

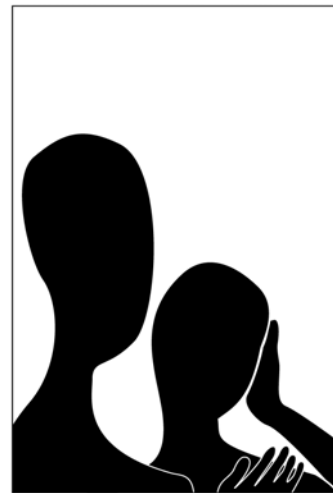
## Carers of People with Mental Health Problems

This leaflet contains specific additional information for carers of adults (aged 18-65) with mental health problems such as Bipolar, Clinical Depression, Schizophrenia etc. We set out below some definitions of terms used by mental health professionals, an overview of the services available, some basic information about medical treatments and talking therapies and where else you can get advice and support to help you in your caring role.

### INTRODUCTION

Caring for someone with mental health problems can be a very stressful experience. However you as the carer have a very important role to play and this is becoming increasingly recognised by the statutory services. There is plenty of evidence that if someone with mental health problems has a family member or friend looking out for them they do much better than those who are on their own. This has now been recognised and carers do now have more rights for support and information to help and support you in your caring role.

Carers of people with mental health problems are entitled to a **Carer's Assessment which is your opportunity to talk through the impact of looking after an ill person with a professional who may be able to offer you and/or your cared for person support or put you in touch with other sources of services or support that are available in the community.** If you are caring for someone who has a high level of need or who you can see is deteriorating but in denial, asking for a



'Carers Assessment' is one way to get your voice heard. Speak to your cared for person's Key Worker or to your nearest Community Mental Health Team (see below for contact details). Your right to this support has been put into a number of Acts of Parliament the latest of which is the **Carers Equal Opportunities Act 2004.**

If you feel you are not being supported enough or would like more information about your rights as a carer you can contact Carers Lewisham who will act as your advocate and supporter if you want and you can access any of our services as laid out in **Leaflet 1. Please do not hesitate to use the Help Line to contact us for advice and support.**  
Tel: 0208 699 8686

## SOME USEFUL DEFINITIONS TERMS USED BY MENTAL HEALTH SERVICES

### NEAREST RELATIVE/NEXT OF KIN

The rights of a 'carer' can be quite different to those of a '**nearest relative**' or '**next of kin**'. A carer may be the next of kin or nearest relative but they could be someone else entirely and legally have quite different meanings. See below:

**Nearest relative** and **next of kin** are often confused. In the Mental Health Act 1983 '**nearest relative**' has clearly defined criteria and a legally defined role. Below is the listing of blood relatives defined in the Act in their hierarchical order as follows:

- Husband or wife
- Son or daughter
- Father or mother
- Brother or sister
- Grandparent
- Grandchild
- Uncle or aunt
- Nephew or niece

Nearest relative is an important concept within the mental health act and can be 'safety net' for a patient in respect of the various powers confirmed by legislation. This definition particularly comes into play when someone is being 'Sectioned'.

'**Next of kin**' is normally some one the patient may regard as his/her nearest relative. However this may be someone who would not come under the legal classification as defined in the mental health act.

### SECTIONING

The Mental Health Act, which was introduced in 1983, is intended to help doctors deal with patients who may have a psychiatric disorder. Under the Act, patients can be sectioned or detained against

their will and given treatment.

### Who can be 'sectioned' under the Mental Health Act 1983?

People with different types of defined "mental disorder" can be admitted to hospital against their will under the Act. These include those with "severe mental impairment", "psychopathic disorder" or "mental illness".

### What happens during the sectioning process?

A patient can be sectioned if they are perceived to be a threat to themselves or other people. Generally, a patient can only be sectioned if two doctors and a social worker or a close relative of the patient believe it is necessary. One of these doctors is usually a psychiatrist. The other is often a doctor who knows the patient well. However, in an emergency one doctor's recommendation may be sufficient. An approved social worker also has to be involved in the assessment, and has to agree that being sectioned is the best course of action for that patient. The social worker then makes the application for a place in secure accommodation for the patient. Sectioning a patient enables doctors to assess the extent of the patient's mental disorder and, if necessary, to administer treatment.

