

This newsletter comes to you from The **Health Liaison Group**
The Health Liaison Group (HLG) is a small independent group of local residents concerned to improve the perceived quality of health services. Set up in March 2007, its main objectives are to:

- 1 discover and represent what local patients want from the NHS,
- 2 make contact with the Primary Care Trust and other official bodies,
- 3 improve communication between the local doctors' practice and its patients,
- 4 understand better how the practice runs, and the key issues affecting its future.

Recently, the HLG received some funding from Suffolk County Council through our local councillor's locality budget. Further funds are being sought, mainly to pay for publication of this newsletter.

The group meets roughly once a month in the evenings, so if you have a few spare hours a month and would like to join the Health Liaison Group and represent your village/community and comment on this newsletter, or express a point of view, do please get in touch with:

Bob Lee (chairman) on 01787 881487 or
Don Watson (secretary) on 01787 379367.

Future Issues

The editors hope to publish at least four editions of this newsletter each year.

Ideas for the next few numbers include a look at a large local primary care centre that almost ranks as a '*polyclinic*', and the plans of the Health Liaison Group (which publishes this newsletter) to find out the real state of local opinion on important health topics.

If you have ideas about other subjects you would like discussed, please get in touch with one of the editors:

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Issue No.3

September 2008

from an independent Health Liaison Group

a Newsletter

for:- Long Melford Lavenham
Acton, Cockfield, Lawshall, the Waldingfields and others

Mental Health

Mental illness is one of the most significant health issues facing modern society. There has been a dramatic rise in the number of people in the UK suffering from a range of mental health problems.

With a rapidly aging population and heightened stress levels affecting people's everyday lives, the risk increases that you or someone you know suffers with a mental illness.

In this edition of the Health Liaison Group Newsletter we describe three of the commonest causes of mental illness, followed by a guide to local and other resources that are available to help.

Dementia

This condition is much talked about and seems to be on the increase. 'Dementia' is a broad term used to describe the symptoms that occur when the brain is affected by some specific diseases and conditions including Alzheimer's disease, and vascular disease such as stroke. Most of us know of someone who has been diagnosed with dementia, and recent research by the King's Fund¹ suggests that there may be a 61% increase in cases over the next two decades costing the economy as much as £47bn a year.



Terry Pratchett,
author

¹ The King's Fund is an independent charitable foundation working for better health, especially in London. See <http://www.kingsfund.org.uk>

“The fact that we are living longer is a cause for celebration, but it will mean that the health and social care systems will have to cope with a dramatic increase in the number of people suffering from dementia.”

[Nial Dickson, of the King’s Fund]

If you or a loved one is diagnosed with dementia it can be very difficult to understand and deal with. Dementia is progressive, which means the symptoms will gradually get worse.

Symptoms of dementia include:

- Loss of memory - forgetting the way home from the shops, or being unable to remember names and places, or what happened earlier the same day.
- Mood changes - particularly as parts of the brain that control emotion are affected by disease. People with dementia often feel sad, frightened or angry about what is happening to them (or all three at once).
- Communication problems - it gets more difficult to talk, read and write.
- In the later stages, the person affected becomes increasingly dependent on other people.

Most forms of dementia cannot be cured, although research is continuing. Drugs known as ‘acetylcholinesterase inhibitors’ have been developed that can help with some of the symptoms of some types of dementia. Most treatment is aimed at coping better with the symptoms.

Depression

We all feel a bit fed up, miserable or sad at times. Usually these feelings don’t last longer than a week or two, and don’t interfere too much with our lives. Occasionally though, the feelings don’t go away after a few days, but carry on for weeks or months and get so bad that they interfere with your life seriously. That is ‘depression’.



*Ronald Reagan,
actor and politician*



*Tony Hancock,
actor and comedian*

strategies for living. The *MindinfoLine* offers thousands of callers confidential help on a range of mental health issues.

