

Fife Bipolar Group

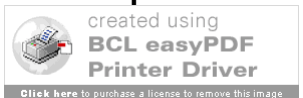


Empowering those with Bipolar in Fife

Charity Scramble in aid of Bipolar Disorder

www.cfbg.co.uk

Issue 22 **Sept 08**



About the Fife Bipolar Group

We meet once a month in Kirkcaldy but welcome people from all over Fife. The main purpose of the group is to offer a supportive environment to those affected by bipolar affective disorder and allow them to talk about and share their experiences with others. To attend is free & you do not need a referral.

We also provide an information service through our website, this monthly magazine & a library of reading material relating to bipolar & mental health. This we hope will help you address the issues that affect you in your life. If you have anything you'd like to talk about or would like to come along to a meeting, please get in touch!

People with bipolar disorder

Friends Relatives Carers

Meeting

2nd Tuesday of every month

7 - 9pm

Location & Mail Address

Fife Bipolar Group
Express Group Kirkcaldy
110 Rosslyn Street
KY1 3AD

Contacts

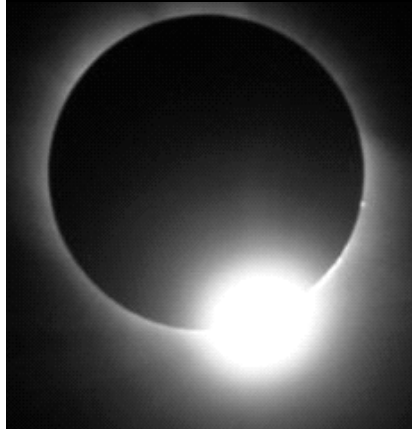
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making sense of darkness



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Our Committee

Chairperson Edie

Website Mike

Secretary Ross

Treasurer Jim

Librarian Margaret

Assistant Lee

fifebipolargroup@cfbg.co.uk

If you would like to submit something to be included in the magazine, simply send it through to us. The deadline for inclusion in the magazine is 16th of every month

Bipolar News & Round-up

Bipolar Fellowship Scotland AGM

In September, the BFS will be holding its annual AGM on 20th September in Trades Hall which is central Glasgow - with speakers and workshops including self-management training, Spirituality, Art workshop. The whole day will be dedicated to the memory of chairperson Laurence Wilson who worked so hard for bipolar disorder. Get in touch with the organisation for a booking form. Contact Details are on page 23.

Charity Benefit for our Group!

Last month, Thornton Golf Club managed to raise a magnificent £2600 for the bipolar cause. Our group will benefit greatly from this donation as it does all gifts from all you kind people out there. Thanks guys! See our article on the night on page 6.

Crisis Phonelines

Breathing Space

0800 83 85 87

Samaritans

08457 90 90 90

Saneline

0845 767 8000

Social Work out-of-hours

01592 415000

NHS Direct

0845 24 24 24

Mind

0845 766 0163



CAR TONS



A Good Night's Sleep

What Happens When We Sleep?

What Can I Do About My Sleep Problems?

Physical Pain or Discomfort

The Environment

Worrying

What Are You Doing Before Bed?

Caffeine, Alcohol and Cigarettes

Keep Your Sleep Pattern Consistent

The Quarter of an Hour Rule

What About Sleeping Pills

More Information

What Happens When We Sleep?

In normal sleep, Rapid Eye Movement (REM) sleep comes and goes throughout the night, and makes up about one-fifth of our sleep time. During REM sleep, our brain is very active, our muscles are very relaxed, our eyes move quickly from side to side and we dream. The rest of the time we are in non-REM sleep or deep sleep, where the brain is quiet, although the body may move around. It is in non-REM/deep sleep that hormones are released into the bloodstream and our body repairs itself after the wear and tear of the day. There are 4 stages of non-REM sleep.

In clinical Depression, a sleep imbalance can be common, where there may be little or no deep sleep, a higher degree of REM sleep occurs and there may be

more frequent awakenings during the night, which may last long enough for the person to be aware of them. This may be an explanation for why people with Depression can wake up feeling exhausted, and typically report finding mornings more difficult, as they have not had enough recuperative deep sleep.

