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# EQUILIBRIUM

Haringey Magazine for Wellbeing

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## D

oH Mental Health Maestro  
Interview: Bruce Calderwood



- **Book reviews: A Beautiful Mind & Why We Lie**
- Bedlam at the Globe Theatre
- **Update on Scottish Recovery Network**
- Gavin speaks on Clarendon Day Centre
- **Art from special hospitals**
- Studio 306 at the Chocolate Factory Open Studios
- **Simon Neville's Photography**

FREE



ISSUE 39

WINTER

2010



**Patron:**  
**Dr Liz Miller**  
(Mind Champion 2008)



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Equilibrium is devised, created, and produced entirely by team members with experience of the mental health system.

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Front cover: Rug by Polly Mortimer. It is based on a painting by Mark Rothko.



## GRAPHIC DESIGN FOR THE MENTAL HEALTH COMMUNITY

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## editorial

The Autumn edition of Equilibrium has many interesting book reviews. The books being looked at include "A Beautiful mind" by Sylvia Nasar, "Moving On" by Roz D'Ombraine Hewitt and "Why We Lie" by Dorothy rowe. A visit to "get into reading book group" may be a good escape from being at home. Mood boosting reads will be inspirational to some of you. For those readers who are art lovers there are critiques of recent exhibitions. "Barmy Park" in Bethnal green library and "the Bedlam exhibition" at the Globe Theatre are under scrutiny on how successfully they explore mental experiences of a collection of individuals. As usual our popular poetry page will captivate readers and a description of our very own Clarries will be insightful to those who wonder about what we do.

Finally we bagged an interview with Bruce – the Director of Mental Health and Disability in the Department of Health. Polly popped into the Scottish recovery network while on holiday where she dug up something inspirational.

## contributions

**Wanted:** contributions to Equilibrium! Please email us with your news, views, poems, photos, plus articles. Anonymity guaranteed if required.

## contact us

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## the team

**Facilitator:** Polly Mortimer. **Editorial team:** Pumla Kisosonkole, Angela, Siham Beleh, Ian Stewart, Michael O'Connell, Tizzy McKenzie. **Graphic design:** Anthony Parké. The views expressed in Equilibrium are those of the individual authors and do not necessarily reflect the opinions of the editorial team.

## advertisement

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**\* Sinead O'Connor**

**Priest and survivor, activist against the Vatican.**

"O'Connor says she is so much calmer than she was in her 20s. A turning point came seven years ago when she was diagnosed as bipolar. "It explained a lot about being angry, fighting with people, being suicidal. And often with anger what's behind it is grief. Did you ever see this creepy cowboy movie,



and at the end the guy was shot from behind and a huge hole is blown through his back – that's how I used to feel. I felt like I was walking round the world with a huge fucking hole in me. And within a day of taking the medication, I felt the cement had come and filled in the hole."

Will she always have to be on drugs? "Yes, but that is great as far as I'm concerned. Because you couldn't really live without them, you'd be in the nut-house. Being diagnosed meant I actually had a chance of being a normal person." (Guardian 11.9.10 Simon Hattenstone)

**\* injecting Genes**

'A novel 'treatment' (my quotes) for depression may soon get the go

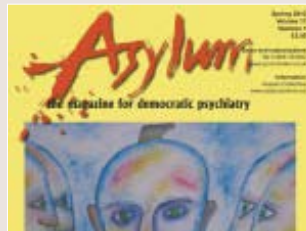
ahead: injecting genes directly into the brain. It would be the first attempt



to treat a psychiatric illness (depression) with gene therapy. US researchers injected mice who 'showed decreased effort when having to swim to an island'. Apparently it reversed the depression. (From Science Translational Medicine). (Sledgehammers and nuts spring to mind here... )

From the New Scientist 23 Oct 23 2010

**\* Asylum magazine is back!**



The relaunch of Asylum is a very welcome return for a magazine that is unique in its coverage of critical, alternative and service-user-led perspectives on mental health. Asylum is unfailingly thought-provoking, and a much-needed antidote to the orthodoxy which too often presents vested interests as facts. There is nothing else quite like it in the field. It has consistently attracted contributions from leading writers, clinicians and activists, as well as giving a platform to those

whose voices would not normally be heard. Subscribers may not agree with every article, but everyone needs to be aware of the views, debates, innovations and critiques that appear in its pages. Judging by the first two relaunched issues Asylum is back on form. Unafraid of being controversial, it is a welcome foil for the psychiatric status-quo. It is the voice of those at the sharp end of varyingly challenging 'treatments' given to those with mental distress.

**Definitely worth a read.**

**\* Welcome Banner**

The members of the Tuesday and Wednesday textile groups have produced a quilted WELCOME banner of many colours and fabulous design (see below) which now hangs in a place of honour in the reception area of the Clarendon. It has made that area much friendlier and more vibrant, and is instantly cheering. Well done to Norah Paterson (W), Dean Hinds (E), Chan Truong Banh (L), AnaMaria Dipino (C), Karen Tan (O), Kay Wan (M) and Evelyn Effe (E). The textilers started by patchworking the background and appliqueing the letters, then adding bees, butterflies, union jacks, cats, birds and 'yoyos' - gathered discs with a centre button. Watch out for sales of textiles and ceramics which will be happening throughout 2011! Commissions can also be taken from the ceramics group and the textiles group.

**Please ring the Clarendon Centre (number on page 2) for more information.**



**\* Chemical Cosh**

'An elderly father sedated with a 'chemical cosh' of powerful drugs and secretly filmed by his daughter. Families who care for their loved ones at home to help them come off the anti-psychotic drugs that worsen their symptoms and shorten their lives. As the government orders a crack-down on the use of these drugs among the elderly, Vivian White reports on the crisis of care in the treatment of patients with dementia.'

(as usual advice is to see your GP before altering your medication at all).

**Watch this Panorama from November 1 2010 Available on the iplayer.**

**\* Get into Reading Bookgroup**

Hornsey Library.

