

# CONNECTED

Winter 2016



## Change

Recognising,  
understanding,  
improving life

**Jackie Craissati**  
On Board now

**Detox unit**  
25 year's service

**Dementia**  
reducing the stigma

We have been out in the community and visiting staff to continue to listen to your views. It was interesting to hear what a huge impact change has on our lives.

As a patient, change could be the one thing that puts you on the road to recovery. The people we have spoken to for this edition have all embraced change in some shape or form. Their pragmatic and positive approach has helped them accept change and move forward with their lives.

Thank you for your feedback on our first issue and, of course, we welcome your feedback on this edition or any aspect of Connected.

Contact us by emailing: [Communications@kmpt.nhs.uk](mailto:Communications@kmpt.nhs.uk) or write to us at:

**Communications team**  
Farm Villa  
Hermitage Lane  
Maidstone, Kent ME16 9PH  
**Phone:** 01622 724100

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### Connected magazine:

**Editor:** Christina Shaw

**Deputy Editor:** Kelly August

**Contributors:** Emily Turner, Emma Heard

**Photography:** Alexa Kelly

**Design coordination:** Jane Pilkington

**Design:** madcreative

**Cover:** A chameleon - this reptile changes to survive.



KMPT Chairman, Andrew Ling

# WELCOME

Our new Chief Executive, Helen Greatorex, wrote a very interesting and reflective piece on listening for the first edition of Connected. I am delighted to have been asked to welcome you to our second edition and introduce you to our theme for this issue: change.

Change is important to us all. It is essential in all sectors but none more so than health, where advancements in medicine, processes and techniques continuously improve the experience of our patient's. It is not only these changes that have a positive impact on our patient's, but the adjustments that we encourage them to make for themselves so that they change their way of thinking for the better. I am so inspired to read in this issue how many of our patient's have faced

dramatic, life-changing conditions to improve the lives of others and, in the process, discovered new interests and passions. Some tremendous examples of this can be found in the special feature on dementia, which starts on page 15 with an insight into the type of research work that we are conducting into dementia. We pride ourselves at being good at research and we've already had national recognition through the Economic and Research Council's Outstanding Impact in Society Award.

During my time as Chairman of KMPT I have seen many changes. We are continuously improving and, I feel, getting better and better at what we do. As a Trust we deal with a myriad of mental health services, working with patients with dementia, eating disorders,

depression, schizophrenia and dependency to name a few. Our aim is to ensure that patients receive the right help at the right time, in the right place.

Regionally, we are working with other NHS organisations through our Sustainability and Transformation Plan. This is part of a national initiative to improve the NHS and you can read more about this and find out how you can become involved on page 12.

We strongly believe that a better future is possible – and with the right changes, we know how to get there.

**Andrew Ling,  
Chairman**

# CELEBRATING 25 YEARS OF BRIDGE HOUSE

The chance to change and the possibility of a new start is the main aim of the Bridge House detox unit, which is celebrating an extremely productive and interesting 25 years of service this month.

'Detox unit' is a very clinical description of what is actually a beautifully converted Oast House surrounded by fabulous, well-maintained grounds in the Kent countryside but only minutes from the hustle and bustle of Maidstone town centre. Originally set up in Stonehouse Hospital in Dartford, the service has transformed and developed to become the only in-patient detox facility in Kent and takes patients from Sussex as well as some parts of Bexley and Oxford.

Despite its beautiful surroundings, patients have come to Bridge House to experience the pain of detox. They can expect a nice, warm, friendly environment with excellent facilities and a highly experienced team but the effects of withdrawing from alcohol and drugs can be extreme, ranging from sweats and shaking or, in the case of alcohol withdrawal, severe seizures.

Extremely unwell patients are referred to Bridge House from agencies such as CGL (Change, Grow, Live) in west Kent, Turning Point in east Kent and Sign Post in Bexley. These organisations provide specialist community services for those who are drug and alcohol dependent but it is only Bridge House that has facilities for in-patients.

"The commitment to change is vitally important," explained Bridge House Manager, Joe O'Rourke, who was asked to set up the service all those years ago. Joe remains brimming with energy and full of enthusiasm, and as motivated and dedicated about his work as he was back then. He added: "People have good intentions but it doesn't always work out, although we do have 98 per cent of patients completing detox."

**“The commitment to change is vitally important”**

Patients stay at Bridge House for approximately 10 nights and their after care is arranged before they come into the unit. As well as going through a detox, the patients receive therapy – both on a one to one basis and in a group and there are several talks arranged each week from groups such as Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous so patients hear about other peoples' journeys and experiences.

Described by many as an excellent manager, Joe prides himself on the fact that he has a really good team, he said: "The right team is vitally important. I value all my team, I have two members of staff in recovery, one a recovering alcoholic; who was a volunteer with us and is now a support worker. The other is recovering from drug addiction. There is no better way for our patients to see for themselves how recovery is entirely possible through hearing from our visiting groups and from our staff – our two real life role models."



Detox Manager, Joe O'Rourke with Support Workers, Kim Davison (left) and Lisa Moreton (right)

# LIVING WITH DEPENDENCY

Georgina's story is a shocking example of what life is like living with an alcoholic but one that will hopefully be inspiring for those supporting people who are alcohol or drug dependent.

"Without Bridge House and the care, medical intervention and professional guidance they provide, my husband would have died two years ago. They made the difference and I do not say that lightly. By the time he arrived at Bridge House he was physically dependent on alcohol, in a very bad place and was only a matter of days away from his body shutting down completely. His withdrawal the day he was admitted was so fast it was shocking.

Once under control, my husband decided that he no longer needed their help and left the unit having only been there a matter of hours. "Joe stepped in and spoke with us both – he gave my husband 48 hours. He offered him a second chance to change his life; however, he explained that he would have to earn it by apologising to the people he had let down and prove that he wanted to enter the detox programme and do what was needed.

"This was the first step that my husband took in assuming responsibility for his actions and admitting that the choices he made when drinking were bad. It was also the choice that saved his life.

**“The path of recovery is hard however, with their help (Bridge House), it is a better journey with a greater chance of success.”**

"Bridge House offered us a lifeline. The staff are kind, professional and compassionate without exercising saccharine sentiment or false hope. The path of recovery is hard; however, with their help, it is a better journey with a greater chance of success. Each day I thank them for what they did and without them, my story today would be very different."

Georgina's journey has scarred her both physically and emotionally. She added: "My husband is a binge drinker, which is unusual for an alcoholic. Many would think that the periods of respite are a relief but they're not, you are just bracing yourself for the next time they drop off the wagon which is when the violence can be overwhelming. The only way through is to try to compartmentalise the person I married and the person he has



become. Yet, all the way through our relationship I remember the hurt. Although the patient has received treatment, the hurt stays with the carer and that is one of the biggest challenges."

