



The three short films on this DVD were made by Framework, a leading homelessness organisation working to open doors to homeless and vulnerable people across Nottingham, and Rethink, the charity working to help everyone affected by severe mental illness recover a better quality of life, as contributions to recent Mental Health Awareness Weeks.

They have been brought together as a single resource to help play a role in the training and development of a wide range of professional groups as well as raising public awareness and challenging stigma and prejudice surrounding mental health. This booklet suggests some discussion starters arising from the issues portrayed in the films and some activities on mental health and wellbeing, devised for youth groups but adaptable to a range of audiences.

Framework can offer training or facilitate sessions based around the films. To find out more contact Framework Housing Association on Tel. 0115 841 7711, visit the website at <http://www.changingyourmind.frameworkha.org>

Anyone showing these films or facilitating discussion around them should consider that they may raise some difficult thoughts and issues for some individuals, both at the time of watching and later. It is essential that anyone showing the films is able to respond to the support needs that may arise and also signpost individuals to sources of appropriate advice and support. Details of support can be found at the end of this booklet.

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Additional materials and activities adapted from Hold Your Head Up – Mental Health and Emotional Wellbeing (The National Youth Agency, 2006).

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# How to use this resource pack

This pack contains:

- three films about the experiences of people with mental health problems.
- several exercises which can be used to explore the issues raised in these films.
- exercises and activities which complement the films, exploring mental health issues in general and how to manage personal mental wellbeing.
- general techniques and exercises which can be used to facilitate group discussion.

This pack may be used flexibly. The facilitator may choose to show one, two or three films and should mix and match exercises and activities depending on the audience and the time available. Some activities also include options for audiences with more advanced experience and knowledge.

Depending on the exercises used, the pack can provide activity for between an hour and a whole day. In planning any session, it is important that the facilitator allows enough time to explore the issues that may be raised by the films and in the accompanying activities. It is also important to offer adequate support to participants during and after the sessions.

We would welcome your feedback on this pack and any of the material within it.

Please email [changingyourmind@frameworkha.org](mailto:changingyourmind@frameworkha.org)

# Introducing the Films

## **A Day in the Mind**

This film, in the first person, conveys some of the inner thoughts and challenges of someone struggling in getting through a day. The material, written by a man, is read by a woman – both are people with mental health problems being supported by Framework.

'A Day in the Mind' was the idea of a group of people with mental health problems who wanted to convey some of the silent, unseen, almost routine challenges of someone with mental health problems. It was important to this group that the film conveyed inner thoughts and feelings, as well as the notion of looking out. Within only a couple of days of deciding to embark on the project, one of the group, Frank, had written a powerful and moving account of a day of his thoughts and feelings.

## **What a Difference a Day Makes**

This film conveys some of the things that have helped people move from a 'dark hole' to a place with more light and hope.

A year after making 'A Day in the Mind' a group of Framework staff and service users got together to consider making another film – something that would be a 'natural progression' from A Day in the Mind. The group wanted to portray moving on from the difficult and challenging place depicted in 'A Day in the Mind', and create something about recovery and hope, showing the things which help someone move on from such a place.

The title 'What a Difference a Day makes' acknowledges that recovery doesn't happen in a day, but that a day can make a difference. Like 'A Day in the Mind' the film avoids a standard documentary 'talking heads' approach based on interviews and head shots, instead the storyteller remains anonymous.

The film was created using live interview dialogue from a number of people with mental health issues. Each person was asked to talk about the things they felt helped them in their own journey towards recovery. Visual footage was then recorded to match the dialogue. Imagery of a jigsaw is shown in the film; this is used as a metaphor for a holistic journey towards recovery – with many different pieces coming together to form a whole. The poem which ends the film is written by someone with mental health problems.

## **A Human Experience**

This film, based on interviews with three people who have used mental health services, conveys some of the challenges, stigma and discrimination they have faced both within mental health services and other parts of society.

