My name is Sue, I would like to tell you my experience of volunteering at NSUG. First I was asked to do a simple interview, then some training, very simple. I went to the volunteer meetings and some educational meetings. This was great fun as I met loads of new people.

When I first went out to a meeting with Shaun, the Volunteer Co-ordinator, I just felt at home. I loved it. I did not need to speak but I have since spoken. I felt better about myself. I really looked forward to the next time. If you don’t want to go out you can help with mailing The Voice newsletter. This is all done by members and is great way to meet people. Come along or phone 01782 683043. Trust me the work is fun.

Sue - Volunteer, NSUG
FORWARD TO RECOVERY GROUP

Forward To Recovery (F.T.R.) is an independent group for people with mental health needs. The group promotes a positive attitude and approach towards mental health.

The group is held twice weekly, Tuesday's and Friday's, from 1-4pm, in Kidsgrove.

It is an opportunity for people to meet, socialise and have a cuppa. You can also have a game of cards, dominoes, play scrabble, use the computer, play bingo, or other activities such as knitting or drawing; or just have a natter. We also have monthly social outings where we go out for a meal. In the future as we grow we hope to be doing other outings. It is a friendly group so you're assured a warm welcome. So why not come along for a visit to see if you'd like to join?

Applications and further information are through Rethink Mental Illness (01538 387111/01538 398766).

Hope to be seeing you soon.
How we regulate services
As the regulator, a major part of our job is to monitor services’ performance against national standards.

We regulate:
treatment, care and support provided by hospitals, GPs dentists, ambulances and mental health services.
treatment, care and support services for adults in care homes and in people’s own homes (both personal and nursing care).
services for people whose rights are restricted under the Mental Health Act.

Intelligent monitoring guides our inspections, helping us to decide when, where and what to inspect.
Our intelligent monitoring of trusts that provide mental health services considers 59 different types of evidence, based on sources that include the NHS staff survey, bed occupancy rates, the national health outpatient survey and concerns raised by trust staff.

We've placed each trust into a priority band from one (highest perceived concern) to four (lowest perceived concern). While the bands will help us to decide which trusts to inspect first, they don’t represent a judgement or a ranking of care quality.

Share your experience
Speak up and tell us on 03000 61 61 61, enquiries@cqc.org.uk, or our online form available at www.cqc.org.uk.

You can also share your experience of a service with us.
Support available for people needing help with money issues and benefits.

MONEY MATTERS (01782 207200) is Saltbox’s free confidential service for anyone with debt issues, money worries or benefit problems. We also provide budgeting assistance & practical debt advice.

DISABILITY SOLUTIONS (01782 638300) offer advice on benefits and also run Tribunal Masterclasses: a support service to people who are seeking help with applications and appeals for welfare benefit claims.

AGE UK for people aged 50+, can support people with benefit claims.
- North Staffs Office: 01782 286209
- Stoke on Trent Office: 01782 214922
- Newcastle Office: info@ageuknorthstaffs.org.uk
- Leek Office: 01538 307732

CAB helps people resolve their problems with debt, benefits, employment, housing, discrimination, and many more issues. It is available to everyone. Advice may be given face-to-face or by phone. Most bureaux can arrange home visits and some also provide email advice. They can accompany people to their medical assessments as part of ESA or PIP claims. Staffordshire Advice Line: 03444 111444

JOB CENTRES are now increasing the number of computers available for people to use and have workers who can support them to use the computers. They also have a rolling programme of training to improve people’s skills on computers.

What is Universal Credit?
Universal Credit is a new benefit to replace Income Support (IS) and Income-Based Jobseeker’s Allowance (IbJSA), Income-Related Employment And Support Allowance (IrESA), Child Tax Credit (CTC), Working Tax Credit (WTC), and Housing Benefit (HB).
Universal Credit will NOT affect:
  Contribution-based JSA and ESA
  DLA, PIP and Attendance Allowance
  Carer’s Allowance
  Pension Credit
  Child Benefit and Guardian’s Allowance
  Maternity Allowance
  Council Tax Support
  Industrial Injuries and War Disablement benefits
  Retirement Pensions and Bereavement benefits

How is Universal Credit different?
  claimed by low-income households both in and out of work
  includes allowances for children and housing costs
  paid calendar monthly and in arrears

