

LAURA LOVES, LAURA LOATHES

Laura Graham gives a perspective on the people and events she encounters as she travels the country. In this issue, she loves a state-of-the-art mental-health facility filled with hope as it treats people so ill they have had to be sectioned – and is outraged by “our benzodiazepine secret” and lives ruined from childhood to grave, crushed by politicians, officials and the ‘health’ profession.

LAURA LOVES... state-of-the-art mental-health rehabilitation services. Or very modern personal innovative approaches to mental health provided in a beautiful, high-quality residential environment.

The Cambian Churchill Hospital, part of the Cambian Group, opened in south London this May. It is a 54-bed residential mental-health facility for men which has at its very core recovery and reintegration for the most excluded people within the services.

“Everything at the Cambian has a starting point of hope,” group medical director Dr Andres Fonseca explained. “Many of the people we see have been engaged with services for many years but without much affect. When we see them, they are hopeless and the other services are not sure what to do with them. We don’t give up on anyone”.

The underlying aim of the Cambian Team is that every person will eventually be returned to the community, with or without community-based care. Most residents have been sectioned under the *Mental Health Act* and have typical diagnoses of schizophrenia, bipolar affective disorder or depression.

Many have addictions and residents must be detoxed before arrival at the hospital so that “they can fully engage with the programme”.

The full-time multidisciplinary team focuses on psychological and behavioural rehabilitation. With a staff to patient ratio of 2:1, they work through daily living skills such as hygiene, budgeting, cooking and road safety. Through psychological intervention programmes, patients are supported to develop insights, coping and behavioural management strategies in order to strengthen relapse prevention and encourage continued positive wellbeing.

Patients have individualised occupational therapy care plans within an “active care” model which actively encourages people to complete a qualification.

Across the Cambian Group, 45% of patients have completed therapeutic learning



programmes which cover CV writing and job applications to interview stage.

Cambian Churchill has a purpose-built barber shop to teach patients about self-care as well as to encourage experience and qualifications for work.

Other facilities include a gym which patients can use until they are ready to use a local community gym, an internet café, and a strong emphasis on community living which extends to communal meals. There is a music room, various activity rooms and an outdoor exercise area for patients not yet ready for the big outside world.

With funding from primary care trusts or NHS trusts, patients stay at the hospital for an average of 18 months. The *en suite* bedrooms are reminiscent of a good hotel rather than a clinical setting, with modern décor which cleverly disguises the “safer” ligature-free design.

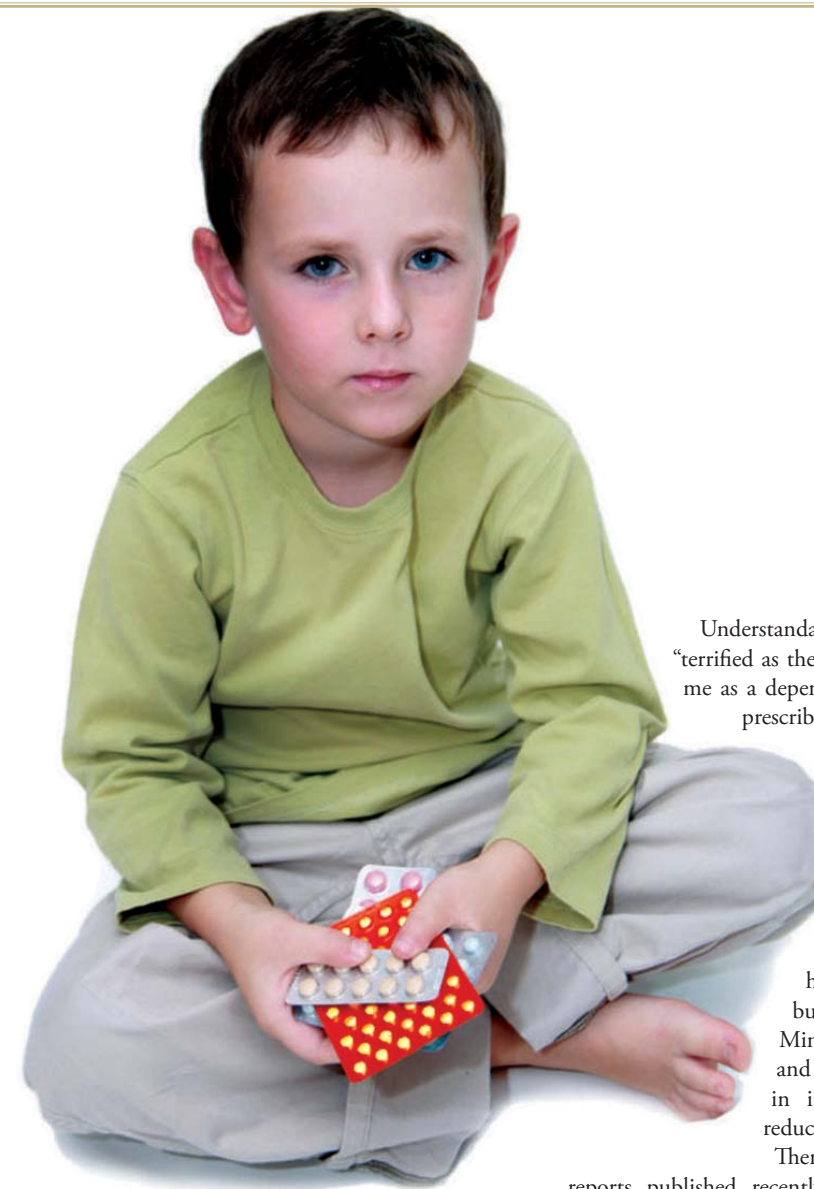
Dr Fonseca explained that, for an environment to be therapeutic, it must “feel safe”. This includes regular checks for drugs including random drug testing.