Georgina who has now become a volunteer at Bridge House, said: "I want to give back to those who are only just beginning their road to recovery and for clients and carers to know they are not alone. There is hope and a system of professional people who can help without judgement, recriminations or an ulterior motive. Recovery is the end objective so if both client and carer can emerge from their former experiences better, more useful and having the ability to make the right choices in their lives then, in my opinion, this should be celebrated and available to everyone that wants to make that change."

Extremely unwell patients are referred to Bridge House from agencies such as CGL (Change, Grow, Live) in west Kent, Turning Point in east Kent and Sign Post in Bexley.



# LISTEN UP! LIFE, LAUGHTER AND MENTAL HEALTH



Kelly August explores the link between comedy and mental illness.

In June, 37 year old Candace Payne from Texas shared a video that went viral and has resulted in her worldwide fame, You'll probably know her as the Chewbacca mom. Candace's film went viral for one reason, her wonderfully infectious laugh. Laughter is simply the most fantastic thing you can experience and yet, for someone experiencing a mental health problem, laughing out loud doesn't always come naturally. I can relate. Having been diagnosed with postnatal depression in 2011, the only time I laughed was when I was trying to convince everyone I was ok. I didn't want to admit to 'having a problem' and I certainly didn't want to talk about it.

A group of comedians are helping to tackle this problem by trying to encourage people to talk, and even laugh, about mental health.

They have joined forces with mental health charity Mind. Felicity Ward, Tom Allen, Suzi Ruffell and Angela Barnes are among those talking about how they have handled anxiety. Edinburgh's best newcomer Sofie Hagen said: "There are two ways you can feel alone. There is the 'good alone' problem which involves a duvet, some pizza, some more pizza, Comedy Central and no bra. And there is the 'bad alone',

where you think the world is too much and no one else feels the same.

"I am supporting Mind because people need to know that a lot of people are struggling with something and we should all struggle together – with pizza."

The more people talk about mental health, the more chance we have of reducing the associated stigma. Depression can take all forms, and can affect anyone, from your next door neighbour to your sporting hero.

No one will forget the moment they heard the news that iconic comedian Robin Williams had taken his life. A comedic actor who couldn't even conduct an interview without bringing people to tears of laughter, suffered from depression most of his adult life. The onset of a life threatening physical illness is believed to have been the trigger point and the world lost a comedy hero.

More recently we heard the news that Monty Python genius Terry Jones has been diagnosed with primary progressive aphasia, a variant of frontotemporal dementia. The illness affects the brain and leads to problems using

language correctly. His family are speaking openly about the diagnosis.

Anyone in the public eye who takes the time to start a conversation about mental health is helping to reduce that stigma. By getting people to listen, we are taking away the taboo and ultimately helping more people get the help they need.

Mental health has so many negative connotations which prevent people from acknowledging they need help. So let's be clear, help is out there. You're not abnormal, you're not inferior, and you're not different, you're you. Let's keep talking, let's keep listening. Let's keep helping.

<http://mind.org.uk/workplace/corporate-partnerships/performance-anxiety/>

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**“There is the 'good alone', which involves a duvet, some pizza, some more pizza, Comedy Central and no bra.”**

## #PerformanceAnxiety







# ON BOARD WITH JACKIE CRAISSATI

New KMPT Board member, Jackie Craissati qualified as a clinical psychologist 26 years ago. Today she is one of the directors of Psychological Approaches – a not-for-profit community interest company focussed on work with individuals with complex mental health needs. We talked to her during her first week on the KMPT Board to find out more about what she hopes to achieve.

## **Why is mental health so important to you?**

I have always been curious about people and what makes them tick and I enjoy a challenge so, for me working in the forensic area, mental health it is about complex presentations. I believe in adopting a collaborative approach to finding the way forward. Emotionally it is very satisfying to do a job that you enjoy and at the same time know that you are helping.

## **How important is the role of the Board in an NHS organisation?**

The Board is very important as it sets the tone. It is about asking 'what culture do you want the organisation to have?' An organisation has to strive for the best possible outcomes but also be open, self-reflective and have rigour, and the Board should reflect that. There needs to be collaboration, focus and striving for the best possible outcomes.

## **You have many accomplishments and achievements, what are you most proud of?**

It has to be my professional relationship with patients. At heart I am a clinician and I like seeing patients and learning how to develop a relationship with them.

It is probably the most exasperating part of my job but also the most rewarding too. What I have enjoyed doing most is to re-think services for personality disorders and achieve better outcomes for the patients.

## **You have recently worked with an NHS Foundation Trust to help re-design their crisis care pathway for patients with a personality disorder, what do you think are the most important actions you hope to take being a KMPT non-executive director?**

It is early days but I will chair the Quality Committee and will have responsibility to make people think more about quality.

I know KMPT has some work going on around personality disorders and I will be happy to talk to staff about that.

The other thing that would be good is for the organisation to become leaner. There are so many agendas, money is tight and staff are overworked, so we need to ask ourselves: 'Are we being as lean as possible?' What are the core half dozen actions we need to complete? Are we trying to tackle too much at any one time?

## **What do you think KMPT can do to change perceptions and reduce the stigma of mental illness?**

Young people are better at talking about mental health. Schools educate about the use of labelling and why we shouldn't do it, so perhaps KMPT could work with schools about this issue?

I am impressed by the peer support service and the open, frank discussion that is part of the recovery process.

Men are still not asking for help as they feel ashamed so there are still issues there.

There are also issues around mental illness with some of the more ethnically diverse groups. The solution may be to participate in to wider campaigns that are already tackling the issue of stigma. A partnership approach may be the way forward and we could link up more with Mind, Rethink and other local big players and get into awareness levels and prevention. This is not just KMPT's responsibility.

## **How do you see the future? What do you think will be the big issues?**

I think the focus on physical health and striving to achieve a good physical and mental balance will continue. Mental health is expensive and cumbersome to deliver as it is very 'people heavy'. We need to look at a more integrated approach to physical and mental healthcare and it needs to be more holistic and efficient for chronic conditions. We may need to re-think models of care so that its more joined up. We will need to manage the flow of patients together and prevent broken transitions of care.

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**“An organisation has to strive for the best possible outcomes but also be open, self-reflective and have rigour, and the Board should reflect that.”**



Jackie Craissati

# TRANSFORMING HEALTH AND SOCIAL CARE IN KENT AND MEDWAY

## What's this all about?

The NHS, social care and public health in Kent and Medway are working together to plan how we will transform health and social care services to meet the changing needs of local people. It is the first time we have all worked together in this way and it gives us a unique opportunity to bring about positive and genuine improvement in health and social care delivery over the next five years.

We are developing a Health and Social Care Sustainability and Transformation Plan (STP) that will set out how we think services need to change over the next five years to achieve the right care for people for decades to come. It will help us deliver the Five Year Forward View, which sets out the national vision for health and social care.