Advantages of Universal Credit
  Simplicity - one claim for many benefits
  Flexibility - the same benefit, in and out of work, fit, sick, or carer

Concerns and Disadvantages
  Claim process is only available on-line
  Budgeting/ financial control issues with single monthly payment
  Some people may have conditions attached for the first time

North Staffordshire Advice Partnership are currently planning further training sessions on Universal Credit as part of their Advice House programme. If you would like us to arrange one for a forum, please let us know.
**Universal Credit** is being introduced in parts of Newcastle Borough on 20th April and in Biddulph on 1st June 2015. They have excluded people living in the following postcode areas; ST5 0, ST5 1, ST5 4, and ST7 4 because these postcode areas also include people living in Stoke/Stafford Borough.

The introduction of Universal Credit will only affect people who are single jobseekers who do not have children and are making a new claim for benefits. People who are receiving Personal Independence Payment or DLA or are on ESA, Incapacity Benefit, or Severe Disablement Allowance will not be asked to claim Universal Credit at the present time, so most of the NSUG members will not be affected by this change.

We do not yet have a date for when UC is to be introduced in Stoke-on-Trent and the rest of North Staffordshire but it will be until after December 2015.

*Written by Tina Mendolia, Training and Network Development Officer, Staffordshire North and Stoke-on-Trent CAB*

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**The 15 steps Challenge**

What do you think about the care you receive when you visit the Resource Centres? How do you feel and what are your first impressions when you arrive?

First impressions give us our initial feeling about a situation, they help to build trust or anxiety. The 15 steps challenge focuses on seeing care through the eyes of the person receiving the service and exploring their first impressions.

Over the next few months NSUG staff and volunteers will be visiting all the Resource Centres across North Staffordshire and Stoke on Trent, to see what our first impressions are of them – from the car park, through the entrance and into the waiting area. The purpose is to explore what patients think of the environment, improve people’s experience by identifying what is working well and what could be better.
CARE PLANS

Following on from a recent article by a member about their Care Plan, Dave Smith from NSCHT has written to explain a few changes that are happening to the way the Care Programme Approach (CPA) works in the Trust. . . .

Many people who use Trust services will be subject to CPA and will know only too well how complex, time consuming and bureaucratic the process can be to arrange CPA meetings, get all the right people there, and draw up an effective Care Plan. You might also feel that it’s not always very user friendly.

The Trust uses CPA with significantly more people than similar Trusts with similar populations, and has been working at addressing this and reducing the numbers of people subject to CPA arrangements and care planning. This DOES NOT mean changes to the services and support available and provided to meet people’s agreed needs – but it does mean less bureaucracy and less paperwork. This will prove less complicated both for people using services and for staff, releasing more time for them to devote to care and treatment.

The key factor in deciding whether CPA or Standard Care arrangements apply is the complexity of somebody’s needs and the care planning arrangements required to support them. When it’s agreed that the CPA arrangements are no longer necessary, people will simply be considered to be on Standard Care arrangements. All the same principles and standards around CPA still apply - making sure that you receive a comprehensive assessment, an agreed safety assessment and plan, and an agreed care plan explaining how we will work together to treat and support you. You will still, of course, be fully involved in developing that plan and reviewing it, and will receive a copy of it from your Care Co-ordinator. This care plan will be reviewed every 12 months as a minimum, as with CPA, but also according to your changing needs and circumstances.

Contd/....
The main difference is that under Standard Care, the Care Plan will probably be in the form of a letter, rather than the multi-page CPA document.

The intention is to reduce unnecessary bureaucracy and complexity and we do hope that the new system will prove to be as effective but more efficient for everybody involved.

NSUG are happy to receive any comments on this and will discuss them and forward to Dave Smith.

NSUG: Constitution – so what’s in it?

Our constitution is a governing document for NSUG, it forms part of the structure within which we operate. It covers how we manage income, payments and assets, all of which should be used for our charitable purposes. It covers Board of Trustee members and how they should behave whilst in office. It also covers members’ general meetings AGM and how they should be arranged.