Research amongst the general population in Japan has found that those whose sleep duration was less than 6 hours, and those who slept for 8 hours or more, tended to be more depressed than those whose sleep duration was between 6 and 8 hours; so sleep is an important factor in Depression. (1) Furthermore there is good evidence to suggest that improving sleep in people with depression can lead to a reduction, not only in sleep disturbance but also depressive symptoms. (2)

What Can I Do About My Sleep Problems?

It can be extremely distressing not being able to sleep. It may help you to know that most people do not need very much sleep at all in order to be physically and mentally healthy. It is possible to function effectively on very little sleep each night. In sleep research laboratories, it has been found that many people who experience insomnia actually sleep more than they think. Sometimes, people who are in a light level of sleep dream they are awake. Therefore, you may be sleeping more than you think. There are also a number of things that you can do to try and improve your sleep:

Physical Pain or Discomfort

If you are in pain or discomfort, then this is likely to exacerbate your sleep problems. It is important that you seek advice from your GP to address these problems as best as you can. Depending on the nature of the problems, a

referral to Physiotherapy to ease pain, or an Occupational Therapist to assess adaptations to your home environment, may be things to consider.

The Environment

Make sure your bed is comfortable. If the mattress is old, try turning or rotating it. Try adding extra support, such as a board or an old door underneath. Washing your bedclothes regularly can also make your bed more comfortable.

Make sure the temperature of the room is right for you. If the room is too hot, use a fan or open the window; if it's too cold, add an extra blanket, use a hot water bottle or look at the heating and insulation in the room. If the room is too light, consider changing the curtains. Add a thicker lining or blackout lining. If cost is a problem, a black plastic bin bag can be an effective blackout blind.

Is the room noisy? Can you ask noisy neighbours to turn down their television or music? Think about fitting double glazing or internal plastic sheeting to reduce noise. Ask at your local DIY shop for low cost alternative options. Would earplugs help you to block out noise?

Worrying

If you find you are worrying about not sleeping or having extreme or catastrophic fears about the consequences of not sleeping, try jotting down some of your fears on a notepad.

If you are worrying about things in general, at least two hours before bedtime, write down the problems that keep you awake. Also, write down the next step you

need to take towards resolving each problem. If you find yourself thinking over the problems in bed, tell yourself you have the matter in hand and that going over it now will not help. If a new worry occurs during the night, write it down or commit it to memory and deal with it the next day.

What Are You Doing Before Bed?

Eating a heavy meal, watching television or playing computer games just before going to bed can make it hard to go to sleep. Although some people find that watching television or reading in bed before going to sleep helps them nod off, for many this can make them become more alert and add to their sleep problems. If you find this is the case for you, it can be helpful to keep your bed as a place only for sleep and sex. While physical exercise during the day can help you get a good night's sleep, don't exercise within two hours of bed time.

It is important to take time to wind down before you go to bed. Have a warm milky drink (make sure it doesn't contain caffeine) or herbal tea such as chamomile, which is supposed to induce sleep. Establish a clear bedtime routine and stick to it where possible, to retrain yourself to prepare for sleeping. This may include having a bath, listening to relaxing music, using relaxation methods from books or CDs, using scented candles, yoga, or meditation – whatever works for you.

Caffeine, Alcohol and Cigarettes

Caffeine is a chemical found in coffee, tea, cola and diet cola drinks, hot chocolate and some herbal drinks. It causes increased alertness and can cause physical and psychological addiction if taken at high levels. It can be tempting to drink a lot of caffeine to stay awake

and alert during the day if you're tired from lack of sleep the night before, but this can exacerbate your sleep problem. Try not to drink too much caffeine and avoid it in the few hours leading up to going to bed (none after 6pm is good). Nicotine can also keep you alert, so try not to smoke too much before bed.

