Less Pills - More Courses

Mental Health Conference

11th April 2008

Author John Conlon

This conference was supported by Community Foundation for Northern Ireland
“Less Pills - More Courses”


Aims of the Conference

• To examine with current and potential partners the Volunteer Centre’s contribution to promoting mental health in the Mid-Ulster area and support for people with mental ill health.

• To explore future improved ways of working with the Northern Trust and other statutory and voluntary organisations to promote mental health and to support people with mental health problems in the Mid-Ulster area.

Interest in the Conference:

Interest in the conference was much greater than expected. The Volunteer Centre had initially planned for a maximum of 100 participants. In the end 220 people registered for the event and the number that actually attended was 200

The key speaker was Lynda Bryans who also chaired the conference.
Notes from Conference

Lynda Bryans was the key note speaker at the conference. The following is a summary of her talk.

In the early 1990’s Lynda had begun to work both in London and Belfast. She commuted back and forth to London on weekends. Working in London was going well. It was a big break for her. She was expecting her first baby and had just bought their dream family home, although it needed a lot of alterations.

It was October. The world seemed to be smiling on her – it was the first year of her marriage, Lynda was expecting her first child around Christmas, had got her big break in London and had got her ideal home in the Castlereagh hills.

However there were signs that things weren’t just right. Her concentration seemed to be slipping. She initially put it down to being pregnant. But it got worse. The words on the page didn’t seem to mean anything anymore. One afternoon when Lynda was reading through information for work later on in the week, she couldn’t finish nor remember anything that she had read. Lynda became unable to perform in front of the camera.

She was finding it hard to make decisions. On one occasion Lynda went out to a restaurant with her husband. They had been sitting at the table for half an hour and she still hadn’t decided on what she wanted to eat from the menu. Her mind seemed to be frozen.

During this period her confidence was affected. It became lower and lower as she became increasingly unsure of herself. Her concentration continued to deteriorate. Everyday small things such as washing and sorting clothes were becoming more and more of a problem. Lynda couldn’t cope with the
everyday business of life. She stayed indoors more, screening calls, becoming more and more withdrawn from the world.

Just before Christmas it came to ahead. Lynda went for her final baby scan and her obstetrician noticed she wasn’t the same Lynda he had met 6 months ago, who was so excited and bubbly. Her face lacked expression as though she had no interest in things and people around her any more. He contacted her GP and asked him to visit her at home.

Her Doctor phoned to agree a suitable time to visit. She heard his call on her voice mail but did not phone back. Despite this he called to see her at home later in the morning. Lynda just couldn’t open the door. Instead she hid behind the curtain as she just didn’t want to see anyone. Her doctor phoned Mike, her husband, who arranged for him to call again when he was at home.

The doctor called back later that afternoon and Mike let him in. He asked Lynda a series of questions about how she was feeling and she answered each one in the affirmative. He diagnosed her as suffering from pre-natal depression. This was such a shock as it seemed to run counter to the fact that everything had been going so well for her. However Lynda couldn’t take any medication until after the birth of her baby. When the baby was born medical staff suggested she be admitted for treatment to Knockbracken. But Mike fought successfully to keep mum and baby at home together.

After about a year of taking medication Lynda was back to work. However without support from Mike and some close friends it would have been difficult to get herself back together again. Now Lynda works to reduce the stigma surrounding mental health. She described her experience as like a wheel coming off. She got involved in the TV campaign that had worked so well in Australia. She wanted to tackle the stigma associated with mental health problems. Lynda felt that the general public needed to talk about it more
openly and be aware of the signs of mental ill-health for their own sakes and to be able to detect them in a friend, relative, or work colleague. Lynda herself admitted that she just thought she was going mad. However the main thing she wanted to let people know was that it can be treatable.

Her final point to the conference participants was to suggest that each person ask themselves, “What things do I do to protect my mental health?”

