FWinc Mental Health & Wellbeing Awareness Policy

Funny Wonders Inc.
Community Interest Company
Company No: 06814964

1. Purpose

Funny Wonders Inc. (FWinc), as an organisation, aims to provide opportunities for people to experience and participate in creative arts in a supportive and safe environment. The purpose of this policy is to increase the awareness and understanding of mental health problems (MHPs), to reduce the myths and stigmas associated with MHPs and to provide guidance on how to support those with MHPs during FWinc activities.

2. Scope

This Policy applies to all members and associates of FWinc.

3. Definitions

A mental disorder is any disorder or disability of the mind. It includes medically diagnosable conditions such as depression, schizophrenia, bipolar disorder, personality disorders, eating disorders, anxiety and obsessive-compulsive disorders.

A mental health problem or mental illness is broadly defined as a problem in the way we think, feel or behave and which has a negative impact on a person's life.

4. Statement

FWinc recognises that MHPs are common. Recent statistics estimate 1 in 4 people will have a MHP within any one year (e.g. Mind, 2013; Time to Change, 2017). FWinc recognises that anyone can develop a MHP and that different people respond to things differently: each person has their own degree of mental resiliance, coping thresholds and tipping points; and that it is not a sign of weakness.

FWinc recognises that, with appropriate support, medication and/or treatment, those with MHPs can lead productive, fulfilling lives and can make a full recovery.

FWinc recognises that it is difficult to diagnose MHPs and that people may not be aware they are suffering from ill mental health. FWinc is therefore committed to learning about the signs and symptoms of common MHPs and what help and services are available and appropriate to recommend.

FWinc recognises that the signs and symptoms of MHPs are wide-ranging and not all will be violent or pose a risk to themselves and others. FWinc recognises that treatments for MHPs are wide-ranging in both approach and effectiveness and that some are controversial.

FWinc recognises that there are myths and stigmas associated with MHPs portrayed through the media and lack of education. 87% of people with a MHP have experienced stigma and discrimination and one in three people using a mental health service lose contact with friends (2016) through the friend feeling unable to help, uncomfortable or fearful. FWinc is committed to not perpetuate myths and stigmas and to improve the awareness and understanding of MHPs through education and conversation.

This includes by not using words with negative connotations to MHPs. FWinc is committed to not excluding those with MHPs unless they pose a threat to the safety of other members and participants.

FWinc recognises that providing social activities and simply listening and talking to people during our activities can help those experiencing a MHP. FWinc recognises that it is helpful to those with MHPs for us to develop relationships so that we can get you know their behaviour, care needs and treatment. Having to explain themselves whilst distressed can become more distressing so FWinc is committed to reducing this eventuality by providing regular personnel at long-term FWinc activities.

FWinc recognises that MHPs are not acceptable excuses for abusive or rude behaviour. FWinc will not reduce its values or quality of service to deal with unacceptable situations or behaviour involving those with MHPs. FWinc has a duty-of-care for all of its members and associates and will handle unacceptable behaviour according to the FWinc Disciplinary Policy.

5. Legislation

5.1 Mental Health Act 1983

This Act outlines when people can be admitted, detained and treated in hospital against their wishes for a range of timescales (under different sections): these are called formal patients and applies to those who cannot make a decision about treatment or in an emergency if they pose a threat of serious harm to themselves or others. People are admitted by two approved mental health professionals (AMHPs) who have received specialist training and include psychiatric nurses, social workers and psychologists. The Act also details a Code of Practice and safeguards which ensure patients' rights are upheld regarding assessment and treatment in hospital, treatment in the community and civil or criminal pathways into hospital. Compliance is carefully monitored by the Care Quality Commission.

Under this Act people can also receive treatment on an informal basis who have agreed to go to hospital: these are called informal or voluntary patients. These patients have the same rights as somebody being treated for a physical illness.

The Act also allows for conditions to be placed on a person in the community for a specified timescale by a responsible clinician with the agreement of an AMHP: this is known as a Community Treatment Order (CTO). It details supervised treatment and living arrangements. If the conditions are not met, the person can be immediately detained.

The Act gives rights to the 'nearest relative' to protect a patient's interests. They can apply for treatment, be contacted regarding compulsory treatment, object to compulsory treatment and discharge the patient.