'A Human Experience' was made by Mark Smith from Rethink to launch mental health awareness week in Nottingham in 2005. The films have been shown to junior doctors and medical students, at the Mind Annual Conference and at a conference on 'the psychotherapy of psychosis' in Madrid. These films have also been used in training sessions with nurses, social workers, psychologists, health and social care students, and have been shown at a number of conferences in the UK.

# Questions and Discussion Starters

## **A Day in the Mind**

Questions:

1. What are your feelings about the person in the film?
2. How would you describe her mental health?
3. What do you think might be the causes of her problems?
4. What is the likely impact of her problems on:  
Herself?  
Neighbours?  
Family?  
Society?
5. If you were her, how would you like to be treated by:  
Neighbours?  
Family?  
Society?  
Mental Health services?
6. What might make things better?
7. What might make things worse?
8. What might help her?

## **What a Difference a Day Makes**

Questions:

1. What are your feelings about the people in the film?
2. What sort of things helped them?
3. What might make things worse for them?
4. What do you think would help you feel more hopeful about the future?

## A Human Experience

Questions:

1. What are your feelings about the people in the film?
2. Do you think what happened to them could happen to anyone?
3. What needs to change to reduce the impact of the problems they faced?

## General questions

1. What are your feelings and thoughts about people with mental health problems?
2. How will you behave towards people with mental health problems
  - a. In your personal life?
  - b. At school?
  - c. In your family?
  - d. At work?
  - e. With your neighbours?
  - f. In public places?
3. In order to make a difference I will ..... what?



# Mental health – Myth or Fact?

## Part 1

- 1 Mental health problems are rare.
- 2 Anyone can suffer from a mental health problem.
- 3 People should just 'snap out' of a mental illness.
- 4 Talking to someone is probably the most important part of seeking help.
- 5 Alcohol and drugs can cause mental health problems.
- 6 Stigma and lack of tolerance to people with mental health problems are more damaging than the problems themselves.
- 7 People with mental health problems are more likely to be violent.
- 8 Self-harm is primarily attention-seeking behaviour.
- 9 Good Mental health is defined as being happy all the time

## Part 2 ( More complex issues)

- 1 Medication is the most useful treatment for mental illness.
- 2 Accurate diagnosis is crucial in helping people.
- 3 There are no cures for people with mental health problems.
- 4 Mental illnesses are largely inherited..
- 5 One day drug companies will find effective treatments for most mental health problems.
- 6 Side- effects of medication are minor irritations compared to the benefits of it.
- 7 Listening to someone is the easy part of helping someone, giving them the right advice is more difficult.



# Answers and guidance

## Part 1

- 1 Myth . Statistics state that 1 in 4 people will suffer from a mental health problem in any year. This includes common mental health problems including problematic anxiety and depression.
- 2 True. In certain environments and sets of circumstances, anyone can suffer from a mental health problem.
- 3 People cannot just 'snap out' of mental health problems. To suggest this is different to giving positive encouragement, and may dismiss the strength of peoples' feeling and problems.
- 4 True. Many people may suffer silently, and their problems may get worse as a result. Talking to someone can be the start of getting the best help.
- 5 True. Alcohol and drugs can cause, or make worse, many mental health problems including depression, anxiety, and psychosis. People, and their mental health, respond differently to different substances.
- 6 True. Friends, neighbours, employers, and the public's responses to someone's mental health problems can be more damaging than the problem itself.
- 7 False. People with mental health problems are more likely to be the victims, rather than the perpetrators of violence.

- 8 False. Self-harm is often a way of coping with difficult thoughts and urges. It often takes place privately.
- 9 False. Good mental health is about having a healthy balance in your life, a positive and optimistic outlook, and being well placed to cope with the challenges that life will throw at you.



## Part 2

There are no clear, or black and white, answers to some of these questions. Different people will give different answers depending on their personal or professional background, and which 'model of understanding' they believe in. Doctors and pharmaceutical companies may promote a 'medical model' of understanding and treating mental illness, which advocates the benefits of medication as the primary treatment. Some service user groups challenge the dominance of the medical model, the role of psychiatrists, and the value of medication.

