trust's Journey', with chapters authored by a range of people, including course tutors, peer support workers and 2gether colleagues. The manual was edited by Jo Denney and Anna Burhouse and the foreword was written by Julie Repper, Director of ImROC.

They are available on the Recovery College website (through a password protected area). Please contact the college to obtain the password.

**Telephone:** 01452 894204

**Email:** 2gnft.RecoveryCollege@nhs.net

**Severn & Wye**  
Recovery College



## Specialist Perinatal Mental Health Service Launched In Herefordshire

**An event at the Kindle Centre marked the launch of the new service.**

Clinicians from 2gether explained how the service will operate and the impact it will have on the lives of women who develop (or relapse from) a serious mental health condition either during pregnancy or after the birth of their baby (the perinatal period).

The team has been operating since March. Clinicians working within the service have the expertise to deal with women who present with a range of conditions either during pregnancy or after birth. These include psychosis, severe anxiety, phobic disorders and obsessive compulsive disorder.

The focus of the specialist service will be women who are in the top 4.5% for severe perinatal mental ill-health.

Currently, the team includes a clinical psychologist, a team manager, community psychiatric nurses, a clinical psychologist, an occupational therapist and a nursery nurse.

Twelve women are being looked after by the specialist team which is commissioned to cater for 85 in total.

Team Manager Sally Simmonds said: "It's just so exciting because everyone wants this service and we've had an amazing amount of support both nationally and locally which is very encouraging.

"We're on a journey together and it's amazing."

Community Psychiatric Nurse, Hayley Whitmore said: "I find it really positive that everyone we've spoken to about it wants the service, so naturally this creates a lot of expectation.

"We want to be a can-do service and it's important that we give people the skills to recognise the triggers that they need to see in order to make a referral to us."

Mum Sally Wilson from the charity Action on Postpartum Psychosis developed postpartum psychosis following the birth of her daughter Ella.

She shared a moving account of her experience with the group: "It's really important that women and families can access the right support because these services quite literally save lives," she said.

# Maternal Mental Health Week: Rebecca's Story

**Immediately following the birth of my first child, I suffered with severe anxiety and Obsessive Compulsive Disorder (OCD). It was like a veil coming down as soon as I delivered him, feeling no emotion when he was put in my arms, just a numbness.**

The early days felt like permanent jet lag and with breastfeeding issues which only exasperated my obsessive nature and anxiety. I was exhausted and couldn't even bring myself to hold, change or bath him.

The following weeks were so intense. The intrusive thoughts of harming my baby haunted me and I continued to see the world from behind my veil; I didn't know what was happening to me and I just began to accept my new existence. My baby sensed my anxiety, I'm sure of it, he was more settled with others.

I somehow gained strength to resume daily routines but inside I was screaming for someone to save me. I did receive therapy from the recovery team after a referral from the crisis team and GP but wasn't told it was the result of a perinatal mental health illness, and it didn't deal with the delicate form of grief I was feeling from losing those precious first few days, the overwhelming love of my child and losing myself.

It was only during my second pregnancy and with the support of a specialist perinatal mental health service that had just started up that I got told my symptoms fell under the umbrella term of postnatal depression and that I had experienced a complex and severe case of it. I remember bursting into tears. It was starting to make sense and it was starting to allow myself to let go of the guilt and the immense weight of the trauma I had experienced over the previous year and a half. I started seeing my wonderful specialist perinatal nurse and psychologist and the work we have done has really helped my recovery.

The months leading up to my delivery were challenging. I didn't want to respond to people's



messages and I shut myself away, because how do you explain that you are not looking forward to what should be a magical and exciting time; I had to walk through the fire and I needed to stay as emotionally well and rested as I could.

Following the birth of my second baby, every milestone was extremely challenging. Luckily, over the next few weeks I did feel more myself and comfortable with my two children. However that then suddenly halted and an intense weight of numbness cascaded down on me, I felt the full pelt of depression. This lingered and I agreed to start medication due to an increase of suicidal thoughts. This was the start of a very different but difficult and dark time for me. The numbness continued to linger, I felt no emotion or warmth to anything, anyone, any beautiful sunny day, or the warm smiles of my children because the weight of the pain consumed me.