When it is a matter of our physical health we do a number of things to protect ourselves e.g. sunscreen to protect against sun burn, vitamin C to prevent colds etc. Each one of us need to find ways that suit ourselves to promote and maintain our own mental health and not to take it for granted. We need to learn to say “no” – prioritise how we spend our time and be sure to make time for ourselves. Lynda herself likes to iron with the radio or TV on. It’s good thinking time. And never be afraid or ashamed to ask for help!

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The Role of the Volunteer Centre in Promoting Mental health

There were two presentations on this theme – the first from Michele Lamont, Centre Co-ordinator and the second from Danielle Gallagher, Volunteer Support Worker.

Hi everyone, my name is Michele Lamont and I am the new Centre Co-ordinator for Cookstown and Magherafelt Volunteer Centre. I am delighted to be here today and to be involved with this conference, although I might add the initial idea for this conference came from Cherry Dickson whom you all know well.

There has been a lot of preparation and thought gone into this conference which we hope highlights the effect mental health has on us all. We are delighted to have Lynda Bryans here to host this event. I am sure Lynda does
not need any introduction. Lynda has in particular raised awareness of
mental health as she herself has suffered depression, but we will hear from
Lynda shortly. As you will see from your agenda we have a number of
speakers here today but we promise to try and keep this conference to
schedule. We will finish at 1pm with lunch.

It will be good to hear from those who have suffered mental health issues as I
believe these are the stories that affect us most when you hear the reality of
what it is like and the difficulties they have faced and overcome. As a
Volunteer Centre we realise that many who have suffered a long term illness
or some form of mental health issue use volunteering as a way of getting
back into things and into society. Volunteering helps build confidence and
make new friends and hopefully do something that you really enjoy and find
fulfilling and rewarding. As a Volunteer Centre we assist people who want to
be more active in their communities by matching them to the right volunteer
placement based on their interests and skills. We also work with organisations
and groups in finding out their needs and developing volunteer roles. Many
organisations could not survive without volunteers. We are developing new
opportunities all the time so if any of you are interested in volunteering or
need a volunteer you should have a chat with some of the staff who are here
today. Today is a great opportunity for me to meet and get to know our
volunteers and the various organisations representatives who are here today.

I would like to thank The Community Foundation for Northern Ireland for their
support as they have funded us in our work on mental health and it is good to
see Gordie here from CFNI. I would also like to thank in advance Barbara
Kennedy our Recruitment Officer, Danielle Gallagher, Support Worker and
Joanne McAuley our Administrative Support Worker for their hard work and
dedication in making this day a success. It is very much appreciated by
myself to have such a good team on board at the Volunteer Centre. Ok
enough said, I will pass you on to my colleague who will tell you a little about
her work and in particular as Volunteer Support Worker for Cookstown and
Magherafelt Volunteer Centre. I hope you all have an enjoyable and informative day.

Michele Lamont

The Role of the Volunteer Centre in Mental Health

Hello everyone, for those of you who don’t know me, my name is Danielle and I am the Volunteer Support Worker with Cookstown and Magherafelt Volunteer Centre. The need for my post was identified in June 2006 after research conducted by the Volunteer Centre showed that 35% of our volunteers had special support needs. These needs ranged from, mild-moderate forms of depression, schizophrenia, learning and physical disabilities. It is my role to provide the necessary support to our volunteers and ensure that they are well equipped with the confidence and skills they need to partake in their volunteering role. By providing training courses like ‘Reach for the Stars’ which is a 12 week programme that looks at personal identity, confidence building, exploring health and being part of your community; we are helping our volunteers to become more confident in their personal and professional lives.