5.2 Mental Capacity Act 2005

This Act protects those over 16 and their rights who lose their mental capacity. This may be due to mental illness, brain injury, stroke, learning disabilities or substance use. Those who lack mental capacity cannot understand, remember, weigh up, make or communicate a decision. Decisions may regard life-changing events, restriction of a person's liberty or everyday matters.

The Act makes sure they can make as many decisions as they can, including for the future, and choose someone to make decisions for them if they lose capacity in the future. An independent mental capacity advocate can be chosen by the NHS/local authority if there is no-one to do it. Decisions which are made for a person lacking mental capacity must be made in their 'best

interests' and be the least restrictive option available. The Act also protects those making decisions on someone's behalf.

Key principles include: a person must be treated as if they have mental capacity until proven otherwise; they have the right to make decisions until mental capacity is proven; support in making decisions must be given until it is decided they lack mental capacity. Again, compliance with safeguards is carefully monitored by the Care Quality Commission.

5.3 Mental Health Act 2007

This Act updates the Mental Health Act 1983 to include compulsory treatment in the community. Amendments are largely focused on public protection and risk management.

5.4 Equality Act 2010

This Act protects those with a mental illness (included within disability) from unfair treatment, discrimination, harassment or victimisation. Employers must make 'reasonable adjustments' to enable those with mental illness to fulfil their work role. The Act also protects carers of people with mental illness.

6. Mental Health and Well-being Awareness

Our views about mental health and mental illness are affected by all areas of our lives including: birth, upbringing, home life, education, health, relationships, family, friends, work and religious beliefs. We are influenced by our own experiences, that of people we know, media and health professionals. To remove any myth or stigma associated with MHPs relevant information is included in this policy. Signs and symptoms of common mental disorders are detailed in Appendix A. Development and management of MHPs are detailed in Appendix B. Advice on how to improve mental health and well-being is detailed in Appendix C.

7. Implementation of this Policy

All adults in a supervisory or supporting role within FWinc will be made aware of his Policy and its content.

This Policy will be available at permanent premises used by FWinc and on the FWinc website.

8. Responsibilities

It is the responsibility of the FWinc Board of Directors to appoint a Health & Well-being Officer (FWincHWO).

It is the responsibility of the FWincHWO to be aware of the content of this policy, to ensure the FWinc Activity Team is aware of the content of this policy and to handle any reports of concern for someone's mental health and well-being.

It is the responsibility of the supervising adult of the FWinc activity to lead activities which cause no further harm to the mental health and well-being of its participants and to report any concerns to the FWincHWO.

9. Complaints

Complaints regarding the procedures or handling of the procedures mentioned in this Policy, the Policy itself or any other matter should follow the FWinc Complaints Procedure outlined in the FWinc Complaints Policy.

10. Review

This Policy will be reviewed by the FWinc Board of Directors annually or as-and-when issues arise.

11. External Contacts

Derbyshire Mental Health Forum: support for the voluntary sector in Derbyshire; http://www.dmhf.org.uk/
Talking Mental Health Derbyshire (NHS): service provider; www.derbyshirehealthcareft.nhs.uk/services/talking-mental-health-derbyshire/; 0300 123 0542;
Insight Healthcare (Concern Group, Derbyshire): service provider; www.insighthealthcare.org/; 0300 555 5582
Trent Psychological Therapies Service (Derbyshire, Nottinghamshire): service provider; www.trentpts.co.uk; 01332 265659;
Mind: mental health charity; www.mind.org.uk; infoline 0300 123 3393; text 86463.
Rethink Mental Illness: CQC registered charity; www.rethink.org;
Hearing Voices Network: www.hearing-voices.org.
Royal College of Psychiatry: www.rpsych.ac.uk/mentalhealthinfoforall
Big White Wall: Derbyshire CQC registered support network for over-16s; www.bigwhitewall.com.
Time to Change: anti-stigma campaign; www.time-to-change.org.uk;

12. Policy History

Written Dec 2016
Amended Jan 2017
Adopted May 2017
Re-adopted June 2018

Appendix A – Common Mental Disorders

To aid awareness, below are the signs and symptoms of common mental disorders.