I did start a lovely course called Shine, an art therapy based 12 week course with other wonderful and inspiring women. Peer support really is the icing on the cake for any recovery journey. No judgment, kind words and a shoulder to cry on. I am certainly not the same person as before. I'm more fragile, maybe a little broken but the veil has lifted. As time has passed, my recovery is going well. Everything's brighter and the everyday is more soothing. I'm inspired, I'm not ashamed and I'm certainly stronger.

**If you are pregnant or have recently had a baby and are feeling low, speak to your midwife, health visitor or GP who will be able to help.**



# 'Red Information Folder' can better support people with dementia in Gloucestershire

Health and care partners in Gloucestershire re-launched their 'Red Information Folder' to coincide with Dementia Action Week in May.

The pack provides useful information and resources for people living with dementia. It was developed with the involvement of people with dementia and their carers.

The documents in the folder provide key information to support people with dementia and their families. For example, having a visitor book will enable different services to be aware of how the person is being supported and avoid duplication and will also help their family to keep track of who is involved in their care.

The folder also includes the Herbert Protocol, a national scheme introduced by the police, which encourages family, friends and carers to put together useful information about a person's routines, medical requirements and favourite places which can then be used if a person with dementia goes missing. The form can be handed over to the police without the worry of collecting the information together during a stressful time.

Susan Morton, who helped in the development of the red folder, said: 'My mother developed dementia about three years ago. At the time I was completely unaware of what to do or who to approach. I felt quite helpless. Any information that I was given was incidental or by chance.

**"The red folder is exactly what I needed, providing a comprehensive list of agencies and sources of help. Had it been available at the time, it would have prevented a great deal of anxiety and delay."**

Shara Spragg, whose step-mother was diagnosed with dementia, said: "When families and friends are met with a life changing 'event' there is a maze of information and decision making processes to go through.



"For me to support my parent, the process of understanding dementia and the support available was trial and error; research; talking to health professionals and word of mouth from friends.

"It is an extremely useful 'one stop' consolidated list of advice; services; support (health, welfare, financial, legal) and contacts available in Gloucestershire and nationally."

Kathy Holmes, who works for 'gether NHS Foundation Trust's Managing Memory Service, said: "The service diagnoses around 1,000 people a year with dementia. Each person is given a red folder. We want to avoid duplication of information and this folder enables us to work with other organisations to give the best information possible to people with dementia and their carers. We are delighted we are now including the Herbert Protocol and that we are able to provide people with a Lions Club Message in a Bottle."

The Lions Club Message in a Bottle is a simple idea designed to encourage people to keep their personal and medical details in a common location – the fridge. Emergency services will know to look for the bottle in the event of being called to someone's home. A note is placed in the bottle stating where the red folder is kept in the person's home.

For more information about the Red Information Folder please contact Managing Memory 'gether on 0800 694 8800 or email [2gnft.managingmemory2g@nhs.net](mailto:2gnft.managingmemory2g@nhs.net)

## We're Recruiting!

**Have you thought about working for our Trust, if you don't already?**

We offer a wide range of career options. As well as nurses, doctors, psychologists and occupational therapists we also employ admin staff, accountants, IT experts and a whole host of other professionals.

We offer flexible working in many roles and our Staff Bank is another option if you'd like to work for us on a more ad hoc basis, perhaps to fit in with family commitments.

Visit [jobs.2gether.nhs.uk](https://jobs.2gether.nhs.uk) to see our latest vacancies.



*Win!*

*A copy of  
The Bee's Knees Journal*

The Bee's Knees journal uses repetitive actions to breed positive habits. It takes just a few minutes to fill in and the mindful colouring acts as a form of meditation. It includes:

- Daily gratitude page
- 28 day reflection
- Mood tracker
- Monthly best bits
- Healthy goal setting
- Mindful doodles for colouring

### To enter

Send your name and address [2gnft.comms@nhs.net](mailto:2gnft.comms@nhs.net) or write to 2gether NHS Foundation Trust, Edward Jenner Court, Pioneer Avenue, Gloucester Business Park, Brockworth, Gloucester, GL3 4AW. We will draw the winning name on Friday 12 July.