We need to do this because our current health and social care system isn't set up to meet the needs of today's population. Many more people are living longer – which is great – but they want and need a different kind of care. Although most people get good care most of the time, services are not always good enough, too many people wait too long for treatment, we can't recruit enough staff, and we are facing a big financial problem. Across Kent and Medway, health and social care have £3.4billion in funding but overspent by £141million last year.

Without change, we will be looking at a hole of £485million in our budgets by 2020.

## We need your help with this.

How will our plan benefit you as someone who lives in Kent and Medway?

### You can expect to see:

Health and social care professionals coming together to work as a single team for your local area, able to access your records 24 hours a day (with your consent)

A modern approach to health and social care services using the best technology, from booking your appointment online to virtual (but secure) consultations, online assessment and diagnostic systems, and advice on apps to monitor your health

Timely appointments with the right professional at the right time

Care for you as a whole, for both your physical and mental health

Regular monitoring if you have complex health conditions affecting your physical or mental health, or both

More support from voluntary and charitable organisations which already play such an important part in our communities

Better access to health improvement advice and services to help you improve and manage your own health and so reduce your risk of serious illness

'social prescribing' – personalised information to help you access support from voluntary, charitable and local community groups or services

Quality hospital care when you need it – and more care, treatment and support out of hospital when you don't

Outpatient appointments and urgent care out of hospital

Joined up services to treat and care for you at home and leave hospital faster: "your own bed is the best bed"





## The plan will provide:

### Better access to care

We plan to join up health and social care services better so they work together really effectively. This will allow us to improve access to care for people of all ages, and particularly for people with complicated health and social care needs. At the moment, frail older people and those with complex conditions or disabilities all too often end up in hospital because there is no alternative. Services to treat people at home and leave hospital as rapidly as possible once they are medically fit will help them retain their physical strength and independence, so they can stay living at home for longer.

### Better standards of care

Wherever you live, you will have access to the same high quality care as anywhere else in Kent and

Medway. This will help reduce unfair differences in health and life expectancy that people experience in some parts of the county.

### Better use of staff and funds

The need for health and social care is growing every year, as our population ages and more people move into Kent and Medway.

## Our pledge to you

We want to get this right, and we know that we need your views to help us do that.

So we will involve patients, carers, the public and health and care professionals, at every stage.

Later on there will be a full public consultation about any significant changes proposed – but first, we want to ask you to help us shape our ideas and plans.

## Please get involved

Please spare the time to get involved – we need to hear from as many people as possible to get this right for the whole community.

Find out more about our ideas so far by reading Transforming health and social care in Kent and Medway document. [www.kmpt.nhs.uk/stp](http://www.kmpt.nhs.uk/stp)

It is a short summary of the challenges we face. It also has details of where you can find out how you can have your say including an online survey.

The plan is supported by the NHS, social care and public health in Kent and Medway.

To complete the online survey and for more information please visit the following websites below.

- [www.kmpt.nhs.uk/stp](http://www.kmpt.nhs.uk/stp)
- [www.eastkent.nhs.uk](http://www.eastkent.nhs.uk)
- [www.westkentmappingthefuture.nhs.uk](http://www.westkentmappingthefuture.nhs.uk)
- [www.kent.gov.uk](http://www.kent.gov.uk)
- [www.ashfordccg.nhs.uk](http://www.ashfordccg.nhs.uk)
- [www.canterburycoastalccg.nhs.uk](http://www.canterburycoastalccg.nhs.uk)
- [www.dartfordgraveshamswanleyccg.nhs.uk](http://www.dartfordgraveshamswanleyccg.nhs.uk)
- [www.medwayccg.nhs.uk](http://www.medwayccg.nhs.uk)
- [www.southkentcoastccg.nhs.uk](http://www.southkentcoastccg.nhs.uk)
- [www.swaleccg.nhs.uk](http://www.swaleccg.nhs.uk)
- [www.thanetccg.nhs.uk](http://www.thanetccg.nhs.uk)
- [www.westkentccg.nhs.uk](http://www.westkentccg.nhs.uk)

# GROWING A REPUTATION FOR RESEARCH

## It's not all white coats, test tubes and chemistry labs.

Deputy Nursing Director Donna Eldridge recalls training in the old mental health asylums. Without research, and listening, we would not have been able to move on from those frightening environments. Now we know that our patients like to be in their own homes, with inpatient facilities at hand if they reach crisis point.

So how has research into mental ill health helped progress the treatment and the services that we now see? The horrors highlighted in old movies, with mental asylums and drugs to make most patients bed bound, are no longer used. We understand mental health much better and it is no longer something to be ashamed of. Of course there is still a way to go which is why KMPT has begun working on research in earnest. We have already developed a reputation for research innovation with groundbreaking studies, awards and the successful recruitment of people to join in research. While most trusts have seen a fall in the numbers recruited for mental health and dementia research studies, we are currently in the top ten of all mental health trusts.

There are many different types of research projects carried out at the Trust, from randomised controlled trials to genetic research. These studies can involve researchers, staff, patients and their families, as well as university or other NHS staff.

Research and Development Manager, Sarah Dickens, works with our Clinical Research Team, alongside the clinical lead for

research, Helen Miles and Executive Medical Director, Dr Catherine Kinane to increase research activity and participation.

Sarah has recently begun to share the importance of research with staff and patients in a series of workshops. By understanding the impact research can have on the future of mental health, we hope more people will join the studies.

Sarah studied psychology for her degree and entered the world of research as an assistant at the Imperial College's department of psychological medicine. She first started working with the Trust in 2009.

Sarah lives and breathes research, she said: "Research is not only important for the future of mental health care, but research active trusts have better staff engagement. It's not just the direct outcome of the research that benefits us. Professional development is important and taking part in research is a huge part of that within the NHS. Our staff work daily to improve people's lives. Who better to help us ensure we have credible data to draw on that may impact people nationally?"

An example of this is the firesetting research which has won awards and been rolled out nationally. We are also one of four Trusts taking part in the Peer Supported Open Dialogue (POD) randomised controlled trial. The team has also won a Health Foundation award to embed research into the Trust's POD team development which is being supported by Canterbury Christ Church University. One of

our clinical psychologists has also been awarded a National Institute of Health Research fellowship award to fund her own research into eating disorders part-time alongside her clinical role, alongside Canterbury Christ Church University. This is rarely given to non-medics and is highly prestigious.

## Get involved in our research studies

We'd love for you to get involved in our research. Our teams will explain to you what the study is for and what you need to do so you can chat it through with friends, family and our staff. You will be able to ask questions before joining. To get involved, all you need to do is speak to your clinician or register interest at [research@kmpt.nhs.uk](mailto:research@kmpt.nhs.uk) for future studies.