Depression

Depression is a low mood which lasts for a long time and has a negative impact on a person's life. It is life-threatening as it can make sufferers feel suicidal or to give up the will to live. Signs and symptoms of depression include: a consistent low mood; feelings of hopelessness, worthlessness; being unmotivated; exhaustion; affected sleep; loss of appetite; low self-esteem; and anxiety. Pre- and post-natal depression are related to hormonal changes associated with pregnancy. Seasonal affective disorder is a depression which occurs over a particular season, usually winter. Dysthymia is a continuous mild depression.

Anxiety

Anxiety is the feeling of unease, worry, tension and fear incorporating both emotional and physical sensations. It is related to the normal biological flight or fight (or freeze) response to danger associated with the automatic release of adrenaline and cortisol. If feelings of anxiety are very strong or last for a long time it can become a problem and have a negative impact on a person's life. Signs and symptoms of anxiety include: constant and unrealistic worry; restlessness; affected sleep; increased heart rate and breathing; upset stomach and nausea; muscle tension; feeling shaky, light-headed and unbalanced; panic attacks; development of agoraphobia or other phobias. Panic attacks are sudden, unexpected episodes of intense terror similar to a natural response to real danger. Symptoms include: breathing difficulties; raised heart rate and pounding in chest; choking sensation; chest pains; sweating; nausea; shaking; faintness; disconnection from your body; and needing the toilet. They can occur at any time, even when asleep.

Post Traumatic Stress Disorder (PTSD)

PTSD involves experiencing upsetting, distressing or confusing feelings after being involved in or witnessing a traumatic event or repeated events. Such feelings may not emerge straight away, for example, due to shock, but sufferers may later develop emotional and physical reactions. Symptoms include: feeling easily upset, angry or startled; not sleeping; sweating, shaking and nausea; reliving aspects of the trauma (flashbacks); alertness; feeling on edge; aggressive or reckless behaviour; avoiding feelings or memories; intrusive thoughts and images; nightmares; a feeling of dissociation or disconnect from the world around you or your body; and loss of identity or memory.

Obsessive-Compulsive Disorder (OCD)

OCD is an anxiety disorder. Obsessions are unwelcome and potentially highly disturbing thoughts, images, urges, worries or doubts which occur repeatedly. Sufferers feel out of control of these resulting in “mental discomfort” and feel afraid not doing certain things will cause harm. Compulsions are repetitive actions or rituals which reduce anxiety and neutralise obsessions. Symptoms can be short-lived and manageable and don't significantly interfere with or disrupt daily life. However, symptoms can progress to having serious, severe and time-consuming negative impacts on a person's life, particularly under periods of stress. Other symptoms include: feeling exhausted, difficulty concentrating, self-inflicted social isolation and anxiety.

Eating Disorders

Eating disorders include anorexia nervosa, bulimia nervosa, binge eating and other unspecified disorders involving unhealthy, long-term relationships with food and eating patterns. They are responsible for more deaths than any other psychological illness (2016) through malnutrition, suicide and other health complications. They can affect anyone at any age from any cultural background. They often develop as a way of coping from problems, stress or lack of control. They can cause powerful emotions of guilt, blame and a

sense of failure. Signs and symptoms are wide-ranging depending on the type and include: eating a lot in one go; making yourself sick; using laxatives; starving yourself; eating in secret or hiding food; compulsive exercising; binge-eating known unhealthy foods; avoiding high calorie or fat food groups; yoyo or significant weight gain and loss; dehydration; constantly thinking about food, being distracted; making rules about food; and, for females, irregular or no periods.

Bi-polar (Manic Depressive)

Bi-polar is a mood disorder involving episodes of mania (feeling high) and depression (feeling low). Extreme variations in mood can be very distressing and have a big impact on a person's daily life. Symptoms during manic episodes include: euphoria; hyperactivity; lack of inhibition; confidence; recklessness; grandiose plans; creative; heightened senses; scattered ideas and racing thoughts; talkative; being impatient and irritable; increased sex-drive; lack of sleep; paranoid; delusional; drug misuse; taking risks; and spending money excessively and/or inappropriately. These are opposed by a crash and periods of depression. The extent and duration of these extremes varies.