The purposes of NSUG are contained within section 3 of the document and are as follows: “The object of the CIO is to improve the quality of life for people with mental health needs within North Staffordshire and surrounding areas, through the involvement of service users”. Section 4 outlines the ‘powers’ to do this: “The CIO has the power to do anything which is calculated to further its object or is conducive to (or) incidental to doing so”

Anonimouse
Making things clearer
MEMBER FORUM DATES

Newcastle Forums:
Friday 10th April at Lyme Brook Resource Centre at 10.30am – What is Recovery in Mental Health?

Staffordshire Moorlands Forums:
Wednesday 1st April at Holbrook House, Cheadle at 1.30pm – What is Recovery in Mental Health?
Tuesday 14th April at Kidsgrove Fire Station at 1.30pm – What is Recovery in Mental Health?
Wednesday 15th April at Pennybank House at 1.30pm – What is Recovery in Mental Health?
Monday 20th April at Biddulph Fire Station at 11.00am – Visiting speakers from Safe Spaces Network and Mental Health Helpline and Introduction to Recovery in Mental Health

Sutherland Forums
Wednesday 25th March 2015 12-1.30pm

Greenfield Forums
Thursday 9th April 2015 1.30 – 3pm

Dudson Centre
Monday 13th April, 2.30pm-4pm – Sarah Honeysett from the Citizens advice Bureau (CAB) will talk about Employment & Support Allowance (ESA)

Monday 11th May, 2.30pm-4pm - Sarah Honeysett from the Citizens advice Bureau (CAB) will talk about Personal Independence Payment (PIP)
Shaun Stanley,
Volunteer Co-ordinator

What NCVO (National Council for Voluntary Organisations) have to say about volunteering :-

“We believe that volunteering is integral to delivering and supporting a diverse range of services and activities that enrich communities. Volunteering builds community capacity and helps to create cohesive, resilient communities that are better able to meet the social and economic challenges they face. Everyone has the right to volunteer and volunteering can have significant benefits for individuals”.

Evidence has shown that volunteering can:
- have a positive impact on health and wellbeing
- provide opportunities to meet new people
- be a way that people can give back to their communities and make a difference
- help to develop new skills or build on existing experience and knowledge
- be a route to employment.

http://www.ncvo.org.uk/policy-and-research/volunteering-policy/what-we-believe

If volunteering is for you? Go to the www.do-it.org website for ideas or ring Shaun on Tel: 01782 683043 for an informal chat.
Raise Money As You Search!

Are you one of the 6.4m people that use a search engine every day? Did you know you can raise money for North Staffs User Group while you search?

http://northstaffsusergroup.easysearch.org.uk combines the results of several search engines such as Yahoo!, Bing and Ask to ensure you can always find what you’re looking for. But the fantastic thing is that EVERY TIME you search, half a penny is raised for North Staffs User Group. Search just 15 times a day and you can raise around £25 a year for us.

See what people are saying about easysearch
"easysearch is a great idea and just as good as Google for the results! I’ve recommended it to my friends and I think this site is the best around as it does something for people. Well done!"

"What a fantastic idea! I was using Google anyway but this way I get to raise money for my good cause every time I search... brilliant! I’ve made easysearch my homepage!"

So the next time you need to find something online, please use http://northstaffsusergroup.easysearch.org.uk and raise money for North Staffs User Group with every search you make.
In the Ghetto.

"Ghetto... segregated group or area."
The Oxford English Dictionary.

A few days ago on our local BBC radio station, the subject of mental health was raised. If I remember correctly, it was because of an announcement by Nick Clegg concerning the reduction of waiting times for mental health patient appointments. As part of this segment of the show, then, someone from a centre which teaches people with mental health problems about IT was interviewed. It wasn't the content of what this person said, though, which interested me, but the response of one of the presenters. Having done the interview, she stated that such places were wonderful because people with mental ill health could help each other and interact there, and, furthermore, they wouldn't feel any stigma about their problems in such places because they were "all in the same boat." While I would absolutely agree that such places are often invaluable to those with mental illness, I believe there's a flip-side to that argument; namely that it is all well and good to provide such welcoming environments, but when do they in fact take on an element of segregation? When do they become, for some at least, a little bit like living in a ghetto for people with mental illness?