### Find out more

Twitter: [@KMPT\\_Research](https://twitter.com/KMPT_Research) 

[www.kmpt.nhs.uk](http://www.kmpt.nhs.uk)



# DEMENTIA - REDUCING THE STIGMA

Dementia describes a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language. It is caused when the brain is damaged by diseases, such as Alzheimer's disease or a series of strokes. There are over 100 different types of dementia and it is a misconception that it is just part of getting old. We decided to run a special feature in this issue to give our readers more insight into the lives of those living with dementia. Christina Shaw spoke to KMPT staff and members of the community but, most importantly, to people who have first-hand knowledge of what it is like to live with dementia.



## Dementia Research

The advancement of treatment and care of people with dementia could never progress without good research.

Jocelyne Kenny is a Royal Holloway trainee Clinical Psychologist who is currently on placement with KMPT and will be joining the Trust once she qualifies. She has been researching dementia involvement groups and worked with KMPT clients when conducting her research.

Her aim was to find out what the benefits and limitations are of going to groups for people living with dementia, whether experiences could be linked to government

policy on Living Well with Dementia and if experiences could be linked to a model of social recovery where people are supported in re-building their self-esteem and positive identity following a diagnosis of dementia. Ultimately, the research aimed to show that groups are important and should be offered more widely to people living with dementia.

Jocelyne spoke to eight men and five women who were recruited from three patient groups. All participants were between the ages of 59 – 82 and were living with different types of dementia.

The study showed specific ways in which groups for people living with dementia can relate to government

policy and social recovery. It recommended that groups could be offered to more people living with dementia; this would help give people a greater choice in support following diagnosis. It also made practical recommendations for healthcare professionals running involvement groups. One of the main strengths of the study was how it involved people living with dementia at every stage of the research.

What people want and what they need can only be determined by asking questions and then the answers provide evidence to help make changes that promote positive differences to people's lives.

# MAKING A DIFFERENCE

**We've got many outstanding staff working to help people living with dementia. Two of our staff, Reinhard Guss and Elizabeth Field, are pivotal to KMPT's work in the east of the county and beyond.**

## Elizabeth Field

A fascination with the stories people tell about their lives led Elizabeth Field to pursue a career working with older people. She explained: "I've always loved being

with older people and hearing about their experiences of life I used to organise tea parties for care home residents when I was as young as 11 years old! It is the social history element that really interested me."

Elizabeth trained at University College London and joined what is now KMPT in 2001. She is a Clinical Psychologist working with older people and is involved in the diagnostic process as well as working with people living with dementia. Elizabeth is passionate about improving the lives of people

living with dementia. She said: "I would like to help reduce stigma and improve services, resources, understanding and relationships for those living with dementia so they can lead the life they want. My hope is that people living with dementia can still lead good quality lives."

Elizabeth's work with people with dementia involves post-diagnostic courses for those recently diagnosed and their families, involvement groups – such as Forget-Me-Nots, as well as individual and family therapy.

Forget-Me Nots are a group of 20 or so people who all have a diagnosis of dementia. They meet monthly for two and a half hours at a Community Centre near Canterbury. It is also attended by two Psychologists and supported by University of Kent psychology students. The meetings are a mix of formal and informal time, with an agenda circulated before the meeting for members to consider, prepare for and contribute towards. Over the past three years, the Forget-Me-Nots have been involved in numerous activities including: presenting at conferences, speaking at regional doctors meetings, being part of selection panels for new staff to posts in healthcare professions relating

to dementia care in the NHS and consultation on literature produced for professionals, carers and those with a dementia diagnosis. Along with 49 other similar groups, they are working with the organisation D.E.E.P. (Dementia Engagement and Empowerment Project) to challenge stigma around dementia, to work to improve the involvement of people with dementia in decision making locally, nationally and internationally. They have consulted on the development of fully user-centred care plans. They have even consulted on revisions to the Mental Capacity Act with the House of Lords.







Reinhard Guss

## Reinhard Guss

It's not just the glittering acclaim of national and international recognition for his work with dementia that makes KMPT's Head of Older People's Psychology for the East, Reinhard Guss, so special – it is fundamentally his infectious personality and natural appeal. Reinhard, who grew up in Germany, talks about the influence his grandmother had on him as a child and how his experience of her dementia gave him first-hand understanding of the condition. He said: "She introduced me to the pleasures of gardening and the simple enjoyment of the seasons. She lived with us so, for me, growing up with this lovely lady who happened to have dementia in later life de-stigmatised the condition and probably triggered my interest in psychology."

Reinhard studied clinical psychology and gerontology at Heidelberg University before coming to this country in 1988 to do his first placement for his degree with older people. He has continued working with older people ever since. One of the main gripes he has is with the language used about dementia, he explained: "We need to challenge the stigma, and the words used that make people fearful of dementia. We need to think about what images these words conjure up as well as what feelings they are going to perpetuate."

As a psychologist and psychotherapist, Reinhard regularly travels around England and abroad to chair or represent various groups at conferences. He often presents material he has written or had input into, such as the Faculty of the Psychology of Older People (FPOP)

dementia documents, which he co-wrote and edited.

Most of what he does revolves around his work with dementia, whether as a clinician or as a champion of the good work that is being done to de-stigmatise the condition. He said: "In my experience there are a great many ways that you can do therapy and an abundance of theories as to the best way to treat people. What is important is how people feel and just spending time with my patients is such a worthwhile experience. There is something so rewarding about making a difference to their lives."

# A GLASS HALF - FULL

## ANN-MARIE'S STORY

Sitting in Anne-Marie's cosy kitchen chuckling over one of her many funny stories, it is not at all obvious that this bright, vivacious woman has vascular dementia. Her diagnosis in November last year brought about a period of deep depression for the 57-year-old. She explained: "I felt suicidal. Within days of the diagnosis a close family member died and my partner left me. I describe that time as feeling as though I'd been shipwrecked." However, Anne-Marie is very much a 'glass half-full' person and soon pulled herself together, focussing her energy on helping herself as well as helping others. She said: "You get out of life what you put into it. I've had some really good, fun times and used to spend a lot of time riding motorbikes and generally having a good laugh. Then in 2014 I had a stroke and a couple of days later I had a heart attack. I think that staff on the high dependency unit where I'd been rushed into were a bit taken aback when I started to sing: 'I get knocked down, but I get up again, you're never gonna keep me down!' (by Chumbawamba). It certainly made everyone laugh!"

It was soon after the heart attack that Anne-Marie began to realise that 'things weren't quite right': "I would go upstairs and not remember why. My friends assured

me that it happens to everyone, but I thought 'not to me' as I have always been a highly organised, well planned type of person. My career has involved running a 22-bedroomed hotel and I was trained in electronic engineering inspection as well as working as a shop steward. I am proud to say that there were no strikes with me in charge! The final warning came when I was meeting a friend one day and realised, on checking my appearance just before going out of the door that I'd forgotten to put on my bra! I knew then that I needed to get my memory checked."