Schizophrenia

Schizophrenia is a more severe MH illness and one of the most debilitating disorders. It is more likely than other MHPs to have a genetic cause. People with schizophrenia suffer from delusions and hallucinations. A delusion is a belief that is clearly fake and may lead to a change in behaviour. The person is completely convinced it to be true and will hold to it regardless of evidence to the contrary. They are a symptom of a medical, neurological or mental disorder. Delusions can have various themes and are often categorised accordingly. A hallucination is the brain's perception of a false sensory input. The person is experiencing something which is not occurring in the real world but feels real to them. They are associated with the senses and occur without identifiable external stimulus. The person may have insight into them and be aware that they are false but this does not diminish the feeling that the experience is real. Others may truly believe what they are experiencing is real. Hallucinations are often consequences of using or withdrawal from recreational and prescribed drugs. They can also result from health conditions such as infections, trauma, limb loss or diseases which affect the mind or severe dehydration, lack of sleep or hunger. Delusions and hallucinations interfere with the ability to perform everyday tasks and cause confusion and withdrawal. Other symptoms include: feeling disconnected, lack of interest, being distracted, feeling unsafe and paranoia. It is typically treated with medication which can have long-term, unpleasant side-effects.

Other Mental Health Disorders

Body Dysmorphic Disorder is an anxiety disorder related to body image and involves obsessive worry about one or more perceived, physical flaws and compulsive behaviour to deal with them such as excessive use of mirrors, make-up, exercise, cosmetic procedures or self-inflicted isolation and self-harm.

Personality disorder is a condition which affects a person's thoughts, feelings and behaviour and is seen as a long-term change in personality and has a negative impact on their life. Those with it may find it difficult to: make or keep relationships; keep out of trouble; get on with people including friends and family; or control their feelings and behaviour. They are grouped into suspicious, emotional-impulsive and anxious.

Phobias are a long-term, unreasonable or extreme, intense fear of a particular object or situation (or thinking of a particular object or situation) even when there is no danger, which can cause severe anxiety. They can have a significant negative impact on a person's life as they can impose real restrictions on how people live. Specific phobias can relate to animals, the natural environment, bodies or activities. Complex phobias are commonly social.

Appendix B – Development & Management of MHPs

Causes of Mental Health Problems

There are wide-ranging causes of MHPs. These include: stress; bereavement; relationship breakdown; job loss; long-term unemployment; trauma or witnessing trauma; poor/chronic physical ill health; lack of sleep; abuse; social pressure; drug/substance misuse and addiction; internalising problems; poor living environment (over-crowding, poverty, natural disasters, pollution); up-bringing and education (treatment, brain-washing, grooming, radicalisation); isolation (being alone, being different); or cultural and religious rules, expectations, constraints or practices such as FGM, forced marriage.

MHPs may also be more insular and relate to inherited genetics or neurological condition. Evidence suggests people prone to depression and other MHPs have similarities in brain patterns. Alternatively, they can be caused by chemical imbalances in the brain due to illness, pregnancy, hormones or the side-effects of medication. It is important to learn the physiological problem so each MHP can be properly treated.

How to support those in distress relating to a MHP

Those in distress may be experiencing a panic attack or in an emotional state. This is not dangerous and it will pass.

Firstly, ask if this has happened before. If it has, they may know what works for them. Therefore you should ask what is best to do, how you can help or what they need. If this is their first experience the most important thing to do is to get them to breathe and to concentrate on the physical action of breathing or some other physical movement. Ask them to breathe deeply and exhale slowly and repeat until they are calm. Reassure them that they are ok. Distract their focus onto something comforting, a picture, a story, a person.

Following an episode, encourage them to seek support, keep a diary of when they are anxious and a coping card detailing coping strategies which work for them. It can be hard to remember these during an attack.

Talk about MHPs like you would a physical injury, illness or condition. There should be no embarrassment or shame. Don't say you know how they feel. Each person is unique and each mental health condition is different so you cannot possibly know how that person feels.

Be patient, calm and compassionate. Give them time to respond and be genuinely interested in their well-being, give them your full attention and treat them as an individual. Do not judge them, be patronising or seem bored. Do not overload them with questions or information or try to find solutions. Do not dismiss things that appear bizarre - what they experience is very real to them and may be ordinary.