Since embarking in this role I have met a lot of wonderful people who all have their own problems in life. Admittedly, I had perhaps, underestimated the potential impact my role would have on the lives of others. Something I discovered very soon after beginning this position. The people I have been working with in a range of capacities have had a huge impact on my own life, and have really inspired me in many ways, both personally and professionally. It is my firm belief that volunteering is a unique and invaluable gift that an individual can contribute to society. One of my key responsibilities within the Volunteer Centre is to promote this message and to encourage people to
engage in volunteering activities regardless of age, gender, race or disability. Our recruitment policy is one for inclusion, whereby a diverse range of people may become involved in the work that we do free from any form of discrimination. Liaising with my colleagues we are able to identify and cater for the specific needs of our volunteers and our outside agencies. Assessing the requirements of our agencies and the skills/ background of our volunteers we are able to place volunteers in appropriate settings, so that the volunteering experience is a mutually beneficial one.

Many people who have experiences of Mental Health problems will be aware of the ripple associated with it; it can be described as ‘throwing a stone in the water and watching it ripple downstream’. Mental health problems not only affect the patients but also the family network. At the Volunteer Centre we liaise with the family members and healthcare professionals to offer the best support and services to all those affected. By working together in partnership we can help those with mental health problems to have a better quality of life and feel more part of their community.

I would like to take this opportunity to thank all those we work with, especially our volunteers, and I look forward to making new partnerships with other organisations and volunteers.

Lately I have realised that mental health problems can affect anyone, from all walks of life, as events in life transpire around us and as I was once told Life is a beautiful gift but fragile.

Danielle Gallagher
Pharmacy Services In Mid-Ulster

Services

- 22 Pharmacies in Mid-Ulster, employing 40 Pharmacists
- Meets monthly & locality group – opportunity for information sharing
- Most have private consultation areas
- Managing your medicines – free review
- Minor Ailments – Pharmacist issue scripts
- Smoking Cessation – Free
- All have the opportunity to work with the community via Community Development and Health Network (CDHN)/BCPP
- Always ask to speak to a pharmacist if you have a medicine query

Key Gaps from a Community Pharmacist Perspective

- Medicines first line of treatment in most cases – not counselling
- Poor communication between all professionals particularly in medicine issues, primary-secondary
- Lack of understanding of community/voluntary Services available locally
- Lack of counselling services to refer to
- Polypharmacy – Caused by review!
- Better use of medicines – compliance
- Lack of time available to patients GP’s/Psychiatrists/Community Psychiatric Nurses (C.P.N’s)/Pharmacists
- Insufficient funding in Health Promotion/Prevention
- Fear/Risk leading to indecision
- Poor understanding of CPN and Community Mental Health Team (CMHT) services of Mid-Ulster

Possible Opportunities for Improvement

- More communication/referral from community pharmacies to statutory & voluntary services
- Better Understanding/Use of Statutory services
• Improved use/understanding of community/voluntary sector services
• Improved understanding of counselling services available in locality – Free or Paid
• Pharmacist as part of Community Mental Health Team
• Better use of community pharmacist as the medicines expert
• Specialist pharmacists in mental health working in the community
• BCPP – Partnership (other professionals could learn from this)
• Community & Voluntary grants – NHSSB

Lawrence O’Kane

Partnership working with the Voluntary Sector to promote Mental Health, and support those with mental ill health.

Overview
• Developments in Mental Health services
• Current partnerships with the Voluntary Sector
• Opportunities

Developments in Mental Health services
• RPA – more integrated Management structure
• Modernisation of community Mental Health teams
• Extension of Crisis Response Service
• Alignment of services provided across the three in-patient locations, and reduction in bed numbers
• Development of home treatment service
• Modernisation of Mental Health services for older people
• Continued focus on suicide prevention
• Overview of psychological interventions
## Current partnerships between the Northern Trust and the Voluntary Sector

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Joy Hammond

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### Reach for the Stars Experience - “Less Pills – More Courses”

People who have experienced mental health problems sometimes are willing to share their experience and struggles with others as in today’s events. This gives all of us new and valuable insights into what people go through and what has helped them to fight their way back to health. If you are a poet rather than tell a story about it you write a poem about it. Robert Frost is one of North America’s pre-eminent poets. The theme of his lifelong fight against darkness and depression going right through his poetry. The following is a particularly insightful description of someone on the margins of life.