### How long can patients be detained?

If a patient is sectioned as an emergency case, then they are said to be detained under section 4 of the Mental Health Act. This enables doctors to detain them for up to 72 hours. If doctors believe that further assessment or treatment is necessary then the patient can be detained under section 2 of the Act. This means that they can be admitted to hospital and detained for up to 28 days to undergo a full psychiatric assessment. At the end of the 28-day period, if the medical recommendation is for the patient's stay in hospital to be extended, a further six months can be given under section 3 of the Act. A patient can be discharged from hospital at any time if doctors believe they are no longer a threat to

themselves or anyone else.

### **What rights does the patient have during this time?**

Some treatments can be given to people detained under various sections of the Act, even without their consent. This is possible if the treatment is believed absolutely necessary to prevent the patient's condition deteriorating while they are in hospital. Some more powerful treatments and operations, however, require an additional court order under the Act. These include any operations which destroy brain tissue or aim to stop parts of the brain functioning - such as a lobotomy - and the surgical implantation of sex hormones in order to reduce the male sex drive.

### **Can a patient or his or her relative appeal against detention?**

Every patient should have a named "responsible medical officer" who has a duty to keep an eye on progress. In addition, the patient themselves can appeal for release to the NHS trust which is detaining them. The "nearest relative" also has a right to "order the discharge" of a patient. However, doctors can block this by producing evidence that the patient still represents a risk to the public or him or herself. If this happens, the relative cannot try again for another six months. Finally, there is a right of appeal to the Mental Health Review Tribunal, which can order discharge after a formal tribunal hearing. However, there have been frequent complaints that this process is extremely slow-moving.

### **CARE IN THE COMMUNITY**

Help that is available for people with severe and enduring mental health problems once they have been discharged from hospital or have been diagnosed in the community:

### **WHAT IS THE CARE PROGRAMME APPROACH (CPA)**

The CPA is a major part of Government mental

health policy. In September 1990 the Government issued guidance introducing an approach to provide network of care in the community for people with severe mental illness, which would minimize the risk of them losing contact with services, this known as CPA.

All 'service users' (i.e. people with mental health problems who are receiving care and support from specialist mental health services such as psychiatrists, Community Psychiatric Nurses (CPNs), special social workers, community mental health teams etc) are covered by **Section 117 After Care**, and subject to CPA. This means that they are entitled to a thorough assessment of their health and social needs with particular priority given to patients with severe and enduring mental illness. A Care Plan should then be produced with members of the multi – disciplinary team, GP, the service user, and carer.

There are two different types of CPA, **Standard** and **Enhanced**:

#### **Standard CPA:**

- Requires low-key support from mental health worker or any agencies.
- Being more able to self –manage their mental health problem
- Having an informal support network
- Being little danger to themselves or others
- Being more likely to maintain contact with services

#### **Enhanced CPA:**

- Service users are considered to need a lot of support and range of support from more than one agency (example psychiatrist, care coordinator)
- Individuals with a history of repeated relapse of their illness due to a breakdown in their medical or social care in the community.
- Individuals with severe social dysfunction or

major housing difficulties as consequences of their illness.

- A history of serious suicidal risk, or self-harm and severe neglect:

## **CARE CO-ORDINATION**

If the person you care for has severe and ongoing mental health problems they should be allocated a 'Care Co-ordinator' under the 'Care Programme Approach' (CPA) whose role it is to support your cared for person and act as a single point of contact for your cared for person, you their carers and other professionals

Your cared for person should have a written care plan and YOU the carer are also entitled to have an 'assessment' of your needs as the carer. This should cover any need you have for a break from caring; information you might need about the illness of your cared for person; where to get help in an emergency; emotional support to help you cope etc. You should also be given a written copy of a plan to help meet your needs. The Care Co-ordinator's role is to put the plans into action. Plans should also be regularly updated especially if there is a change in circumstances. YOU the carer can ask for an assessment or re-assessment if your needs have changed and/or if you have any concerns about your cared for person and would like to talk them over with a professional.

The Care Co-ordinator can also put you and your cared for person in touch with a range of other services such as the Home Treatment Team and the Community Opportunities Service. (COS teams)

The Care Co-ordinators are based at the various Community Mental Health Teams. Contact details set out below:

## **STATUTORY SERVICES**

### **Community Mental Health Teams**

The Community Mental Health teams (CMHTs) provide assessments of needs and continuing care to people with severe and/or enduring mental health problems and their carers. Access to Community Mental Health services in Lewisham is via one of our three Community Mental Health teams.