**What exactly happens?**

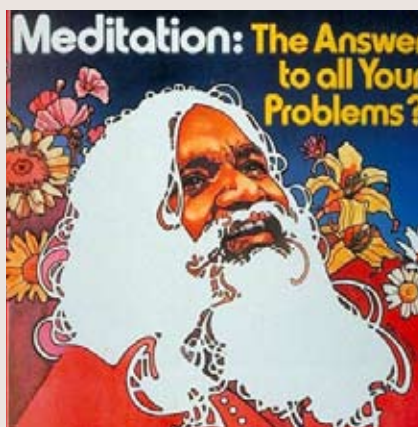
I was very happy to visit this group the other Monday afternoon 2-4 – run by Paul. There are about 8 regular members and they were reading Gilead by Marilynne Robinson. The book is read out loud by members of the group who want to, as well as the facilitator. Thus it is examined pretty forensically, and comments elicited. It took me aback at first – quite a revealing space. But there is a huge atmosphere of trust and encouragement generated by Paul and the group itself. They've been together for about a year and I think draw a lot of comfort and feelings of safety from each other. Paul threw in a few poems– on the topic of love – which drew out different emotions from people. There's no pressure to speak, or read, and I came out blinking onto the Crouch End streets feeling enriched, a little dazed, and definitely fulfilled by the experience. Get into Reading Haringey group meets at Hornsey Library every Monday 2-4. No need to have read the book beforehand.

Details in the library. **Polly**

**\* Schizophrenia**

To return to an article in the New Scientist referred to in the last edition I would like to expand on a topic that is of interest. People with schizophrenia "often ascribe too much importance to random environmental stimuli or misattribute the cause of something... they may confuse memories or think they did something they actually didn't do, and such hallucinations can lead to paranoia and delusions." The work done by Karl Deisseroth at Stanford University poses the big question therefore, if anything can be done to retune the brain and restore normal brain function.

Because I am familiar with information about the TM technique (transcendental meditation ) this immediately presents an interesting parallel



insomuch as subjects who have been measured and monitored while practising the technique have produced some positive findings. Apart from the difference in brainwave activity reported the subject experiences what can only be described as a normalising of brain function. Further research may find that rather than medication, meditation could be the answer to this big question.

**Ian Stewart**

**\* Minimum wage and Mental Illness**



The Government is about to reassess everyone on income support (work capability assessment) resulting no doubt in a significant number of people with mental illness returning to workplace. A substantial number will end up working for the minimum wage owing to the problems these people have such as concentration, motivation, awareness, presentation, and some being of a reclusive nature, coupled with the fact that that a large number live in single occupancy household because of difficulty forming relationships due to low self-esteem, problems of temperament, and being of an insular nature owing to illness, will undoubtedly lead to a struggle to get by on a single wage. The current minimum wage of £5.90 an hour is simply not enough for someone who will struggle to work the bare 40 hours a week and have little or no capacity for overtime. For these people the minimum wage is simply not enough.

**MO'C**

# Natural Growth

Someone once said, "how fair is a garden amid the trials and passions of existence." I have been discovering the truth in this at first hand over the last year. I used to work in the therapeutic care of severely traumatised people. I knew intuitively the power that working on allotments and in a therapeutic garden had for many of these people. Someone who is thinking about suicide but who plants hyacinth bulbs has at least one hopeful eye on the future. Another who takes a cutting or waters the plants has, at some level, an interest in propagating and nourishing life. Having had my own breakdown last



year, I am now learning more about the healing that comes from working on the soil in a small community garden.

It started in early 2009, when a woman took the initiative and did some "guerrilla gardening" in a disused plot of land at the top of my road. Underneath the scrub was a small garden with benches and rockeries. I was too ill then to join in. She later got her own allotment and her initial work was left. As my psychological health improved somewhat, I decided to start working on the plot by keeping it tidy and getting some daffodil bulbs from the local Parks Department to plant. It rained heavily on four of us that day, but that



made the hot tea and cake back at my house, afterwards, all the more comforting.

In the garden now there is a rowan tree, an elegant silver birch, a cherry tree and some ornamental plants. By November, with a local conservation group, we will have planted a damson, a dwarfing apple and lots of lavenders and rosemary given to us by Islington Ecology Centre. Thank you! Having a project like this to invest in has helped me no end – it is occupying, soothing, creative and social. As someone else said, "There can be no other occupation like gardening in which, if you were to creep up behind someone at their work, you would find them smiling."

Come and visit the garden opposite the police station on Tottenham Lane, N8. Or, find a plot and start your own. It can put a smile on your face.

David Smith

**A lovely little garden has sprung up near the Clarendon at the back of a pavement space. Full of evergreens and lavenders it lends a splash of country to a dull corner. More info and how to join the group of community gardeners:**

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

**Harold Rd Community Garden is looking for volunteers - go to**

[www.btcv.org.uk](http://www.btcv.org.uk) for more info.

# Bill Oddie

## This much I know



Up until two years ago I was never off the telly. Then I slipped into a depression. I was in and out of hospital for a year and diagnosed as bipolar. I have no idea what happens now. I haven't had any inquiries from the BBC about coming back to Springwatch. Normally if you're manic depressive you get your own series. When you're depressed, you get this bizarre propensity for doing absolutely nothing. Sitting in a hospital room you just get through the day like you're in a cell, which is what it feels like, really.

I wish I had a sister. I did have one for five days, but she died. My mother was in a mental hospital while I was growing up. If I'd had a sister I would have understood the female take on things. It would be silly to pretend my mind is at rest. Last year was the worst of my life. It destroyed my confidence and identity. Because the manic stage is so productive, I look at my work and think: "Does that count, or was it down to the illness?"

People have been lovely now I've got back outside. This morning a lady stopped me and said: "Thank you for all the fun over the years." I thought: "Bill, let that go in."

from the Observer magazine  
Sunday 3 Oct 10

# Mind welcomes investment in talking therapies



Mental health charity Mind has welcomed the new investment in talking therapies announced today as part of the government's comprehensive spending review (CSR).

The programme announced by George Osborne included a wide range of cuts to jobs and benefits but amongst the bad

news the promise has been made to continue existing work in improving the provision of psychological therapies for people with mental health problems.

Paul Farmer, Chief Executive of the mental health charity Mind, said: "Against the backdrop of cuts and job losses announced in today's CSR it is very encouraging that the Government has recognised the importance of talking therapies as a means of protecting people's mental health. Times of austerity can have an enormous impact on the mental health of our society, and it is crucial that this is recognised and provided for.

"Mind and the We Need To Talk coalition of charities and health bodies have lobbied continuously for improvements to the provision of talking therapies, and we hope that this new investment will continue to build on everything which has been achieved so far by the improving access to psychological therapies programme. There is a long way still to go in terms of offering people a choice of therapy, and we welcome the focus on providing services for groups such as the young, elderly and those with severe and enduring mental health problems who we know are not currently well served.

