

# EastForward >>

"Fast forwarding mental health services in the Eastern Region"  
Issue 24 – August 2006

## Welcome Back...to the new look *EastForward*

It is now almost five years since the first issue of *EastForward* was produced by the Eastern Regional Office mental health team. As the regular newsletter for NIMHE Eastern *EastForward* became well established with a regular circulation to more than 5,000 readers. With the integration of NIMHE Eastern into the new CSIP Eastern Development Centre it seems like the right time for a bit of a face lift.

We will continue to feature many of the original features, especially the popular 'Progress in.....' section featuring news of where progress is being made around the region to develop mental health services.

However, there are some new features as well including 'From the Edge' a regular column featuring the first hand experiences of people with mental health problems and 'Take a Closer Look' where we plan

to feature in each issue on what it's really like to do various new roles in mental health in the region.

As ever we are very keen that people from a broad range of backgrounds contribute material to *EastForward*.

There are a range of different ways that you can get involved for example by sending in short pieces for 'Progress in.....' or more detailed articles about your experiences or your

achievements. We also have some opportunities where we will support individuals to attend conferences or events in return for a written account of the proceedings. Details of how to get in touch with our communications team are on the back page so please do get in touch with your ideas.

We very much hope that you enjoy this edition of the new look *EastForward* and we look forward to hearing from you!

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## What a Difference the French Makes

Have you ever heard the phrase "You don't know how lucky you are?"

When it is applied to mental health services in England you might find that derisory at times, mad even. But compared to the Berlin Wall high asylum walls still in place in France, the lack of translation for words such as 'empowerment' or 'care in the community' or 'whole life' or even 'recovery', when the concept of 'respect' is one that is used by service users towards their mental health professionals but not in both directions - it may be less laughable. Add in the continued use of leather straps that tie you to a bed in an isolated 'locked cell', patients being called 'the ill ones' when recovering in hospital, lack of confidentiality between consultant towards an employer and the privilege of procedure over the individual - it may even make you mad.

When asked about my experiences of the French mental health system in Lyons, I turn film buff and reply, "It was a cross between *One Flew Over the Cuckoo's Nest* and *Midnight Express*." Also that a short hop back to England across the Channel had meant a 50-year leap of progress. In England, I agree we haven't yet reached a full paradigm shift, but we are slowly heading in the right direction. But the French have two things that we don't have here in England: from 12 February 05, the French government decreed in their law that 300 self-help groups (groupes d'entraide mutuelle) must be set up throughout the country and that each of these groups

French & European Conference on Self-Help Groups. Lille, France 1 & 2 February, 2006

Written by Heather Straughan, EbE User & Carer Network Development Fellow (Herts)

would receive 70,000 Euros (c. £50,000) each year, every year. No small measures of fixed-term funding here!

The French demand that duly completed, detailed project proposals be submitted by potential self-help groups outlining their aims and activities; however, once approved, service users will run the groups how they wish without outside, i.e. mental health professional assistance, but within the provision of mainstream services. French service users seemed equally fearful as mental health professionals as to what might happen if members were to become ill during meetings, looking towards the professionals for the procedures and protocols that they might follow. Just where the French users' lack of self-confidence in managing these crises and their dependency on the system for guidance whilst seemingly unaware that the very provision of these groups might avert or dampen such crises comes from I don't know. But then I remember the height of the Berlin Wall. The fear of French mental health professionals as to this new initiative is more to do with being 'subordinated' to the wishes of service users which, reading between the lines, for me, could only be users demanding the same respect that they have given to professionals all these years. Yes, I guess it can be quite a shock to find yourself disempowered, can't it?

It seems right somehow that the British government do likewise in establishing user-led self-help within mainstream services: that money is similarly allocated to self-help groups that currently exist or wish to set themselves up without the fairly tiring and tiresome scouting around for the basics of venue hire for a couple of hours so that individuals may meet to talk about the fundamentals of how their lives might be hanging in the balance that day. Ideally to return home a little lighter of heart knowing that they are not alone. Who can measure that cost? Shall we measure it in number of suicides avoided or how happier people feel to be able to meet up with like-minded others who support them and who they in turn support?

A second advantage the French in the Lille area also benefit from is the newly created 'host families' (familles d'accueil). These families take in people recently discharged from hospital, giving them a welcoming and supportive environment as a transition before returning home and all the pressure that can entail. This idea is working well and is well-received by service users over there.

Sadly, these 'host families' are not widespread throughout France, and exist only in very isolated pockets in England. So actually, when I state "we don't know how lucky we are" - maybe that is only partly true. In this English climate of client-centred and

soon to be client-commissioned services we are aiming towards, maybe we should, as service users or as service providers, propose that we adopt this new French law and put our money where our fine words are and allow service users to create their own services, self-help groups. If no evidence has been found in research literature that points towards self-help groups having a negative effect on members, rather a far-reaching positive effect and self-help groups could be factored in as a cheap alternative in the current NHS cash-strapped situation, then surely we might give this idea a go?

That host families could also play an important role in recovering from mental distress might also be worth mentioning. Possibly adding these proposals into a new policy document entitled 'Your words, Our Lives?'. If Tony Blair said that "with a little imagination and creativity we could give user-centred services, that are convenient to the person, not services that demand the person to adapt" and that "we have this in other areas of our lives, so it is reasonable to have this in health services" (Richard & Judy, 31st January 2006) just what are we waiting for before putting this little bit of creative borrowing from our French neighbours into our good practices?

After presenting at this Lille conference with another British service user, we were told that "In France, one could never be so well recovered". So the good news is that in England we must be doing something right! Onwards, upwards in shifting this paradigm!

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