Three months after the diagnosis of dementia Anne-Marie made the words of the Chumbawamba song a reality again and joined both Forget-Me-Nots and a film group organised by dementia envoy Keith Oliver. At the group participants watch a film and then are asked questions about the characters, so it is an instant recall situation while the film is fresh in their memory. The group gave Anne-Marie the inspiration to think about how the concept of recall could be taken further and she came up with the idea of organising special group outings for people with dementia and their carers to places that might jog memories. She has personally donated £50 to help make the first

of those visits to Dover Transport Museum happen. "I was amazed to see a bike at the museum that was the same as the one I'd had as a child. For me this brought back the most amazing memories of long, carefree days riding this bike. I hope that the museum will spark similar memories for others and that they will be able to take something positive away from the day," said Anne-Marie.

Anyone in the Dover area who wants to join the special event at Dover Transport Museum next year should save the date in their diary: Thursday 1 June 10.30am – 3pm and then just turn up on the day. There is a £5 charge but it is free for carers.

**“You get out of life what you put into it. I've had some really good, fun times and used to spend a lot of time riding motorbikes and generally having a good laugh.”**



HYOSUNG

Anne-Marie Norris



Trevor and Julia Seath

# A SENSE OF WORTH - GETTING THE MOST OUT OF LIFE

Trevor and Julia Seath are an inspiration, not just to those who may have dementia or live with someone who does, but to everyone. Trevor's diagnosis of dementia with Lewy Bodies over four years ago encouraged the couple to continue to get the most out of life and they've both adopted the wonderfully positive attitude of 'there's still a lot of living to be done and there's going to be more joy and laughter ahead.'

For Trevor, the diagnosis made him feel better. He explained: "My daughters had been telling me that I wasn't taking notice of things and that I should get the doctor to check my memory. That had been a bit of a worry for me so to have the confirmation that I was suffering from dementia and then, a few months down the line to get a name for the condition meant I could move forward and meet the challenges ahead."

Julia had a very different reaction, she said: "I've got to admit to being a bit thrown by the news. I

thought, 'What does this mean?, How long will he be the same man?, What are the challenges? and, most importantly. Will I be able to cope? However, Trevor didn't find the news devastating so I thought, we've just got to make the most of this. We told our friends so that it was all 'out in the open'.

"Since the initial impact the couple have got on with their active lives, with a few adaptations: "You've got to keep up your interests and pace yourself realising your own limitations. It is good to factor more little treats into your life; just simple things like arranging to go out for lunch once a month with our friends," said Julia.

Trevor and Julia agree that one of the first and best steps Trevor took after his diagnosis was to become involved in Forget-Me-Nots, which was just starting up. Julia explained: "Trevor was asked if he would attend a meeting once a month to be part of group that would have a voice in order to dispel myths and give positive messages about living

with dementia. It has been fantastic for Trevor. He has been involved in so many positive initiatives through Forget-Me-Nots, such as editing a book for children and having his say through the UK Convention on the rights of people who have disabilities. Forget-Me-Nots has given those people who would previously have been written off by society a sense of worth, self-esteem and a great sense of value."

“

**"A few months down the line to get a name for the condition meant I could move forward and meet the challenges ahead."**

# A MISSION TO CHANGE PERCEPTION



**Keith Oliver and Chris Norris talk about how dementia has inspired them to improve services for others.**

Keith Oliver's world changed when he was diagnosed with early onset dementia, also known as Alzheimer's, at the age of 55.

When he was diagnosed he was enjoying a career in teaching and was Head Teacher of Blean Primary School. He wasn't aware that dementia could affect people in their early 50s (or younger) until he was diagnosed. To him, and of course to many of us, he thought dementia or Alzheimer's happened to an elderly person. This is one of the things that prompted Keith to put so much of his time and effort into raising awareness and dispel some of the myths around the disease.

Since his diagnosis, Keith has worked tirelessly as a dementia envoy for KMPT, worked alongside the Alzheimer's Society and has even contributed to a book about dementia called 'Welcome to our World'. The book was written and launched in 2014 and brought together seven other writers who, with the help of University students and the Alzheimer's Society, wrote about their stories, the perceptions and their hopes for the future.

Keith said: "I am so proud of the people involved – we have a

carpenter, a policeman, a lifeboat man and people from other professions. Some have never written stories before in their lives. We're showing what we can do in spite of our diagnosis and, with the students' involvement, it's a true inter-generational project."



Fellow writer, Chris Norris, first noticed that he was experiencing problems with his perception of the world while working as a driving examiner. The 62-year-old former army musician said: "I was aware that I was finding it difficult to process the sequential order of driving test car journeys and placing events in their correct order. This difficulty became particularly pronounced when I had to write a report and de-brief the learner about what happened in the journey and its significant events."

In 2012, Chris went to see his GP, who referred him to a memory clinic, where he was diagnosed with frontotemporal dementia – a relatively unusual type of dementia that affects roughly 16,000 people in the UK. "When I was diagnosed, there was almost a sense of relief," said Chris, who added: "I felt that at last I knew what was wrong with me. Before my diagnosis, it was suggested that I could have depression, because the symptoms can sometimes be similar but I knew that it wasn't that. There were mixed feelings, but whether you've

been diagnosed or not, you're still the same person and that doesn't change."

Chris' pragmatic approach is shaped by strength of character and a focus on what he can do, rather than what he can't. "Reading music isn't as easy as it used to be," he said, "and these days I have to read each note because recognising the patterns is difficult now, and this slows things up. I'm not a Pollyanna and I can't ignore my dementia, but at the same time I have to live for the moment."

And for Chris that has included an array of activities, including a helicopter flight over London and driving a Chieftain tank. He said: "Those experiences also help with my dementia because they give me clear memories. I always refer to the phrase used by Winston Churchill, 'Never, never, never give up!'"

Quite soon after his diagnosis, he became involved in the Forget-Me-Nots in Kent which led onto him becoming a Dementia Service User Envoy to work alongside Keith. Between them they liaise with numerous organisations at a local and national level to improve services for people with a dementia diagnosis through education within the NHS and wider society. It is their mission to ensure that people with a dementia diagnosis have a voice that is heard in all things that affect them, using the slogan of 'Nothing for us without all of us.'

The book that Keith and Chris contributed to, 'Welcome to our World', can be obtained from Waterstones book shop or the Alzheimer's Society.



# DEMENTIA FRIENDLY HYTHE

In a strive to make Kent more dementia-friendly, a 'Working To Be Dementia Friendly' (WTBDF) group is using British best practice guidelines to assist communities throughout the county.

Several communities are already on board and some have made more progress than others. In Hythe, for example, it was agreed at the town council in November last year to work towards becoming a dementia friendly community.

In an initial meeting hosted by the Hythe Town Mayor, several councillors and representatives from Kent County Council, Age UK Hythe and Lyminge, Saltwood Care Home, Tynwald Residential Home, Waitrose, Carers' Support, some local volunteers and some Hythe residents got together to discuss the next steps.