"We look forward to finding out more detail about the new planned investment and the opportunity to work with the Government to achieve the aim of making sure that everyone has timely access to the right type of therapy. This will not only allow people to recover and lead full, rewarding lives but also save money in the long run as they are able to continue working and be less likely to need more mental health treatment further down the line."

## Current affairs group at the Clarendon

**Interview:** Rukiya Burress was a temporary member of staff from the future jobs program. She used to run the current affairs group at the Clarendon.

**Why do you like the group?** I enjoy hearing people's views and how they see things. It is attended by 4 to 8 people each week.

**Which papers do you read in the group?** They read a variety of newspapers in the group i.e. The Times, The Daily Mail, The Mirror, The Voice, The Irish Times, and the Guardian.

**Whose idea was it to start a current affairs group?**

Ruth Prudden started the group. She was an occupational therapist and she helped to manage the Centre operationally. She has now left and lives in France.

**What goes on in the group?** The group spends ½ an hour to 45 minutes reading the papers. They then discuss the articles amongst the group. They have talked about up to date issues such as the budget cuts, and how it affects people in the mental health system. They have also talked about Afganistan and the number of soldiers that have been killed. Angela

## The Clarry Awards!!

In August when we were all about to go on hols, we got together in Priory Park for our own Oscar ceremony – The Clarries. Sadly no red carpet or Lagerfeld dresses on show, but we had a smashing picnic and da dahhhhh gave out the Clarries ( see photo). Aided by bubbles



and tambourine fanfares, each person who was there got a Clarrie – ranging from the Filing Cabinet award for Organic Disorganisation, to the half-tea half –coffee award ( one of our members

drinks just that!). Other awards included the Indoor sparker award, the upside down amaryllis award,, the New Scientist award..... etc. We had a riotous game of rounders – with every one having a go at batting including Anthony who used to captain his primary school team – and Gavin joined us to get his award.

**Simon Neville  
Photographs**

I'm a painter of landscapes and cityscapes. A lot of my work is based on photographs I've taken and I always carry a camera with me for that purpose.



Most of the photographs here are of Richmond Park and the Thames. I love the changing seasons and capturing their textures and colours.



# Tizzy McKenzie's arts roundup

## \* Barmy art art exhibition

The art exhibition Barmy Park was situated over a few rooms in the top floor of the Bethnal Green library. The name Barmy Park harks back to the history of the site as a 'private madhouse' between 1727 and 1922. The Green in front of the venue is still called 'Barmy Park' by local East Enders.



Barmy art art exhibition

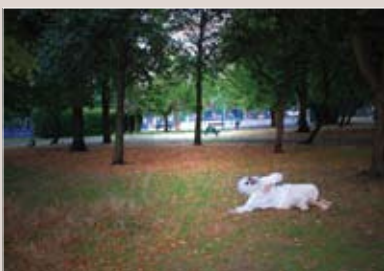
The first room contained some planks on the floor, an old pram, a lighted 1 x 1m box and a large triangle in a corner. The planks which had words to



Barmy art art exhibition

do with the stigma of mental illness were actually old library shelves so were imbued with meaning.

I quite liked the triangle - it had potentially many interpretations - it was born out of the desire to hide and is a



Barmy art art exhibition

memory of being "cornered" in life. The lighted box was interesting - it had many heads drawn with pin heads, the sharp end of the pins going inside the box. Apparently the heads are from famous people who have had mental illness. I also liked this piece as it seemed obsessively done and reminds the spectator of obsessive compulsive disorder - the artist must have pricked her fingers many times - this is representative of the mental and physical pain of ocd.

The pram which had severed breasts in it which looked like lemons evoked psychopathy and obsessions with childhood.

In a side room there were some paintings by an anorexic which were unsettling - about a feeling of no self worth which accompanies anorexia and self harm.

The most arresting of the pieces would be "time of consciousness" which was obviously about electric shock treatment. It consisted of a hospital-like bed with resuscitation and heart monitoring equipment and a screen showing a noisy gameshow. It was very industrial with wires everywhere and was not at all restful. I thought like a lot of the exhibits it was very cliched.

Overall the exhibition did achieve its aim of conveying the experience of mental illness.

## \* Review of Bedlam art exhibition

I went to the Bedlam exhibition at the Globe theatre. The main feature of the exhibition were 16 life sized etched portraits of patients and psychiatrists by artist Gemma Anderson. The portraits were well drawn and looked painstaking, complicated

and without any error. It was not revealed which of the pictures were the patients and which were the psychiatrists. There were also strange artefacts in each picture and it was ambiguous if these were to do with the subject or whether they were just random objects.

There was also works by patients of the Bedlam Open House - the original bedlam. These were very interesting as works born out of the inner complexities of mental illness.

## \* Open House Weekend



My first impressions of Linear house were that it was a bit pokey and dark. When you enter you are confronted by one long corridor which is in itself quite dark with arches. The corridor is seemingly endless with lots of coves like Sir John Soanes building. The main rooms of the house branch off to the right (as in left, right) side of the corridor. The kitchen is at the end, branching off to the right of the corridor, as is the main living area. The living room in itself is quite grand and almost ceremonial. I found it a bit like a beer hall. The upper bedroom is quite harmonious, it's a mezzanine over the main living area. All windows look over the garden, there are none in the other direction.

# Equilibrium

in e-conversation with Whitehall Man

## Bruce Calderwood

Director of Mental Health and Disability at the Department of Health

He answers questions on personalisation, service user involvement, the future of talking therapies and... earrings!

**Q. Can you briefly outline your role?**

**A.** I lead a team of people who help Department of Health Ministers decide and implement their policies on mental health for adults. Following the election this means working with new ministers to help them define their priorities and how their plans for NHS reform, public health and social care will apply to mental health.

I also lead a team which works with our ministers in a similar way on learning disability and autism as well as disability more generally.

**Q. We read that the government are changing the way the NHS is run - how will this affect mental health services? Will centres close?**

**A.** In July the new Government published its plans for reforming the way the NHS as a whole will work. You can read about these in the White

Paper; Equity and excellence: Liberating the NHS. These proposals apply as much to mental health services as to other areas of the NHS. Some of the key aspects are:

- greater independence for the NHS,
- shared decision taking by individuals, for example in agreeing their treatment and support, or choosing the provider, consultant or GP practice they want to work with,
- NHS services will be commissioned by consortia of GPs, not Primary Care Trusts as now,
- Service users will have a stronger voice in decisions about local services through a new local HealthWatch which will act as local consumer champions and may also act as advocates for people who want to complain, or support individuals in exercising choice and control
- Local Authorities will have a strengthened role in making sure that NHS services join up with social care and health improvement.