**Acquainted with the night**

I have been one acquainted with the night.
I have walked out in rain – and back in rain.
I have outwalked the furtherest city light.

I have looked down the saddest city lane.
I have passed the watchman on his beat
And dropped my eyes, unwilling to explain.
I have stood still and stopped the sound of feet
When far away an interrupted cry
Came over houses from another street,

But not to call me back or say good-by;
And further still at an unearthly height
One luminary clock against the sky

Proclaimed the time was neither wrong nor right.
I have been one acquainted with the night.

oOo

I speak today as the external evaluator of the Reach for the Stars course that the Volunteer Centre has been running for the past six years. My talk will be brief evaluation of that course. When it had been going for four years, with two courses per year alternately in Magherafelt and Cookstown, we organised a Story Dialogue event as part of the course evaluation. This process includes helping those who have participated to write the story of their experience and how it has helped them. You will find the results of the story Dialogue event in a book called Reach for the Stars published by the Volunteer Centre. It has the great value of enabling participants to say in their own words what the experience of the course meant to them. The evaluation I propose to give you here consists of quotes from some of their stories.

1. My husband passed away suddenly two and a half years ago. We had a very happy marriage and did most things together. So to find myself alone, especially in social situations, was very, very difficult. My self-confidence was really low. However as the weeks passed on the course I found myself speaking out more and giving my opinion, whereas before I came to the class, I would have kept quiet.
2. Since the course my self-esteem and self-confidence have grown. My family has noticed that I have become more outgoing and sociable.

3. Participation in the course has greatly changed my life in many ways. I can stand up for myself more, do things to please me and not just please others. I have learned that I can be a caring honest person and yet be able to confront other people. I was really amazed to hear the comments that other participants had written about me. I said, “that’s not me”. It was a great boost to my self-confidence to hear all the positive things other people on the course wrote about me.

4. On the first day by the time it was my turn to speak, most things had been already said, but I stood up and said my piece anyway. When I sat down, I started to feel a warm glow of satisfaction flood over me, as I suddenly realised that I had done something I had dreaded since childhood. As a direct result of the course, of the course I registered as a volunteer and enrolled on an IT course at the local College. Neither of these forward steps seemed possible before ‘Reach for the Stars’ experience.

5. In one session we cut out pictures of how we saw ourselves at the time and then where we would like to be. I found this particularly hard. I was too angry at people to even put them into my life picture. I didn’t put my children in because I wasn’t there for them. All I had was my desk and housework, no matter how hard I tried to put something else in.

My end picture however was a smiling person with a laptop and a family having a picnic. At the end of the course I bought a diary and started planning and organising my life. I still work from home to keep up my income but am not trying to increase my workload. I spend more time with the children now that I am more relaxed and organised.
6. I personally found Reach for the Stars course a lifesaver. It helped me find my feet at a time of my life when I felt very afraid and alone. I was scared to go down the town on my own for a long time for fear of taking a wrong turn and getting lost. I could have counted on one hand the people in Cookstown that I knew. I was very lonely and craved female company. It gave me the confidence to try new things. I went on after the course to become a volunteer for Age Concern and Praxis as well as getting involved in community groups and enrolling in higher education courses.

The quotes reinforce the points that if we bring together the right content and methodology, a tutor with the skills and personality to support and encourage participants to engage with each other, and a group of people with issues in life that they struggle with but wish to address, then wonderful results can be achieved. The secret is that participants need the ambience and support to reflect on themselves and their situation in life, and to come up with their own ways of dealing with these positively.

Mental health is everybody’s business, not the business of professionals only. They and the services they provide are the fall back position when we seem to be no longer able to manage and maintain our own mental health. Gordon Brown in the first week of 2008 made a major statement on the future of health services stating that the emphasis needs to shift more towards being a health service rather than an ill-health service, towards prevention and health promotion rather than on cure. Yet we spend only a tiny proportion of the mental health budget on promoting mental health. There is a very long way to go before we can claim that we run a Health Service.