Future plans include seeking funding for the campaign. Ideas have been put forward for a dementia friendly allotment, a place

for carers' to meet on a regular basis, a place of safety recognised by the town's shopkeepers at Tynwald residential home, and working with the staff and management of Waitrose to make it a dementia friendly store.

For more information on what is happening in your area, please visit: <http://dementiafriendlykent.org.uk/my-area/>





# ONE DAY AT A TIME

Putting an end to suffering and restoring health and functionality is high priority for KMPT whose core purpose is to assess and treat people with mental health problems and the prevention of suicide is central to this aim.

Interestingly, the majority of suicides are not known to mental health services at the time of their death. In 2013, out of the 182 suicides in Kent, 43 had been in contact with KMPT in the previous 12 months. Suicide prevention is a complex and challenging task which requires a co-ordinated approach by a number of different agencies. We are an integral part of the Kent and Medway multi-agency Suicide Prevention Steering Group led by Kent County Council Public Health and we have contributed to a multi-agency suicide prevention strategy involving primary care, Clinical Commissioning Groups (CCGs), NHS England and Kent Police. As a Trust we are currently developing our own suicide prevention strategy that will build on our previous strategy and evolve around initiatives such as encouraging the use of the Peer Supported Open Dialogue programme. We will also continue to identify patient characteristics and circumstances that are particularly associated with suicide and use individual and group clinical supervision to promote evidence based and reflective practice.

## Clare's Story

Clare has suffered with mental health problems all of her life. Now age 43, she is having her longest period of wellbeing. Clare has recently completed a year of treatment at Brenchley Unit and wants to share her story to encourage others to seek help and join her on the road to recovery.

"I could never work out why I was so mentally unwell, which made me think I was quite evil, wrong and bad and that the mental health issues that I was experiencing were a punishment. I was diagnosed with Borderline Personality Disorder as well as Bipolar and these conditions come with associated conditions such as Bulimia and self-harming. There were no trigger points for me, as my mother and father were still together, I was brought up in a middle-class environment and was well educated. Nothing recognisable had happened to me although things were not so good emotionally at home. I was brought up in north Dorset in a much protected environment where there was a huge focus on religion. I went to university and saw a lot of things

going on that I hadn't seen before. On leaving university I fell apart and was drinking heavily throughout my 20s into my early 30s.

When I had my son in my mid-thirties I got Postpartum Psychosis, and my drinking became serious. My relationship with my partner was affected and I took my first overdose. Care workers and social workers intervened and encouraged my partner and I to stay together but in my head things became an awful lot worse. When my son was only four years old I thought he and the rest of my family and friends were better off without me and made a second attempt on my life. I ended up in Priority House and then went into a private hospital for four weeks.

I made another couple of attempts to end my life after that first episode and it has only been since I've been in the Brenchley Unit that things have started to improve. The treatment I've received, coupled with the realisation that my son is there for me and needs me as well as giving up my job as a project manager, which was extremely stressful, has also helped. Simple

things like talking with friends and having people around me has all contributed to my journey to recovery and I am now trying to be who I am and I'm no longer just acting.

I get through minute by minute as an hour can seem like a long time when you are in a crisis. Anyone who is feeling like I did should be reassured to know that there is a lot of support out there so reach out to others, just having a hand to hold is the biggest help."

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**"Simple things like talking with friends and having people around me has all contributed to my journey to recovery and I am now trying to be who I am and I'm no longer just acting."**



## EARLY INTERVENTION – A CARERS PERSPECTIVE

Mum of five, Steph, thought her son was going through normal teenage angst until he began self-harming and talking about suicide. Her son was diagnosed with psychosis and the last year and a half have been very difficult for the family, but the Trust's Early Intervention Team has been praised for being their rock of support. Steph told us how the team has helped...

"Before my son's diagnosis we tried to deal with his illness ourselves until he started to self harm. We had a referral to the Child and Adolescent Mental Health Services (CAMS) and in the meantime he began to hear voices and see things and tried to kill himself three times. I can't explain the impact on the family. It was so distressing and our family was under such pressure at that time too. My dad had just died, and he was our main care giver, my mum needed support and my husband and I worked full time.

"The CAMS family therapist thought it would be a good idea to involve the Early Intervention Team. We started working with them in January 2015 and they acted as a liaison between us and all other agencies, as well as providing support for my son and the family.

"The team came out to see him in our home and he was able to share what was going on. Within a couple of weeks, we had a care coordinator who came to CAMS meetings, our home and school. Things began to change, as we all felt supported and listened to.

"My son has experiences that we don't and this can make his behaviour seem bizarre and sometimes dangerous. The team helped us understand better and put plans in place to make everyday living easier. We have family meetings where everyone is there so my son can express what's going on so we all understand and don't

feel scared. This was important as my younger son had been sleeping on the floor behind the bedroom door as he was worried his brother might kill him.

"The last 18 months have been up and down and he has been in hospital three times, including over Christmas - that was really tough. I gave up my job in education in April to be there for him, as he is easily distracted and can accidentally leave the gas on or self harm. But we are in a much better place than we were before. His peer support worker visits weekly and takes him out, if he is up to it, for a haircut or to the shops. This links him back into the world as he had lost contact with all friends and had become isolated.

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**“The team came out to see him in our home and he was able to share what was going on. Within a couple of weeks, we had a care coordinator who came to CAMS meetings, our home and school. Things began to change, as we all felt supported and listened to.”**



“We nominated his psychiatric worker, Paul Roberts, for a KMPT Award this year as he has been amazing. He has put in a real effort to get to know our family and is so fantastic and supportive. While my son is on antidepressants and antipsychotic medication, it is Paul’s work that makes a real difference. He helps my son talk about his experiences and open up.

“My son is my priority but I would love to go back to work in education in a pastoral role. I thought I understood the pressures families were going through when dealing with something like I have, but you can’t understand it until you have lived it yourself. With every one in 10 people having a mental health need, there needs to be more consideration within classrooms. The education sector is scared of mental health and psychosis, yet they need to understand that people like my son are not scary but instead are scared

of the world and everything around them. So much work has been done around autism and now we need the same understanding around mental health.”

#### **New peer-led support groups**

“The Early Intervention Team is progressive and been inspired by the worldwide movement, Hearing Voices Network, to set up two weekly peer-led support groups. These are independent but the initial setup and training was funded by the Trust. I was part of the initial training and I work with a former patient and member of Trust staff to run the groups.

“The groups offer a space for patients to talk about their experiences and get some meaning for them from whatever perspective. People can come and go as they please and for as long as they like. You have to be open to how people rationalise their

experiences and let them talk to people who understand. We’ve seen friendship networks evolve where people can support each other, taking pressure off the crisis team.