The Community Mental Health teams are multi-disciplinary teams run jointly with the South London and Maudsley NHS Trust and consist of Psychiatrists, Social Workers, Community Psychiatric Nurses, Psychologists and Occupational Therapists.

### **The three CMHTs are based at:**

#### **The Northover CMHT**

(for the South and South West part of the borough)

98 -102 Northover, Downham, Kent BR1 5JX

**Tel:** 020 8461 5577

#### **The Southbrook CMHT**

(for the Central part of the borough)

1 Southbrook Road, SE12

**Tel:** 020 8318 1339

#### **The Speedwell CMHT**

(for the North part of the borough)

62 Speedwell Street, Deptford, SE8

**Tel:** 020 8691 4535

## **HOSPITAL BASED SERVICES**

### **Ladywell Unit**

Community Services Manager, 3rd Floor, Ladywell Unit, Lewisham Hospital, Lewisham High Street, SE13 6LH

**Tel:** 020 8333 3000 ext 8212

## COMMUNITY OPPORTUNITIES SERVICE

Provides services and support for people who have been discharged from hospital such as practical advice and runs a range of day care and vocational projects. This service is mainly aimed at people with severe ongoing mental health difficulties who are on 'Enhanced CPA'. There are three teams which cover the same boundaries as the Community Mental Health Teams:

### North Lewisham

Compass Day Centre, 32-4 Watson St, Deptford.

Tel: 020 8694 6519

### Central Lewisham

Independence Day Centre, Independents Rd, Blackheath.

Tel: 020 8852 7489

### South Lewisham

Kirkdale Resource Centre, 200 Kirkdate, Sydenham.

Tel: 020 8694 6519

## AN OVERVIEW OF MEDICAL TREATMENTS

Psychiatric drugs make up a quarter of all the medication prescribed through the NHS. These are drugs that aim to treat mental health problems.

They work by altering the chemistry of the brain, and affect people's mood and behaviour. There are a wide variety of psychiatric drugs available, with different types used to treat different forms of mental health problems.

The law says that people have the right to make an informed decision about which treatment to have, and whether or not to accept the treatment a doctor suggests. To consent properly to treatment people need to have enough information to understand the nature of any treatment and its risks and effects, including its chances of success and any alternatives available.

Treatment can only be given without consent if a person is detained in hospital under the **Mental Health Act 1983**. Psychiatric drugs can be given for three months, but then an independent doctor must consider whether this treatment should continue or not. This doctor is sent by the **Mental Health Act Commission (MHAC)** and is called a **Second Opinion Appointed Doctor (SOAD)**.

## DRUGS

### Antidepressants

These are used mainly to treat depression, but are sometimes also used to treat other conditions such as anxiety, panic attacks and phobias. Antidepressant drugs can be effective at treating moderate to severe depression, sometimes known as *clinical* depression. Antidepressants have been found to be effective for 70 per cent of people who have them prescribed, however, it must be stated that though drugs can alleviate the distressing symptoms of depression, they do not address the underlying cause of why a person became depressed in the first place. Due to this, many people are referred for talking treatments as well as being prescribed drug treatment.

### Anxiolytics (Minor Tranquillisers)

These drugs are used in the treatment of anxiety; but are sometimes also used to treat other conditions such as panic attacks, insomnia, and acute alcohol withdrawal.

**Benzodiazepines** work by calming the activity of the brain. They act on all parts of the brain, including areas responsible for rational thought, memory, emotions, and essential functions such as breathing. They can be very effective in alleviating the psychological symptoms of anxiety; however, long-term use should be avoided as there is a high risk of developing dependence.

**Beta-blockers** can be effective in treating the physical symptoms of anxiety such as palpitations and tremor. They may, however, be of no benefit in treating people experiencing predominantly psychological symptoms of anxiety. Beta-blockers are frequently prescribed together with short-term benzodiazepine treatment. What are the different types of drugs?

### **Antipsychotics (Neuroleptics / Major Tranquillisers)**

Antipsychotic drugs are used primarily in the treatment of schizophrenia and psychosis; but are also used in the treatment of mania. Occasionally antipsychotic drugs are prescribed as a short-term treatment of extreme anxiety or dangerously impulsive behaviour. Antipsychotic drugs can be effective in controlling the symptoms of psychosis - they can lessen delusions, hallucinations, incoherent speech and thinking, and reduce anxiety, confusion and extreme agitation. The drugs can be useful in treating paranoia by making the person feel less threatened, and can help reduce violent, disruptive and manic behaviour.