Perhaps I'm a little biased about such things, but having had a long term mental illness myself and also having done a great deal of voluntary work for the mental health cause, I now feel as if I would like to expand my horizons. The only thing is, in my experience at least, this has been very difficult. I can assure readers that this isn't for want of trying, but finding anything beyond the scope of the mental health field has proved near impossible. Perhaps those with shorter term problems may find it easier to return to their, as it were, "normal" lives, but for those of us with conditions which have prevented this, the cross-over from mental ill health to average citizen seems beset with difficulties.

Moreover, I find that almost all of my friends now are people with experience of mental illness. I go to a group once a week for people with mental illness. Places like the Club House Network in Stoke-on-
Trent provide a safe and secure environment in which people can meet, but mostly those people have experience of mental illness. So, is it really any wonder that one can begin to feel as if we’ve all been cordoned off somehow? We are now rid of long stay asylums, which were closed in an effort to reduce stigma and end the segregation of those with mental ill health, but what happens when that segregation doesn’t disappear but seems to just move out into the community?

I don’t know what the answer to this problem is, but it appears to me that there is a long, hard struggle ahead if things are to change. Perhaps problems of stigma and discrimination are improving, but for those with long-term illnesses like mine, that improvement can sometimes be difficult to feel. Indeed, for those of us who wish to expand our experience, it can begin to feel like just one more day in the ghetto.

*By an NSUG Member, written 19th October 2014*

**“We shouldn’t be locking up people for simply being ill!”**

Matthew Ellis says police custody cells are fundamentally the wrong place for people suffering mental health crisis. At a meeting instigated by the PCC, senior representatives from Health, Social Care, Local Authorities and Police in Staffordshire signed up to four principles which make it a ‘serious action’ for police custody cells to be used in this way, automatically triggering a multi-agency review to confirm the appropriateness or otherwise of use. The principles which have been formally adopted and will be realised in the next year are:

- All detentions under Section 136 of the Mental Health Act in police custody will have triggered a multi-agency review to see whether they are ‘exceptional’.
- All frontline police officers will have clearly defined access to mental health advice, support and information.
- The total number of Section 136 detentions managed in the
NHS and on an ‘exceptional basis’ in police custody will have fallen.
The proportion of Section 136 detentions requiring an immediate intervention from mental health services will have increased.
For more information about the PCC Commissioner go to www.staffordshire-pcc.gov.uk

How would you feel if the Police ignored you after being a victim of crime?
“I just felt, well, nothing came out of it after a serious assault, what’s the point?”

Take action - tell your local Police and Crime Commissioner (PCC) to make sure that people with mental health problems who are the victims of crime get the support they need.

Your local PCC is taking over responsibility for organising services to support victims of crime in your area.

Our research shows that people with mental health problems are much more likely to be the victims of crime and they feel the impact of crime more severely. But when seeking support, they are often not taken seriously, treated insensitively or find it difficult to access the services they need.

It’s critical that your PCC makes sure that victims services in your area work for people with mental health problems.

Email your PCC today and tell them to consider the needs of people with mental health problems when they’re commissioning support services for victims.
Being a victim of crime can have a significant impact on anyone's mental health. Together we can make sure that people get the support they need when they are a victim of crime to recover and access justice.

Best Wishes,
Daniel
Policy and Campaigns Assistant at Mind

You can write to Matthew Ellis, the Police & Crime Commissioner for Staffordshire, at Office of the Police and Crime Commissioner, Staffordshire Police HQ (Block 9), Weston Road, Stafford, ST18 0YY.

Other ways of contacting him are:
Telephone: 01785 232385
Text: 07929 302010 and start your message with the word “PCC”
Email: pcc@staffordshire.pcc.pnn.gov.uk

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I have an infinite capacity to receive and an infinite capacity to express.

With every delay a blessing is on its way.

Exciting new ideas and information enhance my life.
Carole Stone, Engagement and Outreach Officer, Staffordshire Moorlands and Newcastle....

**Newdays Engagement Update**

Over the last few months I have had several people raise an issue about the Focus Group meetings that take place at Merrial Street every few months on a Thursday. You have told me that nothing seems to happen, that things are repeatedly discussed month after month and that you feel it is a waste of time going to them. I have raised this issue with Sharon Godwin and she is working with the Newdays team to make these meetings more effective for all customers. I gather that the meeting in February went well, more people attended and people are feeling listened to. I will continue to make sure that you feel this is happening.