It can also be tempting to drink alcohol to reduce feelings of tension and help you get off to sleep. While alcohol is a sedative, it is not a good idea to try to use it to sort out a sleep problem. This is because alcohol does not lead to normal, restful sleep. In addition, alcohol causes you to pass increasing amounts of urine, which further disrupts sleep.

Keep Your Sleep Pattern Consistent

Go to bed when you feel tired and try to go to bed and get up at the same time each day, even if you have slept poorly. This can be the most difficult area to achieve in the initial stages until the routine is re-established, but you need to try to teach your body what time to fall asleep and what time to get up. Go to sleep some time between 10 pm and midnight and try to get up at a sensible time between 7 am and 9 am (adjust these times to fit your own circumstances). You will find yourself in a vicious circle of sleep dysfunction if you allow yourself to sleep during the day.

The Quarter of an Hour Rule(3)

Don't lie in bed awake for more than quarter of an hour. After this time get up and do something else until you start to feel sleepy, but try not to do something too active like watching a scary film. Go into another room and read something light (like a magazine), until you feel sleepy, and only then return to the bedroom. Re-

peat this process if you are unable to fall asleep within quarter of an hour.

What About Sleeping Pills?

Traditional 'sleeping pills' are from a class of drugs called benzodiazepines. Sleeping tablets can be helpful to break the vicious circle of poor sleep and increasing anxiety about sleep but should not be used as a long term treatment for sleep problems. They are extremely addictive and while you may find them effective initially, in a few weeks you can become physically dependent on them and will need to take increasing doses to get the same effect. Some anti-depressants can have a sedating effect that may assist you to sleep when taken at night. Speak to your doctor about these.

None of these suggestions are miracle cures, but we hope you will find some of them helpful. Be gentle with yourself and don't expect to change everything immediately. With practice, and taking things stage by stage, you can make helpful changes to your sleep pattern, and improve your overall well-being.

More Information

Check out the Depression Alliance website for more information.

Charity Scramble in aid of Bipolar Disorder



A charity event in aid of our group was held at Thornton Golf Club held on Friday, 8th August, to help raise funds for the Fife Bipolar Group. We want to thank everyone involved, especially Marie/Tony Curran for suggesting the event for our benefit, as they have raised a fantastic sum of money for our funds.

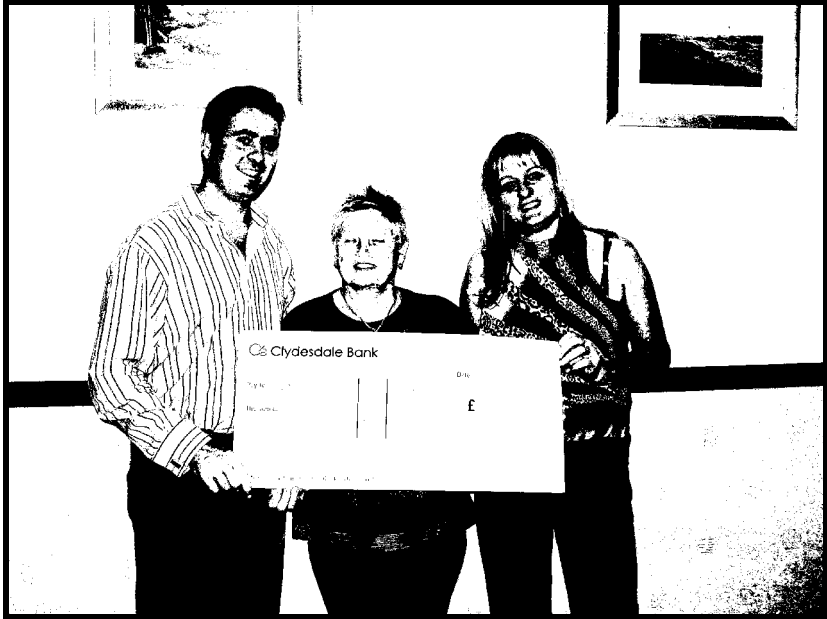
The course (due to weather) had been closed on Wednesday and Thursday but was re-opened on Friday to enable the Event to take place.