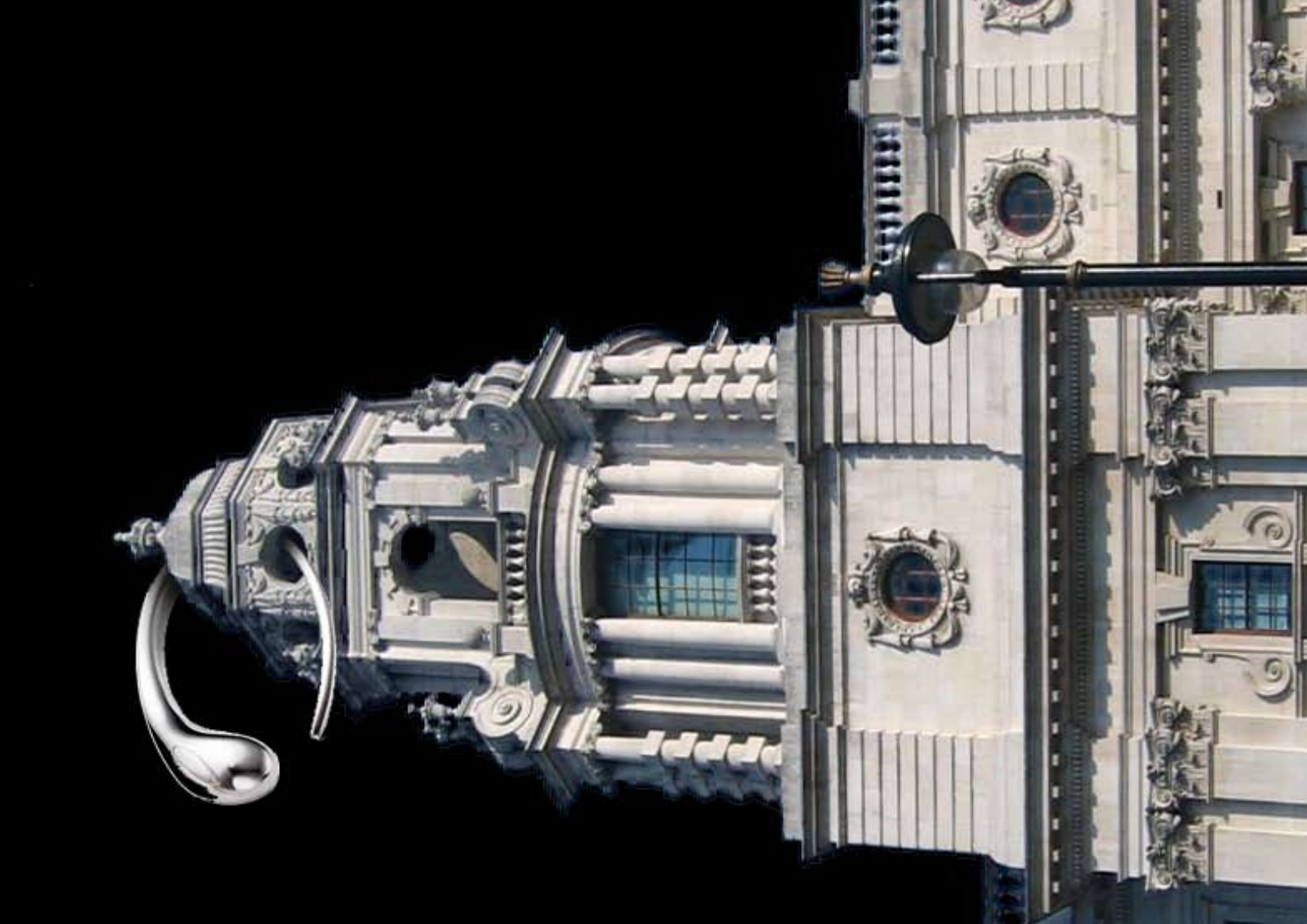
**Q. Can you in a nutshell explain what personalisation means?**

**A.** Personalisation means meeting the needs of individuals in the ways that work best for them and supporting what they want to do. This principle should apply whether it is "self-directed support" in which service users arrange and manage their own care, or "assisted support" from various care services.

**Q. Are there any plans to increase service user involvement in commissioning services and decision-making?**

Yes. Increasing service user involvement is a central part of the government's proposals for the NHS.

**Q. Could this, as Paul Farmer of Mind said recently, 'expand IAPT to include the full spectrum of treatment'?**



We're expanding IAPT now. The guidelines for depression, which NICE issued in October 2009, recommended a range of therapies for mild to moderate depression - couple therapy, counselling, interpersonal therapy and brief dynamic therapy, as well as cognitive behaviour therapy. We are in the process of implementing this. The interpersonal therapy training is underway and training for other forms of therapy will begin shortly. The recent spending review also announced that the government would continue the expansion of IAPT services so that they were available in all parts of England. The announcement also said we would start to increase access to psychological therapies to children and young people, to people with long term physical health conditions who needed help from talking therapies, and to people with more serious mental health conditions.

**Q. Is it possible to tell us what proportion of people with declared mental health difficulties work in the civil service?**

**A.** These kind of statistics are not kept by central Government but there is no reason to suppose that civil servants are any different from the general adult population where we know that on average one sixth suffer from a common mental health problem every day.

**Q. Finally, we hear you are an earring wearer. Does this enhance your image at the DoH??**

**A.** Most people are too polite to say!

**Polly Mortimer**



## Why We Lie Dorothy Rowe

As usual Dorothy Rowe has chosen a chewy subject and teased out the lumps and bumps into a readable and quirky book. Although I don't always 100% agree with what she says, it is all viable as argument, and brings to the surface the apparent human need to protect oneself from psychic pain, in many different ways.