I have also spoken with the Engagement Team at Brighter Futures, to see what they are doing to improve your experiences of being listened to. They are introducing customer hub meetings across all Brighter Futures schemes, at the moment you can access ones that take place at the Clubhouse Network in Hanley. However they are planning to introduce them to the Newdays groups in Newcastle over the next couple of months – if you would like more information then ask your support worker or contact the Engagement Team on **01782 406000**.

Emma, Outreach Worker for Stoke........

**Members Forum – Dudson Centre, 9th February 2015**

As we mentioned in the last edition of The Voice, we are currently working on writing our 5 Year Business Plan which will lay out the direction that NSUG should take 2015-2020. As part of this work, our February Members Forum was finding out your views on what you think NSUG should be working on. We had lots of good opinions on the day, with people thinking that listening and communication, respect for each other, empowering service users, lived
experience, encouragement & involvement, insight, understanding, education, challenging stigma, honesty, respect and dignity should be our values.

With regard to question 2, in 5 years’ time people wanted NSUG to be still active, be more well known, have more members, be working on an equal level with professionals, representing the different communities of North Staffs/S-o-T, be educating/training professionals as experts by experience, active in campaigning for improving mental health services, and have the Service User at the centre of decision making.

To enable us to be in this position, people thought that we need to raise NSUG’s profile, teach people skills they could use to work in the voluntary sector, reform the Marketing Group, raise funds, look at mental health service improvement, and educate professionals about what mental ill health is like and give people the confidence to speak up.

People then gave their views on how we need to attract new members by being more flexible, having a higher media profile, including a young people’s section, give people more hope and confidence, and increasing our leaflet distribution.

Finally it was thought that to motivate people to become involved in the work of NSUG we should use plainer English, make it clear to people that they are personally affected by the changes that are made to mental health services, and also give concrete examples of how NSUG has brought about changes.

These views will now be put together with ones that we have received from other Forums and will be considered for inclusion in the Business Plan, a summary of which will be included in a future edition of The Voice.
The UK’s mental health care is in crisis – the next government must act urgently. Mentally ill patients forced to travel hundreds of miles for treatment, forcible sectioning in order to get beds and medical students begging for greater teaching on psychiatry: we're not getting it right

By George Gillett.

A report this week was grim reading for those involved in mental health care. The survey of GPs revealed that one in five had seen patients harmed as a result of “delays or a lack of support” from mental health services, while shortfalls had forced 82 per cent of doctors to act “outside of their competence”. While this news is shocking, it is just another example of the UK’s mental health care crisis.

Just last week, data obtained from freedom of information requests led to claims that the NHS treated mental health care as a “second-class service”. Indeed, thousands of mentally ill patients have been forced to travel “hundreds of miles” for treatment in recent years. Extreme cases have seen patients being forcibly sectioned so that they can receive care in overcrowded wards. Even medical students have resorted to asking for greater teaching on psychiatry, highlighting the derisory attention that mental health issues receive. Yet the state of mental health services is unsurprising considering that they receive only 13 per cent of the NHS budget, despite mental illness affecting around a quarter of the UK population.

Worse still, national spending on mental health has consistently decreased he past three years. And the trend isn’t limited to adult care; mental health services for children and adolescents have also seen a fall in funding. This decline
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seems even more irrational considering adolescence is the period when many mental illnesses first manifest, and that hospitals are recording a rise in hospital admissions for conditions such as eating disorders.

The budget cuts have had a noticeable impact, with doctors citing the changes as a cause of “avoidable deaths and suicides,” while mental health organisations claimed that the cuts “put lives at risk.” Mental illness also has a significant impact on a patient’s quality of life, and is thought to contribute to poor physical health, having been associated with diabetes, cancer and cardiovascular disease. As well as the ethical concerns of these cases, such neglect of the mentally ill also has practical implications; a report by the London School of Economics found that the NHS could save over £50m a year by reversing budget cuts to preventative and early intervention therapies.

Yet perhaps the most striking aspect of the decrease in funding comes from the comparison with other areas of health care. The government, for instance, took great pride in announcing that the Cancer Drugs Fund would be ring-fenced until 2016. While it would be wrong to question the severity of diseases such as cancer, it is worth considering that this budget is reserved for treatments that aren’t ordinarily commissioned because they are not cost-effective. Given the nature of the NHS’s funding crisis, it seems unfair to fund relatively inefficient treatments, while the NHS’s most vulnerable patients are left without basic care.