Promoting mental health is often best done outside the formal mental health provision or through a shared partnership. It will for many prevent them having to use these services or at least reduce the need for them.
The Magherafelt and Cookstown Volunteer Centre promotes mental health in a number of ways,

- Through its volunteer programme and the support and training it gives to volunteers but especially the opportunity to give to others. Our sense of self worth is promoted by giving rather than receiving – being active rather than passive.

- Through the Reach for the Stars programme.

Working with the voluntary/community sector in promoting mental health should not be an add-on to statutory provision. If we want to provide a rounded integrated service then collaborative working between the statutory and voluntary sectors needs to be part of the core business of preventing mental ill-health and promoting mental health. This is the main reason we are here today to tease out - how together we can offer the best experiences, the best programmes to ensure the mental health especially of the most vulnerable in our society in Mid-Ulster.

John Conlon

**Mental Health and Domestic Violence**

The ultimate aim of Women’s Aid is to eliminate domestic violence. However, while it continues, we at Cookstown & Dungannon Women’s Aid will continue to provide refuge accommodation for women and children who have to flee violence in their homes. We will also provide emotional and practical support to women who are able to stay in their own homes in the community. We will also deliver protection and prevention programmes in schools as well as deliver awareness raising sessions in the community.
It is widely recognised that there are strong links between mental ill health and domestic violence and there is clear evidence of the adverse effects of domestic violence on a woman’s mental health. Untreated, these effects can last for years and in some cases a lifetime.

In addition there are many studies showing that domestic violence can impair a child’s emotional, behavioural and cognitive development. The effects include anxiety, fear, withdrawal, aggressive behaviour, reduced educational achievement, failure to acquire social competence, anti-social behaviour and the use of drugs.

I would like to give you some startling statistics taken from the Women’s Aid Federation website in England. Between 50% and 60% of women mental health service users have experienced domestic violence. Between 35% and 73% of abused women experience depression or anxiety disorders, this is at least 3 times greater than the general population.

Domestic violence commonly results in self harm and attempted suicide. Abused women are 5 times more likely to attempt suicide and one third of all female suicide attempts can be attributed to current or past experience of domestic violence.

Children who live with domestic violence are at increased risk of behavioural problems and emotional trauma and mental health difficulties in adult life.

Many women in receipt of our services have some mental health issues to a greater or lesser degree, including depression, anxiety and self harming due to their domestic violence situation.

Women experiencing domestic violence already suffer from the stigmatisation and isolation and to be labelled as “mentally ill” adds to the stigma, isolation and discrimination, in particular a woman’s mental health.
diagnosis may be used against her in civil and criminal proceedings, if for example she tries to obtain legal orders against her abuser or to gain custody of the children or give evidence against her abuser in court. There is no consideration given the underlying cause or circumstances that resulted in the woman being diagnosed.

I would hope that this conference today will help increase awareness, support and understanding of the many individuals who are affected by mental ill health, in particular those affected through domestic violence.

Martina Hemmings

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**The Invisible Depression Battle – a Personal Story**

I am a mother of six children, married over forty years who has had a very busy and healthy life. I was a guide leader, played squash, badminton, a member of a drama group and I also fostered a lot of children, one of whom we adopted. I became a warden of a sheltered dwelling with forty three elderly people and lived in the dwelling. I did this for eight years and I loved this work, it was a joy, not a job.