Ranging from huge debate – climate change, the Iraq war, 1984 – to the local and the personalised – she exposes the intricate, complex and often nasty ways that we manipulate, hide, fictionalise, ignore, fantasise, project, fake, rewrite, deny, omit and do not address the truth. Secrets are exposed: the revered French writer/philosophers Simone de Beauvoir and Jean-Paul Sartre are outed as abusive fantasists, and she brands the writer Ernest Hemingway as a creator of a whole mythology around himself. She speaks of the courage needed to face uncertainty and put away rigidity. 'we do not need certainty to make sense of the world. However when we deny the existence of alternative interpretations and claim that the one interpretation we hold is a unique and absolute truth, we are refusing to use the ability to which we were born. We deliberately make ourselves stupid.' This is a plea for embracing ambiguity. Chapters such as How we Learn to Lie take us from babyhood and toddlers' ability to detect other peoples' false beliefs about reality, to 1984 the novel,

and the destruction of Winston, and his cries to his torturers in Room 101 to destroy Julia, not him. 'All the ideas that gave him a sense of being an integrated, whole person in whom he could take pride were destroyed..'

She is not afraid of tackling the almost untackable – the lies and denials behind terrible conflicts such as Rwanda, Congo, Burma, Tibet and the second World War.

'Perhaps the most popular lie that adults tell their children is that the family's nationality, race, religion, or class makes them superior to all other people..'

She touches on belief and delusion, hypocrisy and denial, totalitarianism, delusion, hate, the wearing down of truth in a war situation where fantasy becomes delusion and the line between truth and lies becomes indistinguishable. And the profound effects of being lied to.

Her targets include Blair and Bush, and the bringers about of the banking crisis. But being Dorothy Rowe she is always referring back to causes and reasons for behaviours, not just presenting the bare facts unanalysed. Essentially ways of lying are learned in childhood.

This is a good read and starts to deal with a huge topic with flair and thought. How about a sequel – Honesty? ❁

**Polly Mortimer**



**Why we lie - Dorothy Rowe**  
Fourth estate – London 18.99  
Free from public libraries

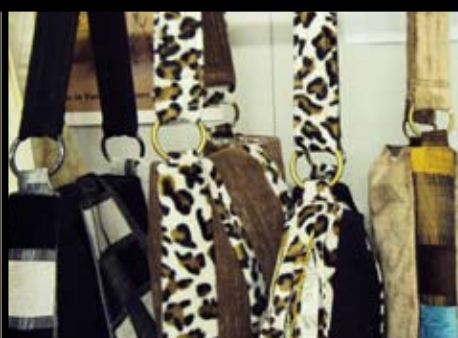
# STUDIO 306 exhibits at the Chocolate Factory Open Studios Weekend

Truly exceptional show at the Chocolate Factory Open Studios from Studio 306. Work of really high calibre, including one-off designer plates, special silver jewellery, designer handbags, scarves, hats and bags among other textiles, and smashing screenprinted T-shirts, baby-gros and cards with screenprint designs. I was struck by the feeling of a team approach, often with different people contributing to one item. Really brilliant! **Polly**

Commissions Welcome! Contact Studio 306 on 83658477

Photos: Polly Mortimer

## Textiles + Jewellery + Ceramics + Screenprinting



# BEDLAM

Play by Nell Leyshon



Bedlam is short for Bethlehem mental hospital. This play 'Bedlam' was set in the eighteenth century. The attitude and the treatment back then was very different from what it is today. Fortunately someone was campaigning for things to get better. There was ritual abuse and inhumane treatment of people with mental health issues.

They used to do some unusual things to mental health patients during the eighteenth century. They used to rub mustard on the skin, give them cold baths, laxatives and put leeches on to them. The patients were locked up in cells not wards. One of the nurses looked like a blacksmith he was very frightening and aggressive.

There was someone who was called the 'Governor' who wanted to visit the hospital for research purposes.

He wanted people to return back to their lives and wanted new methods to improve their condition. He believes that external events cause madness like loss of fortune from share prices. He says 'These things throw the balance out of the mind.' People use to come to the hospital to laugh at 'lunatics for 1d each. A black man appeared coming out of a black bear costume in drag. I don't

**He says 'These things throw the balance out of the mind.'**

understand why that was. He was a painter and went on to threaten a young lady called 'The Beauty' with a knife because he wanted to paint her so he could look at her and forget where he was. He eventually lets her free.

One psychiatric doctor was seduced by a prostitute with alcohol and her charms. He eventually catches a venereal disease and becomes unwell physically and mentally. So he says 'I am a mad doctor not a mad doctor.'

A black man called Billy comes looking for 'The Beauty' his girlfriend. When he finally sees her he is in women's clothes. I don't understand why. When she sees him in drag she does not recognise him. It makes it seem as if she is going mad.

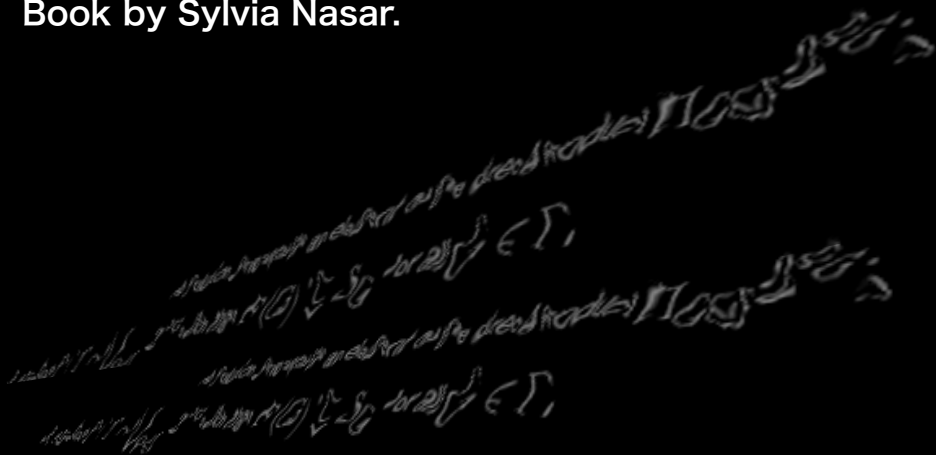
I like the play because you can see that the mental health system has improved since then and there is a chance that things will improve in the future. There were a few nice songs and comedy. It was a good piece of work and well appreciated by the audience.

Is there anyone out there who thinks the mental health system needs to be improved? I hope so. I would like to see people in the mental health system live more fulfilled lives i.e working, better relationships, paying their own way, and treated with more respect. Mental health is still taboo. There has not been enough campaigning for equal rights for people in the mental health system.



# A Beautiful Mind

Book by Sylvia Nasar.



John Nash

Reviewed by MO'C

**A** beautiful mind is a Biography of John Forbes Nash, mathematician and winner of a Nobel Prize for economics in 1994 for his contribution to "game theory" which is used in international treaties involving trade the world over. John Nash was also diagnosed with schizophrenia.