How to keep yourself safe

Know your role and responsibility in the their treatment and do not go beyond it. Know the effects of any medication they may be taking. Plan to reduce contact when side-effects may be at their worse.

Create a safe environment. Keep your body language open and relaxed. Try to keep calm. Maintain your own comfortable levels of personal space and eye contact.

Judge the circumstance and their behaviour. If you are finding things difficult take a break, think through different approaches and keep trying. If you feel uncomfortable or unable to deal with the situation, it is best to leave, if you are able to, without causing further harm. If you need further assistant, get help. Do not pander or reduce the values or standards of FWinc or alter our procedures in order to deal with the situation. We have these for a reason.

Treatment

There are various treatments of mental illness. These include:

- medication – anti-psychotic, anti-depressant, mood stabilising, anti-anxiety; can have severe and wide-ranging side-effects
- cognitive behavioural therapy (CBT) – individual therapy or with a computer programme
- family intervention – therapy with family
- group therapy – share feelings, experiences and coping strategies in a support group
- art therapies – group/individual therapy exploring illnesses with art
- occupational therapies – individual therapy to boost confidence
- psychotherapy – individual therapy
- self-help – individual working through a manual
- physical activity – group exercise
- electroconvulsive therapy (ECT) – electric current applied to the brain to cause a seizure

Appendix C – How to Improve Mental Health & Well-being

There are steps we can make to look after and improve our own mental health and well-being.

- breathe properly – inhale deeply and exhale slowly
- go outside - be in nature; get fresh air; be grounded in a place;
- be active - regular physical activity is associated with lower rates of depression and anxiety in slowing age-related cognitive decline; exercise regularly; do something you enjoy; be more active in your day, walk to work and during breaks; sit less; take the stairs; do stretches each morning; set yourself an achievable challenge to build up and work towards; solo activities can give you time to think; competitive activities can take your focus away from worries; join a club to motivate yourself; it is recommended to spend, per week, 75 minutes of vigorous exercise (breathing fast, hard to talk) or 150 minutes of moderately intense exercise (increased breathing and heart rate, still able to talk);
- be social – social relationships are a buffer against mental ill health; talk to people; tell them how you really feel; do slow-paced, social activities;
- sleep well - make your sleeping environment a calm, comfortable space – cool, dark and quiet; turn off electrical screens after dark; avoid caffeine, alcohol and sugary items before sleep; avoid exercise late in the evening; avoid worrying tasks later in the day; keep a sleep diary to spot poor sleeping patterns; avoid medication which negatively affects your sleep;
- avoid stress – know what makes you stressed; deal with worries you can do something about; organise and manage your jobs, including everyday tasks, focus on one at a time and note your achievements; take regular breaks, walk around if you're sat for a long time, keep the blood pumping; share worries with someone else who will listen to you;
- relax – take time to relax your body and mind properly; practice mindfulness, meditation; practice relaxing exercises like yoga, tai chi, pilates; stop, close your eyes, listen to your environment; try breathing exercises; listen to relaxing music;
- be happy – do things you enjoy; go places you love; spend time with people who make you feel good; think of good memories; celebrate small achievements or progress; think positively;
- make connections with other people - strong evidence indicates that a fundamental human need is feeling close to and valued by other people; talk face-to-face instead of writing (texts, emails etc), put down the electronic devices; talk to new people; listen to other people; put time aside to really talk to people; share journeys with colleagues and friends;
- be present - be aware of what is happening around you, savour the moment; this can strengthen and broaden awareness, reaffirm life priorities, enhance self-understanding and make positive choices; have a tidy workspace; be near plants and animals; notice other people around you; change travel routes; visit new places; be aware of and talk about how you are actually feeling; acknowledge people around you; put down the elecronic devices!
- keep learning - continued learning enhances self-esteem, encourages social interaction and a more active life; set educational goals; sign up for a class; read the news; read books; do puzzles; research interests; learn a language; get to know people you work with;
- help others - participate in social and community activities; give gifts; give your time; carry out random acts of kindness; volunteer; help friends and family;