“For example, one boy was very quiet and withdrawn when he came. He had been told that the voices he heard were all in his head and he must just take the medication. We asked him how he felt and he said he thought the voices were his grandad acting as a spirit guide. It had freaked him out but this group had helped him feel safer. His parents later told us that he is more settled and sleeping better.”

**Need to speak to someone?  
Contact our Single Point of Access  
on 0300 222 0123 or the Samaritans  
on 116 123.**



# THE ARTS BRING THERAPY TO THOSE WHO NEED IT

Carers, patients, and professionals - the arts can help anyone who needs it. At least that's what former RAF medic Thomas Faulkner found.

Six years ago, Thomas witnessed the accidental death of his friend which spiralled him into his own battle with depression. He speaks openly about his recovery and how he owes it to his love of creative writing. He now works with the Trust as a healthcare worker in Dartford and is the proud author of 'Midnight Poetry'.

Talking about the book, Thomas said: "I wanted to help others experiencing mental health illness and tell them that it's okay to feel like this and to ask for help." Thomas' book is supported by mental health charities Depression Alliance and SANE and is available on Etsy for £7.50.

The Grove, an inpatient unit in Ramsgate, offers a number of therapeutic services from textiles to painting. Their photography group has taken some of the most beautiful pictures of the surrounding area. Peer Support Worker and Healthcare Assistant, Natalie Hyndman, said: "Patients get the opportunity to look in close detail at everything around them and understand how just one picture can turn your emotions around. Some of their pictures are truly stunning."

One dedicated member of staff here at the Trust has volunteered

to start a staff choir. Research conducted by Canterbury Christ Church University's Sidney De Haan Centre has demonstrated the value of weekly group singing in relation to health and wellbeing, especially around stress. It is also an excellent way to make new friends, network with other staff, and of course have fun! It is hoped that this will be extended to patients if it proves to be successful.

Last year, former service user Theresa produced the Trust's awards in the form of a beautifully glazed blue bowl. All the winners loved their awards and we've seen many of them continuing to be used! Theresa had never tried pottery before until her care workers suggested she may find it therapeutic. She now designs and makes a range of products including jewellery, glass coasters, bowls and ornaments. "I'm doing what I really enjoy doing. I never thought I'd find something like pottery and be able to turn it into a career," she explained.

Keturah Paice, who was diagnosed with schizophrenia at the tender age of 14, started writing her first novel, Cold White Marble when she was just 12 years old. The book, part of a trilogy, reflects a parallel universe Keturah found herself in when she was unwell.

Keturah explained: "I have always had schizophrenia but it was only diagnosed fairly recently. I've been writing stories for as long as I can

remember and I wanted to be an author from the age of three or four.

"Writing was a way to focus on something and ground me whenever I started to get ill again, particularly during the 16 months I spent in hospital. I remember loving creative writing at school. When I was an inpatient I was allowed to go to the library for an hour a day when I really focused on my writing."

Cold White Marble is now being sold in the UK, USA and Australia through Waterstones, WH Smith and Amazon and is getting some excellent reviews. The book has also led to speaking engagements with Keturah talking at schools and events.

"Mental illness is part of who you are – without schizophrenia I wouldn't have written the book. I can now see the world as a better place. Everyone can find something that will help them recover and for me it was writing. The hardest part of the whole thing was actually accepting that I had schizophrenia and then accepting help," Keturah said.

We hear from our colleagues on a weekly basis about all the inspiring things service users are achieving. Mental health doesn't have to be a barrier, it can be the start of something amazing.

# MICK VERNON

From suicidal thoughts to exhilaration, the roller coaster of emotions was experienced by Volunteer of the Year finalist Mick Vernon in his journey from depression to being highly commended at this year's KMPT Awards.

51 year old Mick is a volunteer at Tonbridge Road, Maidstone where he has worked with patients for nearly a year. With a penchant for woodwork, Mick has intertwined his own hobby with helping others.

It was in 1995 following the death of his mum, when Mick's life changed. Unbeknown to Mick at the time, this is when his depression began to manifest. In 2003 Mick was involved in a motorcycle accident which led to further episodes of depression. Then in 2012 a work related injury led to his first breakdown. He was off work for six months and returned to work but his health continued to deteriorate. Worried about how this was impacting on his family, he continued to experience severe depression which led to him feeling suicidal.

After he suffered a further breakdown in 2014, he was admitted to hospital. The Vocational Rehabilitation Team was on hand and referred him to the Blackthorn Trust. This is a charity which offers medical care, specialist therapies and rehabilitation through work placements in the Blackthorn Garden. They offer help to people with mental or physical health difficulties or learning disabilities with their ultimate aim to help people progress towards their full potential.

Mick's placement at the Blackthorn Trust involved stain glass and

woodwork making. He visited there for 12 months until he decided his new found passion could help others. He spoke with the Vocational Rehabilitation Team who placed Mick at Tonbridge Road as part of their successful Job Taster Programme. His placement lasted three months but that wasn't enough for Mick and he has continued to volunteer at the residential unit twice a week.

"It means a great deal to me. I enjoy my time there. The staff and managers there are very supportive. The manager has a unique understanding of mental health and thought my therapy sessions would be a good idea."

Mick has seen noticeable changes in some of the patients at the unit. Most of them enjoy making woodwork items (making insect boxes, bird boxes, bird feeders and painting) but there is no pressure for them to take part. "Sometimes they just want some social interaction and a chat. I'm happy to provide the time, I understand how that one simple thing, listening, can help."

He has built good relationships with some of the patients and they have helped him in return by making suggestions and giving Mick ideas on how he can develop and improve his therapy sessions.

It was Mick's dedication and lived experience that led to Tonbridge Road Service Manager, Justine Barry, and three of her colleagues to nominate Mick for the award.

She said: "Running a woodwork group supporting residents to make bird boxes, insect boxes and a meditation area within our garden, Michael uses his lived experience

to communicate with our residents, instilling hope and understanding. He enables them to learn new skills and re-establish old skills.

We have observed patients developing increased self-esteem and confidence through their engagement with Mick. They have a sense of pride in what they have achieved, and feel positive that they can go on and achieve in other areas of their life. The residents have worked with Mick and our staff as a team to produce a meditation area which they have thoroughly enjoyed and felt they had created something very special. We all value and appreciate Mick as a member of our team and feel very lucky to have him."

Mick was delighted to have been highly commended at the KMPT Awards.

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**"Sometimes the patients just want some social interaction and a chat. I'm happy to provide the time, I understand how that one simple thing, listening, can help."**

Mick Vernon





## FAITH IN RECOVERY

**Ruth Bierbaum, Chaplain with KMPT, wants to spread the word about the importance of listening. We interviewed her to find just how vital listening is in her role.**

As you enter Ruth's office on a hot summer's day, there is a notable lack of clutter. The only piece of furniture threatening to overflow is a bookshelf full of books of faith, from the Holy Bible and the Dhammapada to the Quran. The room has an overwhelming sense of calm about it, much like Ruth herself. She is a quietly composed character with a welcoming smile which immediately puts you at ease, a trait which she says is vital for being a chaplain.