**"Nash was not a very popular person and was considered to be anti social; he was and is a genius. This book lays bare his life from an early age to becoming a Nobel laureate."**

Nash loved to solve mathematical problems no one else could solve and never took what was considered to be the orthodox approach. He knew he was a genius and craved for the acknowledgement of his peers. His genius was acknowledged reluctantly, due to his extreme competitive nature. A relationship with an older women produced a child whom Nash lost contact with. Nash advised her to put the child in care. It was also alleged that the woman, a nurse, was considered to be beneath him intellectually and in being so not marriage material.

As a friend Zipporah Levinson put it "these mathematicians occupy a very high terrain from which they look down on everyone else; this makes their relationship with women very problematic." Nash later went on to marry one of his students.

In 1954 Nash lost his job with the Rand Corporation because of an arrest for indecent exposure in a men's bathroom; it also suggested he was emotionally close to at least 3 men at different occasions

The first outward signs of mental illness occurred around 1959 when Nash reported he was getting secret messages placed in the New York Times from outer space. Letters addressed to different countries announcing his formation of a world government were also uncovered.

Nash was detained on a 10 day observation order and was diagnosed with paranoid schizophrenia.

Nash was released from hospital soon afterward as he appeared to be in control displaying no outward signs of

psychosis and promptly set off on a trip to Europe. In Luxemburg he attempted to give up his U.S. citizenship but was convinced not to by an embassy official. This was seen as evidence he was still in a psychotic state of mind. He was eventually brought back to The U.S. On his return his condition deteriorated and he was committed to a state hospital where he underwent insulin treatment, common at the time for treating mental illness. Nash would later liken it to torture.

**"Nash returned to Europe in 1962 alone, his marriage had broken down. When he returned he was served him with divorce papers. His condition again deteriorated resulting in him being committed for the second time."**

His ex-wife took him in as a lodger in 1970 out of pity and this led to a long period of stability culminating in his nomination for a Nobel Prize in 1994 for work he had done decades earlier. This book gives a very honest account of the effects mental illness can have on everybody regardless of ability. Nash remarried his wife in 2001. His son is also schizophrenic. ❁

## Scottish Recovery Network

Interview with Taryn Carlton  
of Scottish Recovery Network

**A**s I was in Scotland for a holiday I thought I would visit SRN and talk to Taryn about her work and the work of SRN, which does not have an equivalent in Wales, Ireland or England.

Scottish Recovery Network came into being in 2004 and is funded by the Scottish Government, although their funding is held by the mental health charity Penumbra. It is a national information sharing and awareness raising body which works to promote and support recovery from long term mental health problems across Scotland.

There is a core staff team of seven people and there are approximately 6,000 network members involved across Scotland.

### SRN's key aims are to:

Raise awareness about recovery  
Learn more about the experience of recovery. Build capacity nationally and locally to support recovery

To achieve this, SRN leads on and contributes to a number of initiatives in Scotland. They have been working with the Scottish Government to help promote and develop mental health services that are working in a recovery focused way. One way they are doing this is with the Scottish Recovery Indicator (SRI). SRI is a web-based tool that has been designed to help mental health services facilitate change in practice and to promote more of a recovery orientation. The SRI also helps to highlight issues in relation to inclusion, rights, equalities and diversity.

SRN have also helped develop local recovery networks where people come together from different backgrounds to develop local approaches to the promotion and support of recovery. A number exist around Scotland all taking slightly different approaches depending on circumstances.

Another aspect of SRN's work is hosting regular events and workshops. Their last national event attracted 450 people with over 60 contributors to 12 parallel sessions – testament to the level of activity related to recovery in Scotland.

The project that caught my eye initially was the Narrative Research Project. This is the cornerstone of the work to create the Scottish evidence base of recovery. It is a rigorous research document for policymakers, psychiatrists, psychologists and others.

It is a qualitative study of 64 people, the data is analysed and written up. The key elements are:  
Identity: Self and self determination, respect, management, awareness.  
Engagement – creativity, spirituality, non-judgemental employment etc.  
Services and treatment – the right thing and the right time.  
Relationships – family, friends, reciprocal relationships, treating the 'person' rather than a set of symptoms.

The basis is that it is all 'rooted in lived experience'. Often those who took part said that they had 'never been asked before' about a lot of things to do with their situation. It is so important to 'share the story;.

There are 64 personal stories online, and people are also able to submit personal experiences to share on the site. With both the narrative and submitted stories, there are now over 100 stories available to read. These shared narratives offer not only hope for recovery but also practical ideas and suggestions from people who are very much experts by experience. It is a carefully thought out process and each submission is reviewed case by case. I was riveted by all that Taryn said, and happy that such a vital and important part of people's lives - recovery – was given the seriousness and professional interest that it deserves.

Back in the 70s when I was actively engaged with mental health services, and again in the 80s when I started to have children, I was told I would never recover from serious mental illness and, even, that it would worsen with age. Here I am, fully recovered, medication-free, and have been for 25 years plus..

It's fabulous to know that this is at the top of their agenda – would that it could spread all over the UK.

**Polly Mortimer**

For more information on the Scottish Recovery Network visit: [www.scottishrecovery.net](http://www.scottishrecovery.net).  
To access the Scottish Recovery Indicator tool visit: [www.scottishrecoveryindicator.net](http://www.scottishrecoveryindicator.net)  
[www.scottishrecovery.net](http://www.scottishrecovery.net)  
[1] "Delivering for Mental Health", Scottish Government. 2006.

**\* Rough Sleepers**



Rights Guide for Rough Sleepers is now available from [www.housingjustice.org.uk](http://www.housingjustice.org.uk) and [www.thepavement.org.uk](http://www.thepavement.org.uk). The Pavement is a free magazine for homeless people. The rights guide explains police powers in relation to stop and search, arrest, drunkenness, obstructing the highway, and urinating in public places. It's a pocket-sized water resistant book. It also sets out questions raised by people attending Salvation Army and women's drop-in centres.