Call 0845 766 0163 from anywhere in the UK for the price of a local call. There is a local *Mind* branch too:

West Suffolk Mind, 50 Long Brackland Bury St Edmunds, IP33 1JH
phone: 01284 76 48 08 web: www.suffolkmind.org.uk

See also the web site <www.mind.org.uk/About+Mind/Whatwedo.htm>

- If you need urgent help you can also call the Samaritans on 08457 90 90 90

Answers to readers’ questions

Question: When I have a blood test, and the results come back to the surgery, why don’t they ring and tell me instead of my having to ring in and ask?

Answer (from the practice) : There are several parts to this answer!

First, all test results are scrutinised by a doctor, and if there is anything that needs immediate action the doctor asks the front desk to contact the patient, and to make an appointment. There are a good handful of such results on most days.

Second, when the receptionists are contacting patients, the rule (and it is a good one!) is that results can *only* be given directly to the patient themselves, and not relayed through someone else. This often means that the front desk has to try three or four times or even more before actually getting through to the patient.

Third, the number of tests where (happily) not much is found wrong is much greater than the number where some action is urgently required. If the receptionists had to contact all these as well as the urgent ones, it would take up a great deal of their time, and would either cost more, or interfere with their other work.

The practice therefore asks everyone who has a test to ring in a few days later and they can be told the results over the phone. Alternatively they can call at the surgery and collect the results in person. This is actually more efficient than asking the receptionists to track people down by phone.

Help

What can you do if you or someone you know has experienced any of the symptoms described?, **There are a number of local resources available that can offer help**

- The first place to look for help is with *your local doctor's practice*. Besides the skills of the doctors themselves, they have access to several other specialists, including a *Primary Health Care Link Worker* attached to the Long Melford Practice.
- *Community Mental Health Teams* provide additional specialist support when needed. They are based in several Suffolk towns including Sudbury, Newmarket and Bury St Edmunds.
- *Early Intervention In Psychosis Service*; this is a new service to help people aged 14-35 years who are experiencing their first episode of psychosis, no matter what the cause of symptoms. The aim is to help young people to stay in education or work, and to keep in touch with their family and friends.

There are also quite a number of voluntary organisations which can help with general information and advice.

- *The Alzheimer's Society* - (a good source on Dementia)
Alzheimer's Society, 90 Risbygate Street, Bury St Edmunds, IP33 3AA
phone: 01284-766433, web: <www.alzheimers.org.uk>
- *The Mental Health Foundation* - publishes information on mental health, covering: how to get help, general information about mental health, specific problems, issues and treatment options, news articles, organisations and events. The MHF also run on-line bulletin boards and forums for discussion about mental health issues and publish personal stories. You can write to :
Mental Health Foundation, London Office, 9th Floor, Sea Containers House,
20 Upper Ground, London, SE1 9QB,
phone: 020 7803 1101 or web: <www.mhf.org.uk/information>
- *'Mind'* - Mind produces a wide range of publications, including factsheets, award-winning 'Understanding...' booklets, covering anxiety, depression, schizophrenia and other mental health problems, and a 'How to...' series, promoting ways of coping and

What does depression feel like?

[NB Most people with depression will not have all the symptoms listed below, but most will have at least four or five.]

- Feel unhappy most of the time (possibly a little better in the evenings)
- Lose interest in life and can't enjoy anything
- Find it harder to make decisions and can't cope with things that you used to
- Feel utterly tired but restless and agitated
- Lose appetite and weight (some people find they do the reverse and put on weight)
- Take 1-2 hours to get off to sleep, and then wake up earlier than usual
- Lose interest in sex
- Lose your self-confidence and feel useless, inadequate and hopeless
- Avoid other people
- Feel irritable
- Feel worse at a particular time each day, usually in the morning
- Think of suicide.