Most antipsychotic drugs have a sedative effect, meaning they can be used to tranquillise a person, without impairing consciousness. It is believed that they affect a chemical in the brain called dopamine. Dopamine is a neurotransmitter that carries signals between brain cells. The drugs slow down the signals between brain cells, which are believed to be too frequent when people are experiencing psychotic or manic states.

### **Mood Stabilisers (Antimanic drugs)**

Mood stabilising drugs are used primarily in the treatment of manic depression, also known as bipolar disorder. These drugs aim to control acute attacks of mania and also prevent their recurrence. They can prevent the extreme swings of mood from high to low that are characteristic of manic de-

pression. It is not really known how mood-stabilising drugs work. It is thought that they may alter the way that nerve cells respond to some of the chemicals that pass messages between them. New data suggests that lithium may calm overexcited areas of the brain and preserve the life of brain cells whose presence guards against manic depression. Research has also found that lithium protects brain cells from being over-stimulated by glutamate, one of the many chemicals that transmit messages in the brain.

### **DRUG SIDE EFFECTS**

All drugs have the potential to cause unwanted side-effects. Some people who are prescribed these drugs stop taking them because of distressing side-effects. People who are already experiencing the distressing symptoms can find it hard to tolerate the adverse effects of medication.

Although there are many potential side-effects from the various drug therapies listed above not everyone will experience adverse effects and some people may find these to be a minor inconvenience when weighed against the benefits drug treatment can bring. If your cared for person experiences significant side-effects, it is important that they discuss their concerns with their doctor. Drugs may affect people differently, what works well for one person may not for another. It may be that the doctor could try a different drug that may not have adverse effects. Alcohol and recreational drugs should be avoided as they can interact with the medication or cause it to be less effective.

When someone is prescribed medication, the pack should contain a patient information leaflet. It is important to read this leaflet as it contains essential advice about the ingredients of the drug, the correct dosage levels, how and when to take it, possible unwanted side-effects from the drug, potential interactions with other drugs, and whether there

may be any risk of developing dependence or any withdrawal syndrome. If you are unclear about any of the information contained within the leaflet, you can ask your pharmacist. Pharmacists have specialist knowledge about drugs, and are usually happy to take some time to discuss any concerns.

## **OTHER TREATMENTS**

### **ECT (electro-convulsive therapy)**

ECT is used primarily in the treatment of long-standing severe depression, but it is also occasionally used to treat mania, schizophrenia and post-natal depression. ECT is not effective in all cases, but when it does work it tends to work very quickly. In ECT a series of brief, high-voltage electric pulses are passed through the brain triggering a form of seizure or fit. The procedure is carried out under a general anaesthetic, and muscle relaxants are administered. It is unclear how ECT actually works, but it is thought that it changes the way in which brain cells respond to chemical messengers in the brain, possibly by actually causing minor brain damage. Most people are treated with a course of between four and eight sessions of ECT. If there has been no significant improvement after eight sessions the treatment is usually discontinued.

## **TALKING TREATMENTS**

Talking treatments are a psychological method of relieving emotional distress and helping people to change their attitudes or behaviour patterns. They work by providing you with an opportunity to explore issues with a trained professional, gain a better understanding of yourself, and develop coping strategies in order that you can lead a more positive lifestyle.

Talking treatments alone can be effective in treating mental health problems for some people, for

others a combination of talking treatments and drug treatment may be the most effective treatment. Drug therapy tends to work by treating the symptoms of a mental health problem, whereas talking treatments aim to address the underlying causes of the problem.

### **When are talking treatments suitable?**

Psychological treatments can help if you are experiencing anxiety, panic attacks, obsessions, phobias, depression and also other less serious illnesses, where you do not lose touch with reality. The aim is to examine, with the therapist's help, possible origins of your problems and to gain understanding which may help you to overcome your illness.

In treating schizophrenia, manic depression or other major mental health problems, counselling can have a very valuable role in association with antipsychotic drug treatment by helping to overcome some of the consequences of the illness, for example by improving social skills, or by coming to terms with things that cannot be changed. However the person in need of help must be at the right stage in their illness for the talking therapy to be effective. They must be aware that they are ill and be able to be involved in their own treatment.