- 1 There may be times when medication has a lot to offer someone suffering from a mental illness, but medication alone will not solve someone's social, emotional, or economic problems.
- 2 The medical model relies on the process of diagnosis, from which, treatment is prescribed. Some service users and carers of people with mental health problems get reassurance and support from having a diagnosis, whereas others feel labelled, stigmatised and pigeonholed by it.
- 3 Cure is not a term that is often used in mental health. Recovery, or being able to live with or move on from, your problems, are more realistic concepts.
- 4 The causes of mental illnesses are complex and involve genetic, biological, social and emotional factors.
- 5 Drug companies invest huge resources into researching and marketing pharmaceutical products, and make huge profits from their sales. Medications are valued by people at times, whilst others are more sceptical and question the search for medication

as a cure for all ills.

- 6 People react differently to different medications. Some doctors emphasise the need for some people to take medications and may not give enough attention to the side effects as experienced by the people taking them.
- 7 Sometimes people struggle if they aren't able to give good advice to people suffering with mental health problems. Giving advice isn't always the best thing to do. Listening, respecting, and trying to understand what someone is telling you, is often of great value in itself, as is directing them to people best placed to help.



# Stress

Stress takes a heavy toll – weakening your immune system, contributing to a wide range of problems and illnesses.

Relaxation creates oases of relief which, if done regularly, can add up to something that can make a real difference to many areas of your life.

Everyone has their own ways of relaxing – walking, reading, swimming, etc.

1 Signs of stress.

2 Exercise:  
List your stressors.

Identify your coping strategies, positive and negative.

Acknowledge your stress range- where and when it varies;-where are you now/ this week?

3 Split into pairs, and share what you feel comfortable with sharing, and identify strategies you may want to strengthen or expand , and those you may want to reduce.

Identify the things you can address, and possibly change, and the things you can't. (can you change the way you feel about the latter)

Create your own brief, and realistic, plan to manage your stress .

4 Share what you wish with the group.

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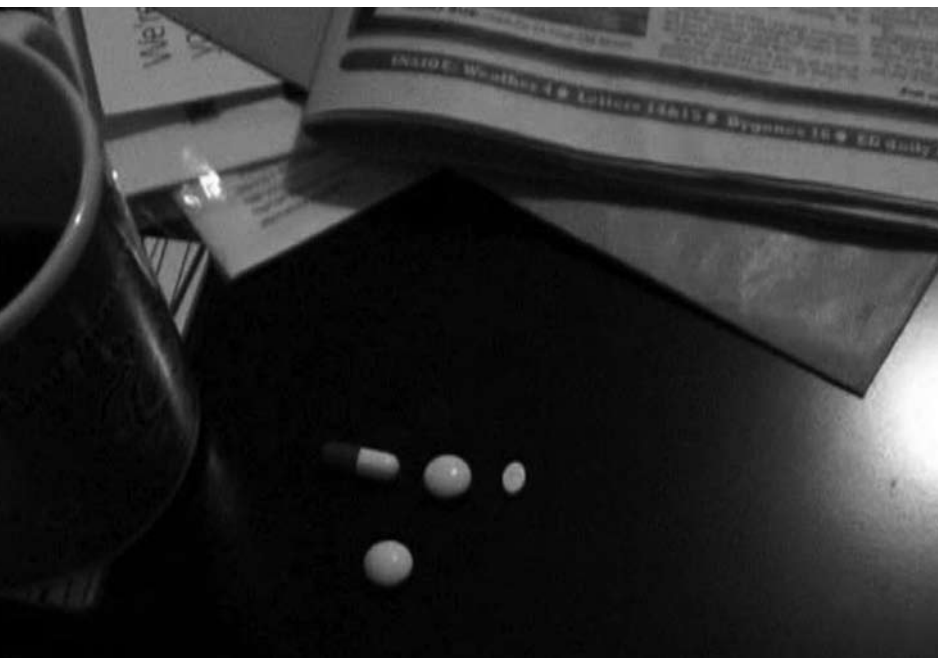
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# Other activities

## Happy Circle

This quick round is great to use as an icebreaker with a large or small group of people.