Ruth is one of two full time chaplains covering west Kent, Medway and north Kent. Two part time chaplains cover the east of the county. For Ruth, listening is central to what makes a good chaplain. "It's important that you have excellent listening skills; and do not impose your own thoughts but to offer a kind of friendship;

reminding the individual who they are – that they are valued; helping them find a positive way through crisis; hopefully – helping them find some hope.

"Some patients will see me speaking and helping others, which gives them the courage to ask for help.

Chaplaincy services are not just for patients. Ruth and her team work with staff and the family and friends of patients too. "Mental health services is a highly stressful job and as a Trust we need to be mindful of ensuring our staff are well supported too. When we had a death on one of our wards, staff and patients were devastated. We immediately carried out a service, which everyone found a great comfort. They were able to come together for 20 minutes of peace and recollection, to remember the gentleman who had passed away and to grieve together. One year on, staff are coming to me to remember him once again."

Ruth doesn't think being a woman has helped her connect with people, although you can't help but feel a sense of trust when you meet her. "The dog collar helps! When people see it they are reassured. They have a sense of trust even if they are not religious or of the same faith."

Ruth's own faith is practised within the Church of England but as Chair of the North Kent Interfaith Relations Group, her work within the Trust means engaging with people with her multi faith hat on.

With her extensive experience, Ruth is able to bring more than Christianity to her role: "The assumption is that we are here just for those who describe themselves as Christian but with the relationships we have built across the community, we are able to make contact with many faith leaders and if a patient or member of staff wants to speak to an Imam or ask questions about Hinduism, we can help to provide that.



“Those same relationships are also helping to spread the word about mental health and help reduce the stigma that still exists around it. There is still work to do but every little helps.

“We cover such a large area and our work is increasing in need, so we would welcome anyone who wants to have a conversation with us about volunteering. It’s an incredibly worthwhile job. Just to help someone gives you so much purpose and can even help your own mental health.”

**Sonia Coleman, winner of the KMPT Volunteer of the Year Award, Chaplaincy Volunteer and all round wonderful woman.**

After suffering a mental health breakdown, Sonia Coleman wanted to use her experience to help others in need. For the last 18 months, she’s been doing just that by becoming a Chaplaincy Volunteer at St Martin’s Hospital, Canterbury.

Originally from Whitstable, Sonia married and then moved to New Zealand. Things began to unravel when she returned back to the UK where she then had a breakdown. It took the grandmother of three many years to recover, which was helped when she found Christianity.

Renewed with a sense of purpose, and feeling she had to help others, she began volunteering with Healing on the Streets in Canterbury.

She said: “I know there are those far worse off than me but I was very alone during my breakdown and it’s bad for us to keep the suffering inside. I used to catch the bus to Canterbury and I could see St Martin’s from the bus window. I knew I had to go and tell people I have experienced the trauma they are suffering, including the hopelessness and despair of it.”

A typical chaplain volunteering shift involves supporting four wards. Sonia said, “Unless I am asked to see a specific patient I usually start my afternoon shift in Cranmer ward, which has an older population. Older people are often lonely, with fewer visitors and they need to share and talk. I also support inpatient wards, which can be amazing and challenging.

“I often sit and listen while the patients talk. I ask if they’d like a prayer, but I never force them to.”

In September, Sonia received the Trust’s Volunteer of the Year Award, which was a real thrill. She said: “I couldn’t believe they called my

name! I love dancing and I couldn’t help skipping over to receive it. It was an amazing evening and such fun to be among people in the Trust who are so qualified and dedicated, and put such care and love in their work. It’s a real calling for them and it takes my breath away. I feel so encouraged by the award.”

Helping support people brings the most reward for Sonia. A patient was lost in their own world, locked into hopeless staring and often talking about things which made little sense. Yet Sonia felt she could see the real person locked inside the illness, she said: “We spoke and I said what a strong and beautiful person they were. She replied, ‘But, you don’t understand, I’ve got this illness, I’ll never get out of here!’

“We talked and then prayed together. A week later, I was told that this person was going home as they were so much better and it made my heart race. The patient told me, ‘I am better and know who I am now’. It was an overwhelming experience and that’s all you can wish for.”

**If you want to volunteer at the Trust, contact: [sandra.hall@kmpt.nhs.uk](mailto:sandra.hall@kmpt.nhs.uk)**



Sonia Coleman



**Kent and Medway**  
NHS and Social Care Partnership Trust

## Carers Conference – Listen Up!

### Hold the date!

Our next Carers Conference is scheduled for 21 November at Oakwood House in Maidstone. To register your interest, contact [communications@kmpt.nhs.uk](mailto:communications@kmpt.nhs.uk)

Further details will be shared as soon as they become available.



*respect ♦ open ♦ accountable ♦ working together ♦ innovative ♦ excellence*  
Visit us at [www.kmpt.nhs.uk](http://www.kmpt.nhs.uk)

# TABLO – A STEP NEARER!



In the last issue of Connected, we brought you news about a fantastic new European Commission funded project which brings together seven countries to develop an e-learning course of vocational training. When completed, TABLO will help integrate arts into every day physical and mental healthcare.

The group began their project in 2015 and at a recent conference in Cyprus, Trust project lead and Deputy Nursing Director Donna Eldridge, was able to see the beginnings of a prototype e-learning package.

“All partners involved in the project have worked incredibly hard to get to this stage where we can finally see the development of the e-learning tool. Therapists from each country will now add, check and develop the approaches each stage will take.”

KMPT’s music therapist, Iain Spink, recently took the news of the project to the British Association of Music Therapists who were overjoyed to hear about the venture.

Iain said: “The Association is keen to help in anyway they can and have offered us the use of their

own articles and research material to help progress the project.” Early next year, representatives from the six other countries involved in the project will visit Kent to see what the Trust already does to incorporate the arts into therapy.

“As the lead partner in the project, we are looking forward to welcoming everyone to Kent when we will have the opportunity to highlight the fantastic work our therapists already do. Each country has a different approach that we can all learn from. It’s a fantastic opportunity that will help us develop this e-learning tool to the best of our abilities.”

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**“As the lead partner in the project, we are looking forward to welcoming everyone to Kent when we will have the opportunity to highlight the fantastic work our therapists already do.”**

The e-learning package will be available for both all professional therapists as well as those who would like to run activities and will eventually be available throughout the UK and Europe.

To learn more about the project visit [www.kmpt.nhs.uk/information-and-advice/tablo.htm](http://www.kmpt.nhs.uk/information-and-advice/tablo.htm)



You can also follow the project on Facebook @tabloerasmusproject

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