Some 47 Teams took part in the Event. Congratulations to the winning Team Bill Gay, Stewart Watson and Andy Hamilton with a score of 59.84! The whole day was highly successful and everyone thoroughly enjoyed themselves.

The final total raised for the Fife Bipolar Group was a whopping

£2400 !!

Many thanks to the main Sponsor **CBS Consulting, Kick-back** for the entertainment and all those who kindly donated items for the auction and raffle.



Pictured below from left to right are Edward Curran from CBS Consulting, Edie Gledhill from the Bipolar Group, Kirkcaldy collecting the cheque (which on the night was estimated) and Marie Curran, from Thornton Ladies Committee.

Bipolar Fellowship Scotland Annual Conference & AGM

Entry to the conference is free to all Bipolar Fellowship Scotland members. See 'On The Level' for booking forms.

1 in 4 mentally ill - petition response

The petition sent to the PM was as follows:

“We the undersigned petition the Prime Minister to recognise 1 in 4 people will suffer from mental illness in their lifetime, PLEASE fund mental healthcare accordingly.”

Details of Petition:

“Most mentally ill people are TOO ILL to have the energy or self confidence to raise their concerns. When number crunching exercises are undertaken in the NHS the mentally ill fall foul of this and legislation just quietly slips through. REMEMBER ONE IN FOUR PEOPLE IN THEIR LIFETIME BECOME MENTALLY ILL, A FAMILY MEMBER, A FRIEND, YOURSELF.(at any time) Please press the Government to protect the mentally ill and provide modern facilities. Let us provide equality of care for the mentally ill, as any of our healthy young people and adults have access too. It is their basic human right in an age of equality. Mainstream colleges are not funded, ready or equipped for the next generation of young people who cannot cope in the mainstream. They require time and a stepping stone of care in a non-medical environment. This health area needs more enlightened funding, both for now and future generations to come. With the figures 1 in 4 surely this is a very serious area of the NHS to be addressed, urgently. It could be you next. Life is very fragile. Sincerely Helen Drury.”

The following article is the Government's response:

The Department of Health is aware that one in four people will have mental ill health in their lifetime and one in six people will have mental ill health at any one time. The Department has taken a number of steps to improve the service provision for those with mental illness. One such step is the development of alternatives to admission, for example crisis resolution/home treatment (CRHT) teams. These have increased the overall acute care service capacity. There are now more choices and more treatment places available for people with an acute mental illness.

It is important to realise that not every person with mental illness will need care in a psychiatric bed, even in an emergency. CRHT teams have been developed to support people:

- intensively in the least restrictive environment that is possible;
 - consistently with their needs; and
 - at home if the service user prefers,
- as well as to help expedite early discharges from inpatient wards.

The Department of Health invested an extra £130 million in 2006/07 to update mental health buildings and ensure that each Mental Health Trust has access to an appropriate place of safety. £100 million was allocated to psychiatric intensive care units and places of safety across the two years 2006/07 to 2007/08. In November 2006 the remaining £30 million was targeted on capital schemes in 2007/08 promoting safety in acute wards, particularly for women service users. Allocation of this money has been phased over 2006/07 and 2008/09.

In addition, the Department of Health awarded £1.25 million to the King's Fund for a further extension of their 'Enhancing the Healing' programme to improve the environment for patients in mental health and learning disabilities trusts.

The Mental Health National Service Framework (NSF) has generated a huge amount of activity and led to an impressive range of policy initiatives in a previously neglected area of service provision. This process is continuing and the Department is seeing a variety of benefits for people who use mental health services.

From 2001/02 to 2006/07, the real terms investment in adult mental health services increased by 31 per cent, to £1.9 billion in cash terms, to put in place the services and staff needed to transform mental health services. The NHS spent over £5.1 billion on adult mental health services in 2006/07, compared with £3.9 billion in 2001/02. In the first three quarters of the financial year 2007/08, crisis resolution teams provided around 50,350 episodes of home treatment for patients who would otherwise have been admitted to hospital.