### **Aim**

It encourages the group to start thinking about emotional wellbeing by considering what it is that makes them happy.

You will need

- Nothing!

### **How to do it**

Ask the group to form a large circle and sit down. If the group is unfamiliar with circle time, explain that it is a safe place where the group can meet to work together. Agree any group rules that will always apply during circle work, for example only one person speaking at a time, the right to pass etc.

Begin the round yourself to introduce the idea by saying 'my name is ... and one thing that makes me happy is ...'. This can be anything that inspires you, creates contentment or just makes you smile! Once you have had your go, turn to the person on your left and continue the round until everyone in the circle has spoken.

Close the circle time.

## Words, Stereotypes and Feelings

This is a warm up activity for young people to explore the language of mental health and the attitudes linked with it, including their own.

### **Aim**

To look at stereotypes associated with mental health and to challenge these.

You will need

- Post it notes
- Large sheets of paper
- Felt tip pens

### **How to do it**

Divide the people into groups of four. Hand out a small wad of Post it notes and a pen to each person and a large sheet of paper to each group. Working in their groups invite each person to think of as many words or thoughts that come into their head when they hear the term 'mental health', write them on a Post it note and stick it on to their group sheet. Remember, at this stage all contributions are welcomed and not challenged.

After five minutes call time and ask each group to display their sheet to share with the whole group. Often the list of words will focus on mental 'illness' and include a number of slang words that are often seen as offensive or ill-informed eg nutter, dim wit, mad, schizo, not all there, odd, crazy, loony. How many words are seen to be positive or negative? Ask them if they have used words like these. What feelings are generated in the person who uses these words: fear, superiority?

Explore with the group the possible reasons that people use

language like this to label others – to exclude them? to be superior over them? What might they feel: isolation, shame, anxiety, not belonging, anger? Assess with the group the possible impact on people with mental health problems especially in terms of their sense of worth.

Raise the issue and reinforce the point that mental health is also about being emotionally healthy and not exclusively about illness.

Adapted from Exploring Mental Health – BACP 2004



## Protective factors

This activity can be used with a group or individual people and explores risk and resilience factors that contribute to mental health and emotional wellbeing.

### **Aim**

To enable people to explore risk and resilience factors.

### **You will need**

- Copies of the 'Risk and Resilience' handout
- Flipchart and markers

### **How to do it**

Firstly ask members of the group to stand up if they have ever felt stressed about something. Then ask people to remain standing if they have been stressed or worried about something in the last year. Repeat the question asking about incidents in the last month. Reflect that everyone has times in their lives when they feel worried or stressed and ask the group to sit down again.

Now ask them to turn to the person sitting next to them and briefly talk about a time when they have felt worried or stressed and what they did to help them cope. Reinforce that this should be something that is resolved and that they should no longer feel emotive about. Allow five to ten minutes and then ask people to share sources of stress and ways to cope. Pull out ideas and record on a flipchart.

Next, move on to explain the concepts of risk and resilience ie what makes us vulnerable to mental ill health and what may protect us, what we call here risk and resilience factors. Looking at the ideas on the flip chart can you draw out any common themes? For instance, in looking at coping mechanisms, how many people thought that

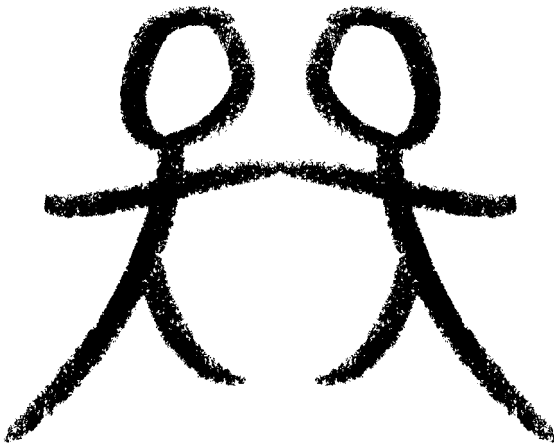
sharing your feelings was important?