**\* Low Cost Counselling**

Low cost counselling and psychotherapy available from Centre for Better Health, 1a Darnley Road, E9 6QH. Ring 89853570 or email [admin@praservices.org.uk](mailto:admin@praservices.org.uk)

**\* Total Separation of the State from Religion.**

Religion has no place in the apparatus of the state in a modern democracy. In an age of globalisation where people of different religions put down roots and form new communities the idea of a state religion will lead to accusations of discrimination in that the established religion has representation, "Anglican bishops in the House of Lords," and other religions do not. This will inevitably lead to calls for other religions to be represented. I suggest the majority of people in the U.K. do not live by the

strict tenets of a religion and that being the case religious representation in the state should cease. Furthermore, no access should be given to state funding for schools that have a religious agenda regardless of whether funding was given in the past or not. Childhood should be a time for forming common bonds and solidarity, not for emphasizing differences. Religion is a private matter and not the business of the state.

MO'C

**\* Call For Global Readers!**



Do you have any friends, relatives, colleagues who live outside the UK? It would be great if we could spread Equilibrium's reach a little further afield. Do please email/tweet, text, facebook, snailmail any interested parties around the world with our contact details – [www.haringey.gov.uk/equilibrium](http://www.haringey.gov.uk/equilibrium) for a PDF of the magazine and [equilibriumteam@hotmail.co.uk](mailto:equilibriumteam@hotmail.co.uk) if anyone wants to email us.

**\* NHS Hospitals**

Following the introduction of a new law, all NHS hospitals in England must now be licensed by the Care Quality Commission (CQC). To be licensed hospitals must show that they are meeting new essential standards of quality and safety. Now CQC has published a leaflet which informs patients, their carers and families, what they can expect from the essential standards. The leaflet can be read or downloaded from CQC's website at [www.cqc.org.uk](http://www.cqc.org.uk)

**\* Equilibrium Online**

Equilibrium itself will become online only from January 2011, so this is the last issue in its present form. There is likely to be a local hardcopy/printout in the Clarendon. It will be available at [www.haringey.gov.uk/equilibrium](http://www.haringey.gov.uk/equilibrium).

**\* US News: Big Pharma.**

Forest Laboratories planned in 2004 to spend \$34.7 million to pay doctors to lecture their peers on their antidepressant Lexapro, and \$36 million on lunches for doctors to create 'an extended amount of selling time for representatives.'

**\* Medicalisation of recreational drugs**



Catherine de Lange writes about the medicalisation of recreational drugs (4 September, p 8). There is a history of such drugs being dished out to patients: ritalin is an amphetamine, and methamphetamine (crystal meth) was routinely used as a treatment in the 1960s. LSD was given to people who were diagnosed with depression and schizophrenia in the UK in the 1950s and 60s. Some of these patients developed chronic symptoms, which they blamed on taking the drug (BMJ, vol 311, p 1185). Given the mind-altering properties of many recreational drugs, I think it would be safer to treat people with the hormone dehydroepiandrosterone, or DHEA, which could be of benefit to those with raised cortisol levels, as is the case in combat stress (19 May 2009, p 40). Polly

**\* Reed in Partnership**

Reed in Partnership works with others to change people's lives for the better. We have an unrivalled experience of working with employers, drawing on over 50 years of recruitment experience. By understanding the needs of employers, we create tailored recruitment and retention solutions which successfully move people into the labour market and support local businesses with free recruitment. In total, we have worked with over 25,000 employers ranging from local businesses to large multi-national corporations. As a people led business, we recognise that every person deserves to be treated as an individual, requiring a tailored approach to give them the best possible chance of finding work and improving their lives. We break down barriers to work by giving people the skills, confidence and knowledge they need to find lasting employment; using the most creative and innovative methods in our sector. Haringey's new open/registration day for local residents in receipt of health benefits to receive support in getting back into work.

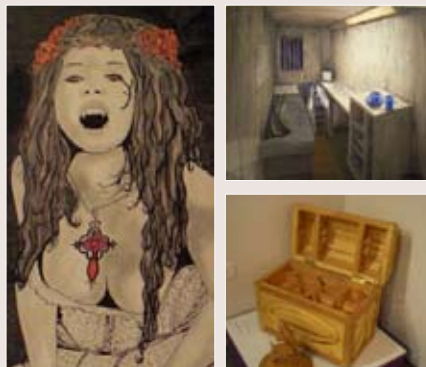
Every Monday we will be inviting people who are interested in working to come and have a chat with one of the Employment Advisers between the hours of 10am and 4pm. The company are currently working with local Haringey residents with a variety of health problems, including many with mental health issues and are encouraging more people to overcome their barriers and receive the support on offer to help them into employment. We offer employability training such as preparing for interviews, selling yourself, writing CV's etc and 1-1 advice and guidance from an employment adviser who will be assigned upon registration.

**Charlotte Carson, Employment Advisor, Pathways Haringey**

**\* Art by Offenders – secure patients and detainees  
At the Royal Festival Hall  
Curated by victims of crime**

**Judges included Will Self, Grayson Perry and the National Theatre. (artwork could be on the web – Koesflertrust)**

**Not all the artists had committed crimes. 20% of the entrants are patients in medium or high security psychiatric hospitals. They are also open to people detained in Immigration Removal Centres.**



**'I'm very controlled, to protect myself from being hurt. People don't get to see my softer side. Art gives an outlet for that softer side of me to come out.'**  
**Artist from Rampton Special Hospital. This was a big and blowsy exhibition – with media as diverse as listening for poetry, rap, verbatim, film, ceramic, embroidery, tapestry, a dress made of nails, 'Conopoly' – the game, ceramic chess, decorated false nails, drama (Clean Break and Synergy) and matchstick art.**

**Some superb pieces in it – I especially liked a skyscape and a post-Clarice Cliff jug in jagged shapes, also a tremendous 3d 'scene' of the art room made of wood. I was very glad to see ragrugs there (I'm a ragruger) and there were portraits of an extremely high standard. Lovely little panel paintings of North London street scenes too.**

**The arts are used in prisons, young**

**offenders institutions, secure children's homes and secure psychiatric units in many ways – from the individuals initiative, in classes, art therapy, in leisure time or as projects run by professionals within the setting.**

**\* Mixed Sex Wards – news release**

Today the Health Secretary Andrew Lansley has announced proposals to finally eliminate mixed sex wards. Mind's Director of External Relations Sophie Corlett said:

"Many attempts and promises have been made over the years to abolish mixed sex wards but this has not translated into real change. Mind has heard from patients who have endured the hugely traumatic experience of physical exposure and sexual harassment from other patients, no doubt hindering rather than helping their recovery.