### **Counselling**

Counselling can help someone make sense of their life and resolve specific problems. It can also help people make decisions, deal with mental health problems and many other issues affecting emotional and mental well-being. Counselling is provided in a safe environment and the content of what you talk about should be kept confidential. The aim of the counsellor is to help you, and they can do this in many different ways. They may just listen, as speaking out loud about your problems can help you put your thoughts in order. The counsellor will not tell you what to do, and you will be

left to make your own choices. Some counsellors, however, may go through a whole list of options, and examine the pros and cons of each option, so that you can make informed decisions. Counselling is generally face-to-face, but can also take place over the telephone or via the internet. Counselling may be offered as a one-off session, for a limited period of weeks, or on an ongoing basis for several months or years.

### **Cognitive behaviour therapy (CBT)**

CBT combines two very effective kinds of psychotherapy — cognitive therapy and behaviour therapy.

Behaviour therapy helps you weaken the connections between troublesome situations and your usual reactions to them, such as fear, depression or rage, and self-defeating or self-damaging behaviour. It also teaches you how to calm your mind and body, so you can feel better, think more clearly, and make better decisions. Cognitive therapy teaches you how certain thinking patterns are causing your symptoms — by giving you a distorted picture of what's going on in your life, and making you feel anxious, depressed or angry for no good reason, or provoking you into ill-chosen actions. When combined into CBT, behaviour therapy and cognitive therapy can provide you with very powerful tools for stopping your symptoms and getting your life on a more satisfying track. CBT is normally practiced by psychologists, and is most often offered in the form of a series of weekly sessions for a period of 8 – 12 weeks.

### **Psychotherapy and psychoanalysis**

Psychotherapy and psychoanalysis are processes of discovery that aim to eliminate or control mental or emotional distress. They also can be used to help a person overcome a specific problem or to stimulate overall emotional growth and healing. In regularly scheduled sessions - usually 45-50 minutes in length - a person works with a therapist to identify, learn to manage and, ultimately, overcome emotional and mental problems. Psychotherapy

and psychoanalysis are active processes requiring concentration, energy, and commitment by both parties. You may agree a particular time-scale for therapy with your therapist, for example 8 weeks, or the therapy may be open-ended and continue for several years.

### **Group therapy**

In group therapy approximately 6-10 individuals meet face-to-face with a trained group therapist. Interaction between group members is highly encouraged and provides each person with an opportunity to try out new ways of behaving; it also provides members with an opportunity for learning more about the way they interact with others. It is a safe environment in which members work to establish a level of trust that allows them to talk personally and honestly. Group members make a commitment to the group and are instructed that the content of the group sessions are confidential. It is not appropriate for group members to disclose events of the group to an outside person. When people come into a group and interact freely with other group members, they usually recreate those difficulties that brought them to group therapy in the first place. Under the direction of the group therapist, the group is able to give support, offer alternatives, and comfort members in such a way that these difficulties become resolved. During group therapy, people may begin to see that they are not alone and that there is hope and help. It can be comforting to hear that other people have a similar difficulty, or have already worked through a problem that deeply disturbs another group member.

### **Support Groups**

Support groups are a way of empowering people to help themselves, and others, on the path to recovery. Participation in a support group can end the painful isolation of suffering alone with a mental health problem that is disruptive and debilitating for the individual and those people

around him/her. An effective group will help members achieve recovery through mutual support as well as provide them with updated information about causes and treatment, eliminating some of the myths about mental illness.

### **Self-help groups**

Many people find it helpful to meet other people in a similar position. It can be very useful to share experiences with other people who may be going through the same thing you are. There are opportunities for mutual support, and you may get ideas of what things other people have found helpful to them. Above all, it is an opportunity to help you realise that you are not alone in how you are feeling.

### **Relationship counselling and family therapy**

During a lasting relationship, a couple can face a series of important decisions and turning points. For example, whether to get married, how to adjust to pregnancy and the birth of a baby, problems with health, sexual issues, work-related issues and problems as the couple grow older. Relationship counselling enables the couple to examine and decide how best to cope with these difficulties in a private and safe environment with the help of professional counsellor. The ending of a marriage or a long relationship is generally a slow and painful process. Counselling can help people going through this to overcome emotional difficulties and develop the confidence to rebuild their lives. Particular emphasis is placed on helping parents achieve stable and workable arrangements for their children. Family therapy works in the same way, only with the entire family attending.