Now ask them why they think that some people face multiple issues in their lives but appear to develop and make progress, while other people's lives appear to fall apart plunging them into depression and self-destructive behaviours.

Hand out the **Risk and Resilience Sheet** and divide the main group into groups of three. Ask them to consider the list and then group the risk and resilience factors under the following headings:

- Factors within the person
- Factors within the family
- Factors within the community.

Facilitate a feedback session that takes points from all groups and discusses any issues raised. Conclude by stressing that just because people are subject to significant risk factors the resilience factors surrounding them may counter the risks enough to enable them to cope.



## **Risk and Resilience** (Handout Sheet)

These are some risk and resilience factors given by the British Association for Counselling and Psychotherapy to consider:

### **Risk factors:**

- Poor social skills
- Hanging around with peers who get into trouble
- History of mental illness in the family
- A lack of early attachment and nurturing
- Poor nutrition
- Insecure housing/being made homeless
- Harsh or inconsistent parenting
- Hostile and rejecting relationships
- Unrealistically high expectations from school/parents
- Social deprivation/poverty
- Being involved in a disaster
- Discrimination and racism
- Witnessing family conflict and violence
- Chronic illness
- Divorce and separation
- Loss of a parent, close relative or sibling
- Parental involvement in crime or drugs

### **Resilience factors:**

- Strong bonds within the family
- Secure early relationships
- A faith
- Involvement with extended family
- Enjoying and achieving at school
- Feeling valued
- Being female
- At least one close relationship
- Parental support for education
- Sense of humour
- Parental warmth and support
- A positive attitude to life
- Access to services
- Supportive teachers
- Parents express clear boundaries
- Love and affection
- Good social skills
- Financial security in family
- Takes part in sporting/leisure activities
- Good relationships with teachers/youth workers

### **Risk factors** (cont.):

- Learning difficulties
- Physical, emotional or sexual abuse
- Violence in the community
- Communication difficulties
- Low self-esteem
- Drugs/alcohol use
- Truancy/exclusion from school
- Sexuality
- Being a refugee or asylum seeker
- Isolation from services

### **Resilience factors** (cont.):

- Peers with similar values
- Respect for authority
- Personal goals
- High self-esteem
- Ability to express feelings
- Good problem-solving skills
- Secure housing
- Good diet
- Plenty of sleep
- Feeling a part of the wider community



# Emotional Health and Wellbeing

Having good emotional health and wellbeing are important factors for people to achieve their full potential and enjoy life.

## Aim

For people to explore what emotional health and ill health is.

## You will need

- Flip chart paper
- Marker pens

## How to do it

Introduce the session and divide the group into smaller groups of three or four people.

Now set half of the groups the task of discussing words that describe someone who is emotionally healthy and what they think constitutes 'emotional health' and the other half 'emotional ill-health'. Distribute paper and pens and ask the them to record their thoughts. Explain that they have a time limit of ten minutes.

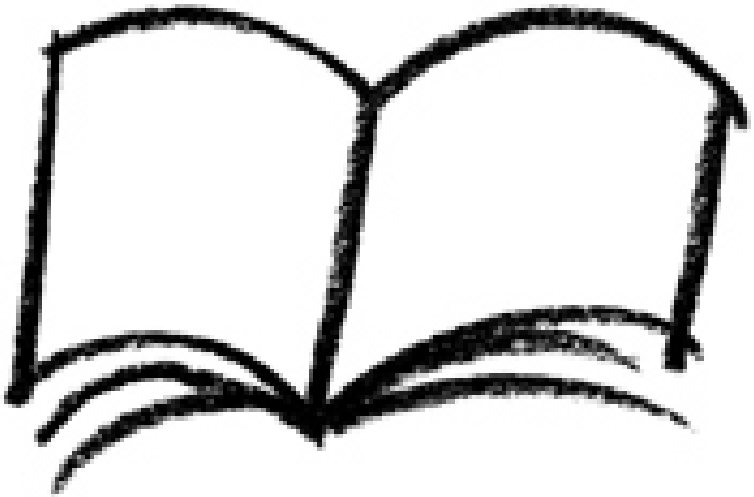
Words that describe someone who is emotionally healthy could include:

Enjoys life ● Positive outlook on life ● Easy-going ● Has a clear sense of their future ● Good at making decisions ● Lives in the present ● Self-confident ● Has lots of energy ● Happy ● Looks after their appearance ● Good sense of humour ● Enjoys and uses leisure time to the full ● Sociable Is warm and empathic ● Is a good listener

Ideas that might be associated with a person who is 'emotionally unhealthy' could be:

Often feeling anxious or afraid ● Irritable and aggressive for much of the time ● Cries easily ● Neglects their appearance or responsibilities ● Often sad or depressed Lethargic ● Does not like eating in public ● Avoids social contact ● Is often tired ● Displays a lot of anger ● Is plagued by worrying thoughts ● Fears the future ● Life appears to be out of control ● Feels that problems cannot be solved ● Talks about hurting themselves ● Bullies others.

Invite points from each group to feedback to the main group and to consider three things they will do with regard to their own mental health and then display sheets for future reference.



# Positive Self Talk

## Aim

To introduce people to the concept of positive 'self talk' as a tool to use in difficult or stressful situations.

## You will need

- Nothing

## How to do it

Ask the group to think about a time when they were worried about something or felt stressed about a situation. Suggest that the mood we are in, positive or negative, can affect the outcome. For example, if we are convinced we can't do something or we are going to fail the chances are that we will – a self fulfilling prophecy. However, if we encourage ourselves to see success then it can motivate us and enable us to cope better with things.

Divide the group into threes, asking each person to think of a stressful situation they have been in that they are willing to share.

Now, explain that for each of the stressful scenarios one person will tell the story, one person will 'self talk' the voice of negative doubts and worries and the other will 'self talk' in a positive way. So, for example:

The stressful situation is taking a penalty for the local football team. You want to do well as winning the game depends on this.

Negative self talk: 'I'm going to miss! I just know I am! I'm no good at penalties, even during practice I miss! Then everyone will hate me and blame me for losing the match ...'

Positive self talk: 'Penalties are stressful, but I've managed well before. I will focus on what I want to achieve and where I want the ball to go and not get distracted. I can do this, I know I can!'

Let them try out self talk for each scenario and then bring the group back together to review. Can they see how positive self talk could help to reduce stress? The least it can do is focus your mind on a positive outcome and give you space to think. At best it can inspire you to manage things better.



# Helping Hand

This session can be done either as a group or one-to-one activity.

## Aim

To encourage the group to identify people they could ask for support if they were worried or concerned about something.

## You will need

- Large sheets of paper
- Pens
- Details of local support services

## How to do it

Before you start consider any issues that there may be within the group so that you can decide if this activity is appropriate.

Begin by asking them to think about a time when they have been really pleased or proud of something that has happened. Invite them to share their memories with the person sitting next to them. How did they feel? How did they celebrate? Who did they tell?

Now hand out the paper and pens and ask everyone to draw around each of their hands so that they have two outlines in the centre of their sheet. Explain that you want to follow on from their conversations by thinking about all the people that they tell (or want to tell) if something good happens. Once they have people in mind ask them to write the names down on the left hand outline, a name along each finger.

Once this part of the task is completed, ask them to think about times when not so good things have happened. Explain that they do not have to share what they are thinking, but suggest that they start

to identify people who they could tell and ask for help.

Now explain that the thumb on the right hand represents the first person who they would go to if they were in trouble and needed help. Ask them to write down who they would go to next if the first person wasn't in or would not listen. Carry on until all five fingers have names.

Reflect on the process with the group. Was it easier or harder to find people to share good times with? Are the same people on both hands? Was it easy to identify a support network? Will it change often? What is it about these people that makes them special and different?