The Department now has over 60 % more consultant psychiatrists, almost 80 per cent more clinical psychologists and at least 20 % more mental health nurses than in 1997, providing better care and support for people with mental health problems.

Following the publication of the NSF and increased funding, the Department now has new community mental health teams offering home treatment, early intervention, or intensive support for people who might otherwise have been admitted to hospital. There is also a five year action plan in place to address inequalities in

the experience of services by black and minority ethnic people.

In order to build on the transformation that the NSF supported, the Department needs to make full use of the strategic relationship with Moving People to improve its understanding of stigma and discrimination, and what works in tackling these issues.

The Department has also funded Shift, an initiative running from 2004 to 2009, which is tackling the stigma and discrimination surrounding mental health issues. This work will now focus on employment issues, building on Action on Stigma: Promoting mental health, a three-year Government initiative aimed at ending discrimination in the workplace. It will also develop and articulate a strategy for mental health and employment, building on the significant work already done, and planned, around Improving Access to Psychological Therapies, a Department of Health programme whose principal aim is to help PCTs implement NICE Guidelines for people suffering from depression and anxiety disorders.

Finally, the Healthcare Commission assesses every Mental Health Trust's performance against core national standards, including those relating to equality and discrimination. The NHS has a legal obligation not to discriminate in the provision of services, and the Equality and Human Rights Commission is taking a close interest in the programme. The Count Me In: Mental Health and Ethnicity Census- 2007 will also help the Department of Health to continue monitoring progress.

If you'd like to reply to this response, get in touch with us and air your views. We'll print your opinions in this magazine.

Balsamic Chicken with Avocado and Radish Salad

Even my just about overripe Avocado, is one of the true underrated super foods- It's packed with essential fatty acids, Vitamin K and antioxidants- it also makes a lovely face mask! (But you didn't hear that from me...) Radish's are often linked to aiding digestive problems and are beneficial for the teeth and gum's- So overall this salad is packed with nutrition and is a perfect Good Mood Food recipe!

2 Free Range Chicken Breasts.

1 Avocado.

6 Baby Radishes.

A Large Handful of Oak Leaf Lettuce Leaves.

1 Red Onion, cut in half and sliced wafer thin.

1 Small Garlic Clove, Peeled and Minced.

1 Teaspoon of Wholegrain Mustard.

2 Tablespoons of Balsamic Vinegar.

6 Tablespoons of Extra Virgin Olive Oil.

The Juice of Half A Lemon.

*A Good Pinch Of Coarse Sea Salt and Freshly
Ground Black Peppercorns.*

If you have the time to marinade the chicken breasts overnight, by all means go ahead. Remove any fat (or "icky bits" as I've heard them referred to in my kitchen) from the breasts and place in a zip loc baggy. Pour in 1 Tablespoon of Balsamic Vinegar, 3 Tablespoons of EV

Olive Oil, the Juice of half a Lemon, and a pinch of Black Pepper, seal and give a good shake!

In a jar, bowl, or whatever you want to make your dressing in, combine, 1 Tablespoon of Balsamic Vinegar, 3 Tablespoons of EV Olive Oil, Garlic, Wholegrain Mustard, and a pinch of Sea Salt. Whisk or shake to combine, set aside and prepare the salad.

Place a good handful of lettuce leaves on each plate, and scatter with the red onion.

Slice the Avocado in half and remove the stone, spoon out the green flesh and slice into thin strips, arrange on top of the salad. Cut the baby Radishes into quarters and place on the outside of the plate.

Heat a large frying pan (I would use a griddle pan if I had one!) till just before it begins smoking and place the breasts on, you shouldn't need any extra oil as Olive Oil is used in the marinade. Cook for approx 4-5 Minutes either side, remove from the heat, let it rest (if you can wait...) and slice into thin strips. Arrange on top of the avocado and using a spoon dribble the dressing over the salad.

Serve straight away!



Communicate

We can hear, but do we listen
To what people have to say.
Do we really hear and absorb,
Give a little time from our day.

We can see, but do we look—
At things important in life.
To observe and digest.
A helping hand to those in strife.