### **How to access this help**

If you feel you as the carer or your relative may benefit from a 'talking therapy' speak to the Care Co-ordinator or to your GP who should be able to refer you to an appropriate service. Carers Lewisham offers **FREE** one to one counselling to carers. Contact Carers Lewisham on our

usual Help Line number: **0208 699 8686**

## **OTHER ISSUES**

### **CONFIDENTIALITY**

The issues around confidentiality and mental health are very difficult to resolve. Carers can find this extremely frustrating. However the **Royal College of Psychiatrists** say that the sharing of information by professionals with carers is often crucial for the well-being of the carer and the cared for person. Information sharing may be difficult but if carer are excluded from important discussions and decisions involving the patient this can have serious practical financial and person effects on both the carer and cared for person.

Good practice from professionals means that they should ask the cared for person and you the carer whether or not you would like information shared with the other person/s. With the cared for person this should be done whilst they are well. However if the cared for person is adamant that information must not be shared with their carer the professional must listen to what they say. However this does not stop the professional from sharing basic information with the carer particularly regarding any matters which may have an impact on the carers safety the cared for person's safety.

**Department of Health** guidance says that issues of confidentiality must not be used as a reason not to talk to the carer or encourage the cared for person to share information with their carer. Carers must be given sufficient information to enable them to care efficiently.

As a carer **YOU** also have the right to have your information dealt with by the professionals in a confidential manner and if you are unhappy about the way you have been treated you have the right to make a complaint about this.

If you have any problems with confidentiality or you would like to make a complain about your own treatment as a carer or regarding the treatment of your cared for person you can speak to Carers Lewisham who will be able to provide you with support. Contact the Carers Lewisham Help Line **Tel: 0208 699 8686**

## **REGULAR INFORMATION DAYS**

SLAM in partnership with Carers Lewisham run regular information/advice days on a range of topics to do with caring for someone with mental health problems. These days are **FREE** and are held at the Carers Centre in Forest Hill. Topics covered for example are:

Caring for someone with Bipolar or Schizophrenia; medication; talking therapies; coping with difficult behaviour; what to do in an emergency etc.

For more information see the Carers Lewisham regular Newsletter which has detail of everything that is going on at the Carers Centre or you can call **Jey or Diana at Carers Lewisham Tel: 0208 699 8686**

## **MONTHLY DROP IN / ADVICE SESSIONS**

In addition to our usual Help Line service Carers Lewisham runs a monthly drop in/advice session for carers of people with mental health problems. This takes place on the **1st Wednesday of the month 10.30 –12.30 at Lewisham Carers Centre. For more information ring Jey at Carers Lewisham Tel: 0208 699 8686**

## **LADYWELL UNIT CARERS SUPPORT**

Carers Lewisham currently have a worker to provide support to carers whose relatives are in the Ladywell Unit.

**Contact Grace Tel: 07775 800 261**

## **REGULAR SUPPORT GROUPS FOR CARERS**

There are 2 support groups in Lewisham especially for carers of people with mental health problems. They are there to provide advice information and support to carers.:

### **Northover Carers Group**

**2nd Thursday of every month 7-9pm**

For more information please contact:

**Sabiha Tel: 0208 695 8891/ 0208 676 0441**

### **Carers Support Group**

Based at the Ladywell Unit

Lewisham Hospital on the 4th Floor.

**1st Thursday of each month, 7-9pm**

For more information call Jane or Joan

**Tel: 0208 297 0707 ext 230/203**

## **RESPITE CARE**

If you would like a break for your relative and respite for your self, ask your cared for person's Care Co-ordinator about a break in **The Foresters** in the New Forest or other places. To access this ask you cared for person's care coordinator for more information.

Carers Lewisham can also help with respite by providing small grants to help the carers and cared for person have a break. Contact Carers Lewisham for more information.

**Tel: 0208 699 8686 and speak to Bruce**

## **USEFUL CONTACTS**

### **SANELINE**

**Address:** 1st Floor Cityside House, 40 Adler Street, London, E1 1EE

**Helpline:** 0845 767 8000

**Fax:** 020 7375 2162

**Web:** [www.sane.org.uk](http://www.sane.org.uk)

SANELINE offers emotional support, crisis care and detailed information to those experiencing

mental health problems, their families and carers. Open every day of the year (12midday – 11pm weekdays and 12midday - 6pm at weekends).