# The Big Chill

A simple relaxation technique that encourages people to take time out and relax.

## Aim

To introduce people to a relaxation technique that they can use outside of group time to reduce stress.

## You will need

- Relaxing music
- Scented candles (optional)
- Yoga mats (optional)

## How to do it

1. Before you start prepare the room by turning off harsh overhead lights and dimming lights. Light the candles if you are using them and check that the room is not too hot or cold.
2. The first time that you try this invite the group to sit quietly in a comfortable position with their eyes shut. As they get familiar with it you can suggest that they lay on the floor on their backs with their eyes closed.
3. Turn the music on at a low volume, Ibiza Chill House works well. What you don't want is something that everyone recognises and really hates or loves!
4. Begin by asking them to breathe slowly in and then gradually exhale, really focussing on their breathing so that they become aware of every part of the process. By doing this they should be breathing from their abdomen not their chest.

5. Talking softly invite them to tense and relax muscle groups in their body, still continuing to breathe deeply. Tense each muscle for four to ten seconds before relaxing again. Start with hands, which they should feel less self conscious about, and encourage them to clench and unclench their fists before moving through the body to the toes.
6. By now they should be feeling totally relaxed, continuing to concentrate on inhaling and exhaling. Now, ask everyone to think of a word or phrase and silently say it as they exhale.
7. Continue this for three to five minutes, encouraging them to push distracting thoughts out of their mind but to concentrate on the word they are using and visualising drifting away, like waves on a beach.
8. Invite people to come back to the group and gradually open their eyes. Welcome everyone back and suggest they stand up slowly.

## Additional activities

### 1. **Cotton bud game**

Participants get three or four cotton buds. A bud is placed in a pot when a view is expressed. Once an individual has used all their buds they cannot speak again.

### 2. **Agree, disagree**

Place an agree point at one end of the room, disagree at the opposite end. Read out a statement relating to one of the films. Participants must opt for agree or disagree. Time is allocated for opposing ends to try and convert people to their side. To encourage people to see opposing views deal everyone a playing card, one of which must be a joker. The person dealt the joker argues from the opposite point of view to that which they actually hold.

### 3. **Pairs, 4s, 8s and whole group**

This encourages people to discuss, listen and compromise. Divide the group into pairs and ask them to select four words that best describe the film they have just seen. Then combine pairs so you have groups of four, each with a list of words. The group reduces the two lists to a single list of four. Combine groups until the whole group comes together, deriving a definitive list.

### 4. **Time ladder**

On flipchart paper draw a ladder with six squared sections. Label them – one week later; one month's time; six months' time; one year's time; three years' time and ten years' time. A dice is rolled with the number relating to the squares. Draw from open-ended statements that could include questions like: how have the main character's actions impacted on his life at this time?

The participant, having rolled a three for example, would answer in the context of six months in the future. The process can be repeated for all statements.



# Further information and resources

## **British Association for Counselling and Psychotherapy**

Promotes understanding and awareness of counselling. Lists of qualified counsellors and psychotherapists available.

Contact: BACP, 35-37 Albert Street, Rugby, Warwickshire CV21 2SG.

Tel: 0870 443 5252.

Website: [www.bacp.co.uk](http://www.bacp.co.uk)

## **ChildLine**

Available 24 hours a day and 365 days a year ChildLine is a free, national helpline for children in trouble or danger. Children living away from home can also call a special helpline called 'The Line' on 0800 884444. The service operates 3.30pm to 9.30pm Monday to Friday and 2pm to 8pm at the weekend. A minicom service for children and young people who are deaf or have impaired hearing is available on 0800 400 222. This service operates 9.30am to 9.30pm Monday to Friday and 9.30am to 8pm at the weekend.

Tel: 0800 1111.

Website: [www.childline.org.uk](http://www.childline.org.uk)

## **FRANK campaign helpline**

The FRANK campaign helpline provides information and advice about drugs and information on local services. The service can take calls in over 120 languages via a three way call with a translator. There is also a website providing information and an e-mail service for users to send in questions. Available 24 hours a day and 365 days a year.