There will sometimes be an obvious reason for becoming depressed, sometimes not. It can be a disappointment, a frustration, or that you have lost something - or someone - important to you. There is often more than one reason, and these will be different for different people. People that have not experienced it sometimes see depression as a sign of weakness or laziness and feel that the person suffering should simply 'pull themselves together'. Unfortunately, though, the person suffering from depression does not have a choice in the matter. There comes a point at which depression is more like an illness than anything else.



*Winston Churchill,
politician*

It can happen to the most determined of people - even the strongest personalities can experience deep depression. Winston Churchill called it his 'black dog'.

Most people with depression are treated by their family doctor. Depending on the symptoms, the circumstances and the severity of the depression, the doctor may suggest a range of treatments including:

- self-help (using information leaflets and self-help groups)
- 'talking' treatments such as counselling and 'Cognitive Behavioural Therapy'
- antidepressant tablets (there are four main varieties of these!)

Psychosis

What are 'psychotic experiences'? This is a psychiatric term, and describes experiences, such as hearing or seeing things or holding unusual beliefs, which other people don't see or share. A large number of ordinary people have heard voices in the normal course of life, particularly during periods of stress or loss, such as a bereavement, divorce and separation. Many people also hold beliefs that others might consider unusual.

Because the experiences don't distress them, or don't return, they are never in contact with mental health services. Almost anyone can have a brief psychotic episode. It may result from a lack of sleep (through severe jet lag, perhaps), through illnesses and high fevers (including malaria, pneumonia, 'flu and other viral infections) or abusing alcohol or drugs (which can include street drugs and prescription medication, including steroids).

During a psychotic experience, your thoughts may jump around very quickly, and so you may find it difficult to voice them in a way that others can understand. For many people, experiences like that are highly distressing and disruptive, interfering with everyday life, with making friends, having relationships, and finding or keeping a job.

The majority of those who have one psychotic episode never have another one. Others may be prone to fairly short-lived episodes throughout their lives. Some may live with ongoing psychosis as a long-term problem. However serious the difficulties, there are



*Spike Milligan,
author, actor and
comedian*

treatments and coping strategies that reduce the disruption and enable people to lead fulfilling lives and to achieve their ambitions.

Diagnosis is difficult, and has to be done by a specialist. Psychiatrists base their interpretations on symptoms of the kind described above and also on other factors. There is a wide range of psychotic troubles, and diagnosis could be severe depression, schizophrenia, manic depression (bipolar disorder), paranoia, psychotic illness, schizoaffective disorder, or a very severe postnatal depression. These diagnoses are not clear-cut, and the same person may receive different diagnoses at different times.

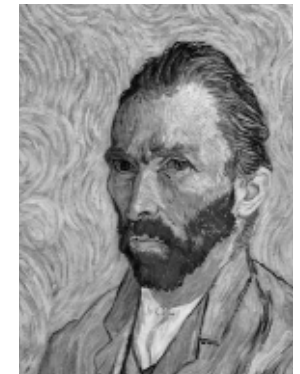
What does it feel like to have a psychotic experience? Everyone's experiences are unique. The majority hear voices, but others experience non-verbal thoughts, images and visions, tastes, smells and sensations, which have no apparent cause. Feeling, for example, as if insects were crawling under your skin, having a sensation like an electric shock, or smelling something that other people around you can't. These are called hallucinations, although many regard the term as misleading, because of the implication that the experiences are not real. They are as real as can be to the people who experience them!

What seems to be important is how the person concerned reacts to these experiences. Some people take them in their stride; others feel overwhelmed by them. Many feel ashamed and afraid that they are going mad. They often don't realise how common the experience is.

Summary; what next?

We have looked very briefly at three of the commonest types of mental ill-health. Between them, dementia, depression and psychosis affect surprisingly many people at all ages from teenagers to pensioners. There are many other types of mental illness, too.

With all these conditions, it is important to remember that **you are not alone**. One in four people experience some kind of mental health problem in the course of a year.



*Vincent van Gogh,
artist*