This is the problem. Eager to brand their “reform” of the NHS as good for patients, the coalition has protected the emotive areas of health care that already benefit from public awareness. Aware that severely cutting the budget for
pediatrics or cancer care would result in public outrage, the government are cynically withdrawing care from those most lacking a voice in society: the mentally ill.

Although this current crisis is alarming, such disregard of mental health isn’t a recent phenomenon. Plagued by a history of taboo and prejudice, mental health care has historically been chronically underfunded. With a media happy to brand mentally ill people as “psychos” and a threat to society, it has been relatively easy for politicians to excuse this injustice. But public perceptions are changing; a report by the charity Rethink Mental Illness found that public understanding and tolerance of mentally ill people is improving, while 63 per cent were aware of a close friend having a mental health problem.

This is important; for a politician to stand up for mental health care now wouldn’t just be a principled action, it’d be a popular one. With time, and the excellent work of campaign groups, this positive trend in public attitudes will only continue, allowing society to grow in confidence to discuss one of our greatest health challenges. The mental health charity Mind suggests that the next government commits to a 10 per cent rise in the NHS’s mental health budget over the next five years. Considering the state of mental health care and the current funding disparity between health services, this is not an unreasonable request.

Past governments have chosen an area of health care to focus on, in order to target voter demographics. In 1999, Blair announced his “crusade against cancer”. Seeking the “grey vote”, David Cameron called for a “national challenge” to beat neurological diseases such as dementia.
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But the disgrace of the NHS’s mental health provision goes beyond party politics. Regardless of who wins the general election, the next government must embrace bold reform to end our longstanding neglect of the mentally ill.

Published on the New Statesman (www.newstatesman.com) on 1st August 2014.

Comment by NSUG Member David Sweetsur.

In the last week of November 2014, the subject of mental health hit the headlines. The Royal College of Nursing revealed that staff cuts and bed shortages were leaving mental health services “under unprecedented strain”, with 3,300 fewer posts in mental health nursing than in 2010 and 2,179 beds cut since April 2011. Later in the week it was reported that since 2012 in England, seven mental health patients had killed themselves after being told there were no hospital beds for them. Another patient was said to have killed his mother after being denied a bed.

Despite these stories, which revealed a system surely in crisis, the response of NHS England was to say that spending on mental health was increasing in real terms. George Gillet’s article, however, attests that national spending on mental health has actually consistently decreased over the last three years. A spokesman for the Department of Health said that “mental health is a priority of this government”, and went on to speak of achieving “parity of esteem” with physical health. Once again the article suggests something different entirely; namely that funding for mental health has been disregarded while other areas more popular with the public have been ring-fenced. As is pointed out, such disparities may be in no small part due to the “history of taboo and prejudice” which surrounds mental health.
Indeed, we’ve certainly felt the effect of such cuts to services here in Stoke-on-Trent. The Bennett Centre was closed in December 2012. The beds at the resource centre’s were cut. Thirty-five jobs were lost. At the time some staff members attempted to reassure us by saying that our service was not being dismantled, but simply “restructured”. We were also told that it wasn’t beds or buildings that actually helped people recover, but appropriate treatment. However, when it is now acknowledged by doctors that the cuts have been the cause of otherwise avoidable deaths and suicides, it’s hard to see how taking away beds, buildings and staff will not adversely affect the lives of those already unfortunate enough to experience mental ill health.

We were also assured that services would be provided in the community to compensate for such losses. However, groups like the one I attend once a week, which now has to be run at Hanley Library, have been affected. The NHS staff who facilitated our group were withdrawn in May 2012. We were told that this was a short term measure, but they have not returned. We were also informed that if the room where the meeting was held was not required then 24 hours notice would need to be given, and that, if this was not forthcoming, a charge of £15 would be incurred. Group members would now be responsible for this charge. Perhaps this was what was meant by David Cameron’s nebulous “Big Society”, or as one nurse who used to help facilitate the group put it, “you’re going to have to do things yourselves”, a comment which was probably a more accurate evaluation of the situation than Cameron’s “all in this together” sound bite. But there may be a ray of hope. The article cites a report by the charity Rethink Mental Illness which suggests that public
Contd/....
understanding and tolerance of those with mental ill health is improving. With anti-stigma work being carried out by organisations such as Time to Change, perhaps the public’s view can be further softened, and in turn, the urgent need for more funding made apparent to government. We live in hope.