"For mental health patients, admittance into hospital occurs when they are at their most vulnerable and in need of a high standard of care in a therapeutic environment. Instead, for some, in-patient wards represent a frightening and intolerable experience, where over-crowding and mixed sex wards can manifest more mental distress than they resolve.

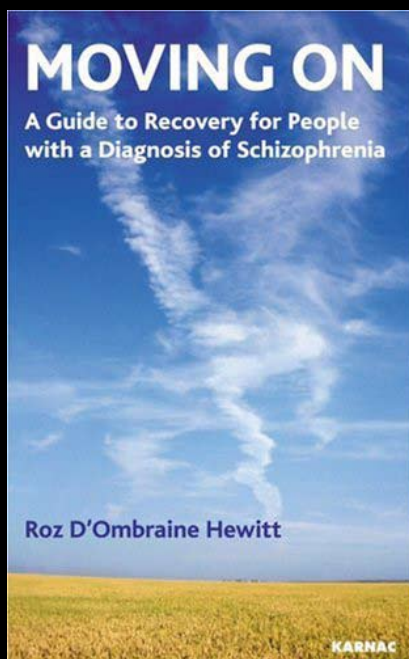


"We welcome the new government's pledge to tackling this unacceptable situation, especially given the difficulties that must be overcome in order

to implement change and the need for significant investment. We hope we can look forward to a day when every mental health patient can expect to be treated in a place of refuge and privacy and without fear for their safety."

**Katie Prior, Media Officer, Mind, 020 8215 2227**

## MOVING ON by Roz D’Ombraine Hewitt



When we find ourselves in unfamiliar, dangerous waters, we all need some kind of lifeline to help us get back to ‘base’.

That’s why Roz D’Ombraine Hewitt’s book guiding people suffering with schizophrenia to good health and recovery is such an inspired thought. It is not just a clinical analysis of what the Experts tell you is wrong –usually a ten syllable Latinish/Gutteral language appellation meaning absolutely nothing to Joe Bloggs who is the likely sufferer, rather than a University professor.

This down to earth methodical approach is a look at conditions which

marginalise more people these days. In the old days it would be ‘Lock up in attic/Looney Bin’, or let the family hole them away out of sight and hearing.

The book helps to be able to relate illness to well being, just as one might for a visible illness like measles, look at different developmental stages, results and the continuity in Aftercare so that it is not just a ‘headache/pill/recovery’ syndrome.

It is the interim stages that help find the solution within every day life and not just a clinical analysis and solution.

Pumla Kisosonkole

### Gavin interview



The Fall @ Jamie Hewlett



Giant African snail

#### How long have you been a manager for the Clarendon?

I started as the manager of the centre in 1997. I managed the day service and out of hours part of what we have today. Bill Slade managed the employment and training part of the service including Equilibrium. In 2005 or thereabouts Bill moved to Regeneration so I took over his part of the job as well.

#### What role does the Clarendon play within the NHS?

Mental Health services are jointly commissioned meaning that both Haringey Council and the NHS have a role in deciding what services exist. The Clarendon Centre is part of the range of services for people recovering from mental illness.

#### What role does the Clarendon play within the community and society?

We are different things for the different people who use the

centre. We are a place of learning, a social place, a place of volunteering, a safe place, a creative place. I consider that the Clarendon is a thriving centre that is responsive to the needs of people recovering from mental illness through the provision of first rate groups and projects and individual one to one work. I see us as a stepping stone to greater social inclusion for a group of people who are excluded from some areas of society.

#### Does the Clarendon reduce the number of people being admitted to the hospital?

Probably. How we show this, though, is very difficult. It is likely I am not the best person to ask as individual members themselves are the best judges of how we might have helped them stay out of hospital.

#### What improvements would you like to see in the Clarendon?

These are very difficult times due to the soon to be announced cuts to local government and I am unsure what the future will bring. I would like more members involvement and member/user run services. I would like us to do more in the wider community and support Clarendon members in the wider community. I would like more members to tell us what they think and what they want to improve. Angela

This extract is taken from NOT SHUT UP - a brilliant magazine sent free to prisons and secure settings. It's chock full of art, interviews, poetry, writing etc.

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

## Midnight

We asked Ella Simpson, an assistant librarian at HMP Holloway, to undertake some writing workshops for Not Shut Up. A lot of writing resulted. Ella explains her approach: 'Choosing a theme is a great way to kick-start your writing. It can stretch you to write about new subjects, or about old subjects in new ways, and they always seem to simulate a lot of different and often surprising ideas. This was certainly true at Holloway, where we produced well over fifty pieces of writing as we worked from themed exercises. The writing included here will give you an idea of the richness of imaginations that were stirred by the simple theme of midnight'.

Before midnight I was talking to a member of staff by my hatch. We were talking about ghosts, because I am a very big fan of ghost films and ghost tales. After the member of staff finished talking to me I said goodnight to her, then I returned to what I was doing, then started to read a ghost book about haunted houses and rooms. As I was reading I felt myself falling asleep. I awoke and put my book down and went to sleep. I was woken by a big, loud bang in my room. I was shitting myself and hid under the sheets, as I did not want to know what it was. I moved up from the sheets and got out of my bed and put the lights on and saw my fan on the floor.

I went back to sleep, but only after I turned on my TV. It was a spooky night.

## Like a Prayer-note in the Snow

You are there,  
I am here,  
It's midnight,  
And I drink the starlight.  
With eyes like two dark beam- holes,  
in the madness.  
The wind burning like irons,  
The earth turning like fires.  
If only skies had been more unbolted,  
If only rain had been more loving.

Anon, HM Prison Shewsbury, Shropshire  
Platinum Award for poetry collection

## Inferno - Rakovszky Zsuzsa

Behind, dead leaves burn  
And bubble in their tar  
Ahead, thistles starkly haloed in plumes of  
ripped rainbow smoking.  
And the forest road delves  
Towards autumn through the slanted  
evening to divide into two from one  
At the house on the edge.  
For the last time I follow  
Down to autumn's oblivion  
my hand  
in the shadow of yours

Translated by J.K. Long Lartin

## Blood Brothers - Karim Harvey

I struggle into infinity  
I struggle out of reality  
My blood brothers are known for their divinity  
I cannot ask the question,  
So deep is its diversity  
People accuse me of this condition  
But I have recovered  
Until the next time  
The scale is two by two  
I remember the Ark  
As if I was born yesterday  
My sister caused a stir  
If I am, I will always be Schizophrenic  
But I struggle into the heart  
And struggle from my rough beginnings