### **Medical Advisory Service Helpline**

**Address:** PO Box 3087, London, W4 4ZP

**Tel:** 020 8994 9874

Offers and advice and information service covering all general medical enquiries.

Can offer referrals to specialist agencies and helplines.

### **UKPPG Psychiatric Medication Advice Line**

**Tel:** 020 7919 2999 open 11am – 5pm, Monday – Friday

**Helpline** offering detailed information and advice about psychiatric drugs, their effects, interactions and side-effects.

### **Building Bridges Project – Family Welfare Association**

**Services provided:** Support for families with mental health issues. Provide activities and practical support for the whole family. They also run support groups and a women's drop-in; counselling; practical parent support; a summer scheme and activities for children.

**Access:** Open referral (Although this project at present is still running it is undergoing a transition and therefore may be changing some of its activities).

**Address:** 219 Stanstead Road, Forest Hill, SE23 1HU

**Tel:** 020 8690 4422

### **Cassel Centre**

**Services provided:** An independent free counselling service for those who live and work in Lewisham. Counselling is provided by a small experienced team whose backgrounds include social work, counselling, family therapy and psychotherapy. It offers counselling for couple, fam-

ily, and individuals dealing with a broad range of problems which come under the heading of mental health.

**Access:** Open referral.

**Address:** 4 Waldram Park, Forest Hill, London, SE23 2PN

**Tel:** 020 8291 3436

### **Deptford Hearing Voices Project**

**Services provided:** Support to those who “hear voices” or “auditory hallucinations.” The service offers two weekly support groups, one specifically for “voice hearers.” It also provides a help-line which is open to take calls one evening each week and a message service where a project worker will ring back as soon as possible.

**Access:** Open referral.

**Address:** Deptford Hearing Voices Project, The Compass Centre, 32-34 Watson Street, Deptford, SE8 4AU

**Contact:** John Robinson

**Tel:** 020 8692 4211

### **Isis**

**Services provided:** Advice and information on mental health services for African and Caribbean people in Lewisham and North Southwark. Welfare rights and benefits advice. Self-help group for users and carers. Free counselling service. (Limited). Breaks for carers.

**Access:** Open referral

**Address:** 183-185 Rushey Green, Catford, London SE6 4BD

**Tel:** 020 8695 1955

### **Lewisham Mental Health Foundation**

Provides support and an Advocacy Service for people with Mental Health problems in Lewisham.

**Access:** Open referral

**Address:** Independence Day centre, Independence Rd, Blackheath, SE3 9LF

**Tel:** 0208 297 9624

### **The Samaritans**

**Services provided:** A free and fully confidential befriending service to anyone who is suicidal or despairing.

**Access:** Personal

**Address:** 362 New Cross Road, New Cross, SE14

**Tel:** 020 8692 5228

### **Ladywell Psychiatric Liaison Team**

Provides care to people with mental health problems and their carers. Has a help and advice line open to users and carers.

**Between 8am and 10pm 0208 333 3000 ext 8423/8438 and Bleeper 330.**

**Between 10pm to 8am same number as above and Bleeper 346.**

### **Maudsley Mental Health Medication Helpline**

The Mental Health Medication Helpline provides independent advice and information about mental health drugs. The helpline is staffed by experienced mental health pharmacists and provides independent advice and information about drugs to patients and carers.

**Tel: 020 7919 2999**

**11 am-5 pm Monday to Friday, excluding Bank Holidays.**

### **Useful Web Sites:**

**[www.mentalhealthcare.org.uk](http://www.mentalhealthcare.org.uk)**

Website set up under the auspices of the Maudsley Hospital with information for carers about mental health issues.

**[www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)**

Website of the Royal College of Psychiatrists with a range of useful leaflets to download including:

- Carers and Confidentiality
- Severe Mental Illness

- Checklists

**[www.rethink.org](http://www.rethink.org)**

Rethink is a charity for everyone dealing with severe mental illness. They provide a range of useful information including information for carers.

**[www.nmhct.nhs.uk/pharmacy](http://www.nmhct.nhs.uk/pharmacy)**

Excellent information about the drugs used to treat mental health problems