NVQ level 2 in Customer Service

Starts Thursday 16th April 1.30pm-4pm in the Jenny Manning room at the Dudson Centre. To find out more speak to Shaun on Tel: 01782 683043.

Easy Tuna Toastie

Ingredients:
- 1/2 a tin of tuna in brine
- Salt & pepper
- Sweet corn
- Grated cheese
- Tomato
- 2 slices of bread
- Onion
- Red pepper

Open a can of tuna and place 1/2 of it in a bowl, then add a tablespoon of sweet corn, a chopped tomato, chopped onion and salt and pepper and mix together.

Next grate your favourite cheese and put to one side.

Now toast 2 slices of bread on one side under the grill, remove from grill and spoon on your tuna mix and sprinkle on the grated cheese. Grill until the cheese bubbles.

Serve with a crisp salad.
Kofi Annan: “failure to tackle depression underlines fundamental human rights”

Annan said the collective failure to confront the condition, which affects almost 7% of the world’s population (400 million people), was not a result of a lack of knowledge about treatment, but a failure to recognise the scale of the problem and put in place resources to overcome it. “The challenge is to find the global vision and leadership to maximise the benefit for individuals and families.”

Annan praised the World Health Organisation (WHO) for stressing the importance of good mental health, but said that even in developed countries help for people with depression often lagged badly behind help for those suffering from physical conditions. In less-developed countries, he said, support and treatment could be non-existent. “Too often and in too many societies those with mental health (issues) face discrimination and isolation,” he added. There was a lack of resources and trained mental health providers, he said, “but we also have to deal with the social stigma and lack of community understanding associated with mental disorders.

The UK health minister, Norman Lamb, welcomed Annan’s call to put mental health on the UN’s development agenda. “Faced with the statistics, no one can underestimate the extent of the problem or the challenges that lie ahead of us,” he told the meeting. But Lamb said that in the UK and elsewhere there was an imbalance of resource allocation between mental and physical health. “Mental health always tends to lose out. That in my view has to change.”

North Staffs Users Group

Our aims are:

To **IMPROVE** Mental Health Services.

To **EMPOWER** and protect the rights, needs and interests of people who use mental health services in North Staffordshire.

To **INFLUENCE** the way those services are planned and delivered.

To **BRING TOGETHER** people who use mental health services, in order to increase their influence on services and strengthen their voice.

To **INFORM** people who use mental health services of their rights, about local services and any planned changes to those services.

To **REDUCE THE STIGMA** towards mental health service users.

We can be contacted at:

FREEPOST RTKL-XLKT-HJTX, North Staffs Users Group,
The Dudson Centre, Hope Street, Stoke on Trent, ST1 5DD

**Phone:** 01782 683043  
**Email:** mainoffice@nsug.co.uk
Can you help save cost to NSUG and help the environment?

If you have enjoyed reading this copy and would prefer to reduce your carbon footprint by having an electronic copy instead of a paper copy please let us know by filling in the form below. Similarly if you no longer wish to receive a copy of the Voice complete the form below.

I no longer wish to receive the Voice, please remove my details from your mailing list.

I would like to receive a copy of the Voice electronically. This would enable me to receive it in colour.

Name:

Address:

Email address:

Return to: FREEPOST RTKL-XLKT-HJTX
North Staffs Users Group, The Dudson Centre, Hope Street, Stoke on Trent, ST1 5DD
Alternatively email mainoffice@nsug.co.uk

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To all contributors, Thanks

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Articles and contributions wanted........

The Voice welcomes contributions on any relevant topic. You may wish to express a view about mental health services, or send in an article or cartoon. If so, send them to FREEPOST RTKL-XLKT-HJTX, North Staffs Users Group, The Dudson Centre, Hope Street, Stoke on Trent, ST1 5DD. If you would like to know more contact us on 01782 683043.

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As well as telling you more about our work and volunteering opportunities we offer, there are links to other websites that you may find useful.

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