We can speak, but do we talk—
And really understand each other.
Not to judge or take sides,
Or worse, stay under cover.

We all have these senses
A gift we all possess
Let us use them wisely,
Be kind and try to give our best.

Sue Allinson

My Faithful Friend

To have a friend you can trust
Who doesn't judge or even pry,
Listens with his thread-bare ear—
Looks earing with his one bright eye

From being a little girl
Together through thick and thin
He never ever laughed at me
When I had my toothless grin.

I told him all my secrets,
He never told my Mam—
When I drank some of her sherry
He just shared in all the fun.

He would listen to Mam shouting,
I would shisper in his ear—
Because we were both hiding,
A good smacking did we fear.

He was there when I was happy,
We cuddled when I was sad.
My tears trickled upon his head—
He was never grumpy or got mad.

He of course is now getting old,
Has lost most of his hair.
His left arm loose, but I love him so,
He is my friend—
My faithful Teddy Bear.

Sue Allinson

Come & Join ...

Bipolar Fellowship Scotland

Membership is open to anyone who has an interest in Bipolar Disorder and/or the need to increase understanding of the illness. Every new member strengthens the voice of those affected - if you have the illness, are a carer, friend, relative, a caring professional or an interested individual.

What membership offers:

- The Bipolar Fellowship Scotland regular newsletter On the Level Quarterly issues of the MDF The Bipolar Organisation's UK Journal—Pendulum
- Access to a wide range of information covering all aspects of bipolar disorder/manic depression at our lending library (no need to come to the office, we can post things out to you)
- Free entry to self help groups network events
- Access to the self management training courses
- Access to facilitators' training events if you are/plan to be an organiser of a self help group
- Free entry to our annual national conference
- Legal Advice Line
- Insurance Services



Please complete this page and send it to Bipolar Fellowship
Scotland at the address below:

I enclose my membership fee (tick as appropriate):

Individual	0	£15.00
Unwaged Individual	0	£ 5.00
Family	0	£20.00
Organisation (Voluntary Sector)	0	£25.00
Professional	0	£30.00

TOTAL ENCLOSED _____

NAME: _____

ADDRESS: _____

POSTCODE: _____

TEL: _____

E-MAIL: _____

SIGNATURE: _____ DATE: _____

Please make all cheques/postal orders payable to Bipolar
Fellowship Scotland.

Studio 1016, Mile End Mill
Abbey Mill Business Centre
Seedhill Road
Paisley PA1 1TJ

Telephone 0141 560 2050
e-mail tilda@bipolarscotland.org.uk

affiliated with Bipolar Fellowship Scotland

Bipolar Fellowship Scotland

0141 560 2050

www.bipolarscotland.org.uk

The Bipolar Foundation

www.bipolar-foundation.org

Breathing Space Scotland

0141 435 3901

Helpline 0800 83 85 87

breathingspacescotland.co.uk

Fife Carers Centre

01592 642999

www.fifecarerscentre.org.uk

Depression Alliance Scotland

0131 467 3050

www.depressionalliance.org

Scottish Assoc for Mental Health

0141 568 7000

www.samh.org.uk

Fife Advocacy

01383 511155

www.fifeadvocacy.org

Fife Families Support Project

01592 641401

www.fifefamilies.org.uk

Drop-in Centres around Fife

ENERGI

01333 730477

www.energi.verycool.co.uk

Barony Housing Contact Point

0871 700 7777

rowangroup.org.uk/barony.htm

Core Club

01383 623179

lesley.forbes@samh.org.uk

Express Group Kirkcaldy

01592 652975

gavin@expressgroup.fsnet.co.uk

Express Group Dunfermline

01592 652975

www.expressgroupfife.org.uk

The Cottage NSF Scotland

01334 657421

thefifecottage@hotmail.com

Would you like to see your organisation here? Simply get in touch with your details! We'll add you to our list.

We meet 2nd Tuesday every month

No referral needed, simply come along! All welcome

7pm The Express Group Kirkcaldy



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