[www.thebeesknees.co](http://www.thebeesknees.co)

## Courgette and Tomato Frittata

*Summer time  
light bite*

**Preparation time:** 10 minutes

**Cooking time:** 12 minutes

**Serves:** 4



### Ingredients

- 2 tsp vegetable oil
- 1 courgette, coarsely grated
- 2 tomatoes, chopped
- 6 eggs
- 2 tbsp 1% fat milk
- 1 pinch ground black pepper

### Method

1. Preheat the grill.
2. Heat the vegetable oil in a non-stick frying pan. Add the courgette and tomatoes and cook on the hob for 3-4 minutes, stirring often, until soft. Spread out over the base of the frying pan.
3. Beat the eggs and milk together and pour into the frying pan. Cook over a medium-low heat for 4-5 minutes to set the base, then transfer to the grill to set the surface - about 2-3 minutes. Remove from the heat and let the frittata cool for 3-4 minutes.
4. Serve with salad.



You could also make the recipe with extra vegetables, such as mushrooms, spring onions and chopped peppers.

You can find more recipes at [www.nhs.uk/change4life](http://www.nhs.uk/change4life)

**change 4 life**

## **2gether Service Experience Department**

Let us know your views about our services including compliments, suggestions, comments, concerns and complaints.

**Tel: 01452 894072**

## **Rethink Gloucestershire Self Harm Helpline**

**Tel: 0808 801 0606** (Mon to Sun 5pm-10pm)

**Text support: 07537 410022**

[www.rethink.org/glosselfharm](http://www.rethink.org/glosselfharm)

## **The Gloucestershire Carers Hub**

Support for carers across the region to access a one stop shop for advice and support.

**Tel: 0300 111 9000**

[www.gloucestershirecarershuh.co.uk](http://www.gloucestershirecarershuh.co.uk)

## **Carers Trust4All**

A registered charity dedicated to providing information, advice and practical support to unpaid carers of all ages and the people they care for every day.

**Tel: 0333 323 1990** or email

[herefordshire@carerstrust4all.org.uk](mailto:herefordshire@carerstrust4all.org.uk)

## **Dementia Service, Herefordshire**

Information, advice and support for people affected by memory problems.

**Tel: 0800 234 6343**

## **Gloucestershire Young Carers**

Support for young people aged 8-25 years whose lives are affected by caring for a relative.

**Tel: 01452 733060**

[www.glosyoungcarers.org.uk](http://www.glosyoungcarers.org.uk)

## **Healthwatch Gloucestershire**

Consumer champion and provider of information and advice about health and social care.

**Tel: 0800 652 5193**

[www.healthwatchgloucestershire.co.uk](http://www.healthwatchgloucestershire.co.uk)

## **Healthwatch Herefordshire**

Consumer champion and provider of information and advice about health and social care.

**Tel: 01432 277044**

[www.healthwatchherefordshire.co.uk](http://www.healthwatchherefordshire.co.uk)

## **Independence Trust**

Support for individuals, families and communities with concerns about mental health.

**Tel: 0845 8638323**

[www.independencetrust.co.uk](http://www.independencetrust.co.uk)

## **Let's Talk**

Information, guidance and therapy during times when you feel stressed, anxious or depressed.

**Tel: 0800 073 2200**

[www.talk2gether.nhs.uk](http://www.talk2gether.nhs.uk)

## **Managing Memory 2gether**

Information, advice and support for people affected by memory problems.

**Tel: 0800 694 8800**

## **Mind**

Information, advice and support for people experiencing mental illness and their carers.

**Tel: 0300 123 3393**

[www.mind.org.uk](http://www.mind.org.uk)

## **NHS 111**

Health advice 24 hours a day, seven days a week.

**Tel: 111**

[www.nhs.uk](http://www.nhs.uk)

## **Patient Advice and Liaison Services (PALS)**

Advice and liaison with clinical services to resolve a concern or assist in making a complaint.

**Tel: 01452 894073**

**Email: [2gnft.PALS@nhs.net](mailto:2gnft.PALS@nhs.net)**

## **Relate Herefordshire and Shropshire**

Relate is the UK's largest provider of relationship counselling.

**Tel: 01743 344010**

[www.relateonline.co.uk](http://www.relateonline.co.uk)

## **Samaritans**

Available 24 hours a day to provide confidential emotional support.

**Tel: 116 123**

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

## **Cirencester Eating Disorders Support Group (Beat)**

Confidential, approachable and understanding group for help, support and information.

**Tel: 01285 770385**