Contact: 0800 776600.

## **Health literature line**

The health literature line is the telephone ordering service for free Department of Health publications on a range of health issues. Available Monday to Friday 8am to 6pm (voicemail at other times).

Tel: 0800 555777.

## **Mental Health Foundation**

The Mental Health Foundation is the leading UK charity working in mental health and learning disabilities.

Contact: Mental Health Foundation, 9th Floor, Sea Containers House, 20 Upper Ground, London SE1 9QB.

Tel: 020 7803 1100.

E-mail: [mhf@mhf.org.uk](mailto:mhf@mhf.org.uk)

Website: [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)

## **MIND**

MIND is the leading mental health charity in England and Wales. It provides a wide range of information and support to people with mental health difficulties. Its website contains over one hundred online information materials.

Contact: MIND, 15-19 Broadway, London E15 4BQ.

Tel: 020 8519 2122.

MINDinfo: 08457 660 163.

E-mail: [contact@mind.org.uk](mailto:contact@mind.org.uk)

Website: [www.mind.org.uk](http://www.mind.org.uk)

## **National Self-Harm Network**

Supports survivors and people who self harm, and the people it indirectly affects, like family and friends.

Contact: NSHN, PO Box 16190, London NW1 3WW.

Website: [www.nshn.co.uk](http://www.nshn.co.uk)

## **NHS Direct**

NHS Direct provides advice and information about health and the NHS so that people are better able to care for themselves and their families. The service aims to provide clinical advice to support self care and appropriate self referral to NHS services, as well as to more general advice and information. Available 24 hours a day and seven days a week.

Tel: 0845 4647.

## **Rethink**

Rethink provides a wealth of information about mental health issues to people with mental health difficulties, carers and health professionals,

Contact: Rethink, 28 Castle Street, Kingston upon Thames, Surrey KT1 1SS.

Tel: 0845 456 0455 or for advice 020 8974 6814 (open 10am to 3pm Monday to Friday).

E-mail: [advice@rethink.org](mailto:advice@rethink.org)

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

## **Samaritans**

Available 24 hours a day to provide confidential emotional support for people who are experiencing feelings of distress or despair.

Contact: Samaritans, The Upper Mill, Kingston Road, Ewell, Surrey KT17 2AF.

Tel: 020 8394 8300.

Helpline: 08457 909090.

Website: [www.samaritans.org.uk](http://www.samaritans.org.uk)

## **Saneline**

Saneline is an out-of-hours telephone helpline offering practical information, crisis care and emotional support to anybody

affected by mental health problems.

Tel: 0845 767 8000.

Available 12pm to 2am.

## **Youth Access**

The national membership organisation for young people's information, advice, counselling and support services.

Contact: Youth Access, 1-2 Taylors Yard, 67 Alderbrook Road, London SW12 8AD.

Tel: 020 8772 9900.

E-mail: [admin@youthaccess.org.uk](mailto:admin@youthaccess.org.uk)

Website: [www.youthaccess.org.uk](http://www.youthaccess.org.uk)

# **CHANGING YOUR MIND**

**We hope you enjoyed using Changing Your Mind. Please tell us what worked, what didn't and any suggestions for changes or additional material.**

**E-mail: [changingyourmind@frameworkha.org](mailto:changingyourmind@frameworkha.org)**

Framework provides housing, support, training, care and resettlement services – opening doors to homeless and vulnerable people across Nottinghamshire.

We work with:

Young people and care leavers

Older homeless people

Vulnerable women

People at risk of homelessness

Rough sleepers

People with mental health problems

People with drug and alcohol problems

To find out more about our work visit [www.frameworkha.org](http://www.frameworkha.org)

Framework Housing Association:

Ground Floor

Maville House

Beech Ave

Nottingham

NG7 7LS

Website: [www.frameworkha.org](http://www.frameworkha.org)

Telephone: 0115 841 7711

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*opening doors to homeless and vulnerable people*