I then took ill and was off work about three months. I had a fall when I was in hospital and as a result spent several weeks with a plaster from thigh to toes. My only means of getting around was in a wheelchair. This lasted nearly a year. However, when I was ready to go back to work I fell again and smashed the same leg and was back in plaster for another nine months. I then received a letter from my employers saying I could no longer be employed and would have to move out as soon as possible. This we did and for two years I didn’t see anyone only family and was going to hospital for
physiotherapy and appointments. By this stage I wasn’t feeling very good. I had no contact with outsiders and couldn’t work. I felt useless and no good to anyone. Then someone told me about the Beacon Centre which I had never heard of before. I was shown around it and met the staff. But I didn’t need the Beacon Centre ‘this was only for people with mental illness’. How wrong I was? This place saved my life. I went three days a week, kept very quiet and didn’t take part in anything. I just sat there. The staff encouraged me to join classes but they let me do it in my own time, I regained a lot of confidence and started to enjoy the classes and courses. I now do crafts, art, pottery, Sign language and English language. I have certificates in the last two and I’m a helper in the walking group. Staff and members were so good and kind. Here were people ready to listen to me and make me feel human again and give me back what I had lost - my confidence. I began to feel good in myself and about myself. As time went by I was asked by members if I could be their spokesperson. Staff also asked me if I would like to join a partnership group which would consist of two staff and four members to meet regularly every six weeks. I feel it is very important to have members involved in helping in the centre - it restores confidence. I was doing really well when I had a breakdown and was in hospital for three months. I had to get twelve electric shocks. This helped, and I went back to the Beacon Centre after a couple of months. I had great support from my family which was very important but I also had support from staff members.

Three to four months later I had another breakdown and was hospitalised for six months. This time I went into a black hole and kept sliding down until I reached the bottom and I couldn’t get out. At this stage I didn’t even want to try to get out. I was no good to anyone or to myself. I didn’t want to live. I tried to take my life any way I could but with the help of the doctors and nurses I began to see a little light and started climbing back up out of this very black hole. It took a long time between family, hospital and the Beacon Centre for me to get better. I didn’t think I would have got better as fast as I did.
If someone had said to me fourteen years ago that I would be here giving my story on mental health, I would have said ‘no way, not me’! But then no one knows what can happen or when this illness can strike, anyone in any walk of life can have it.

Staff and members have confidence in me and give me confidence with encouragement and support. I have learned that I am not without a voice just because of my illness. The beacon centre has a lot to offer and so have I. I feel blessed that I got a second chance and I thank God everyday for that and also for the Beacon Centres around Ireland and all the staff. They have given me and others a voice and I am learning to use it, to make sure that other people can benefit in the same way that I have done. I still have this illness and I will be on medication for the rest of my life but I work hard every day to control it and not let it control me!

Philomena Coyle

Summary of Feedback from Workshops:

Mental Health issues in Mid-Ulster

Service related issues

- GP’s lack of knowledge of support services in their own communities. GP’s rely too much on medication instead of taking a wider view and using resources available in the community.
- Support post-suicide needed for bereaved families.
- Lack of physiotherapy and occupational therapy services and lack of activities in general in private nursing homes and there is not enough space in nursing homes for patients to walk.
Issues due to rurality

- The difficulties farming families have been experiencing due to changes in role and reduction in income for food production and there is not enough support to help.
- Isolation and lack of transport in rural areas.

Other factors

- Young people are hard to reach.
- Need for more awareness for young people in relation to drugs, alcohol and eating disorders. There is pressure on young girls to look ‘good’.
- Misuse of alcohol can be both the cause and result of mental ill-health.
- Services set up by the voluntary sector and then finish when funding ends. There is a need for more long term sustainable funding.
- People who are mentally ill or prone to mental illness do not have a voice because of their lack of confidence and the absence of campaigning and lobbying groups run by vulnerable people.
- New funding arrangements within the FE sector has reduced the availability of courses on self-confidence since they are normally non-accredited.

What more could the Voluntary sector do to promote mental health in the Mid-Ulster area?

- Remedy the lack of awareness in counsellors of the issues, services available and the gaps. Find ways to keep GPs informed of services available in the community. There is too much over-subscribing of medication.
- Provision of more opportunities for people who are coping with mental ill-health to participate in the Reach for the Stars programme.
• Initiate and promote exercise programmes to give people greater motivation, energy and a feeling of wellbeing.
• Need to work together more and recognise that they are all working towards the same goal.
• Not enough communication between pharmacies and general public.
• Need for interactive CD Rom for mental health services and a mental health directory that is made widely available in the community and for professionals e.g. GPs, community nursing, social workers etc.
• Look at good practice in other areas and see how it can be applied in the Mid-Ulster area.
• Need to bring the mental health promotion message to young people through the schools pastoral care curriculum.
• Need regular awareness events such as this conference run by the Volunteer Centre.
• Need to bring the message to where people gather naturally e.g. football clubs (Gaelic, Soccer, Rugby).
• Need to make more personal perspective stories available in the public forum.
• It is harder for men to deal with their mental health problems because they are not so good at talking with each other about such problems and due to a macho image do not like to admit to any perceived ‘weakness’.
• Need for counselling service to be based in GP practices and to be readily available through a GP referral without having to initially be referred to the formal mental health services.
• Need to have programmes that enable people to take responsibility for their own mental health.
• Need to start in primary schools to promote self confidence in young people. Need for a wider information campaign using channels such as restaurants, GP and Dental surgeries, toilets, etc. Also coffee mornings, open days
• Widening befriending schemes.
• Kids need to know how bullying in school can result in mental ill-health.
• Awareness of the need to support carers of people who are mentally ill and put in place a practical support programme designed together with carers and sufferers.
• A central on-line resource for GPs and Pharmacists as they are the first point of contact for people who feel unwell so they are aware of what’s available relating to different issues. Volunteer Centre could play a role in assisting work/updating/co-ordination of resource.
• Voluntary organisations have a role in getting information out there – schools/churches/community groups, etc.
• Need a mental health forum in Mid-Ulster:
  1. To serve as a voice for mental health issues and lack of adequate services; in particular to enable people with mental health issues to articulate their own voice.
  2. To co-ordinate existing services available for mental health promotion and for people with mental ill-health problems.
  3. To work together more closely, avoid duplication, plan services together and where indicated work together to deliver services and programmes.
  4. To promote a much wider engagement with other local organisations in promoting mental health.
  5. To provide an updated comprehensive information service on availability of mental health programmes and provision in the area and to identify and fill gaps.

Feedback on the evaluation of the conference

• I am encouraged to look after my mental health after listening to the stories of other people’s experiences.
• Excellent day, increased awareness and goes a long way to reduce stigma. We need much more of the same.
• I found this conference informative helpful and supportive.
• Excellent seminar, very good speakers, has reduced stigma and highlighted the need for more health promotion for mental health.
• It has been mind opening. Today has brought me a greater understanding of the work involved in combating mental illness.
• I had a very interesting time here today and learned a lot.
• Speakers were very good. The presentations should be put on to the Volunteer Centre Website.
• It was very informative from both a volunteer and mental health sufferer point of view. There was lots of information that was new to me including where practical help is available.
• Excellent conference, well presented, valuable information, personal perspectives, good venue. It should be repeated every 2 or 3 years.
• The conference was particularly useful in raising awareness of mental health issues, and in giving practical tips. Suggestions for a future conference – interview people who have had mental health problems.
• When using power point improve visuals, e.g. Linda Bryan’s power point presentation was very interesting.
• And finally a longer evaluation:
Delighted to be present today to hear the experiences of so many people who were willing to share with us. How wonderful to have Cherry Dickson with us today. She is such an inspiration to us all and we owe her such a debt for all her work in making the Reach for the Stars course available to people in Mid-Ulster. Today has been a wonderful experience. All the arrangements were perfect – great speakers and Lynda, what a brave girl with such a wonderful personal story and with such a happy ending. She and Paul Clarke are such an inspiration at six o’clock every evening. Philomena Coyle – what a grace. Thank you for a most informative day.

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