In the shadow of the Maudsley Hospital, the Cambian Churchill is a shining example of what can really be done to support recovery. With a culture of hope, innovation and a luxurious environment, it is a welcome addition to the south London landscape.

LAURA LOATHES... iatrogenesis and our benzodiazepine secret. In June, we were contacted by a 50-year old man, Josh, who has kindly given me permission to tell his story in the hope that it will help effect change and help others in a similar situation.

As an eight year old, Josh was considered to be a “problem child” and his GP prescribed him Librium. Over a short period of time, he became tolerant to the drug so the dose was increased.

As the result, Josh lost out on schooling, his drug-induced lack of energy prevented his engagement in childhood activities such as playing, participating in sport and having friends



as, in his own words, other children regarded him as a “freak” due to his zombie-like state from the prescribed drugs.

At the age of 11 years, Josh was placed on Ativan when his behaviour was considered “out of control”. He explains that, as the result of being permanently medicated, he “had to fight harder than most 8-11 year olds in order to function on a daily basis”. After four years of benzo addiction, he “had no idea nor did I feel good about my life”.

In 1998, at Josh’s own request, he stopped taking Ativan and was prescribed Valium.

In April this year, Josh moved to London which meant he had to find a new GP. Josh had remained stable on 12mg of Valium, having steadily reduced his 40mg dose on his own volition over the years. On his first appointment, his GP told him to “reduce or find another practice”. Josh finds it hard to accept that, after 42 years of addiction, when he is starting to get his life on track, a GP with little knowledge of his patient has the power to pull the rug from under his feet without any suggestion of rehab, support groups... nothing. Just “do it or else”.

Understandably, Josh says he is “terrified as the GP has a power over me as a dependent user of a legally prescribed drug” which he has been addicted to for all but the first eight years of his life. The prestigious mental-health charity Mind contacted Josh’s GP to gently request that he review his decision but the GP dismissed Mind as “too laid back” and “very generous” in its attitude to reduction.

There were two reports published recently – one by the National Addiction Centre, one by the National Treatment Agency for Substance Misuse – which led health minister Anne Milton to believe provided a “national picture of what is happening in the community and how we can address addiction to painkillers and tranquillisers. Most areas of the country have services in place to support people who develop problems”.

However, an analysis of said reports by Heather Ashton, professor of clinical psychopharmacology at the University of Newcastle upon Tyne, found differently.

The reports are careless, looking only within the NTA population for the numbers of people addicted to benzos as the result of prescribing practices like Josh’s, which earlier estimates suggest actually tipped the million-patient point.

As Ashton highlights, services devoted to illegal drug users are currently inappropriate to this population and as such there is very little support or understanding about benzo addiction.

Ashton’s report highlights that withdrawal from benzos can be severe. “There has been a number of suicides, particularly if the withdrawal has not been competently managed...”

Ashton points out that “there is a pressing need for... dedicated benzodiazepine withdrawal clinics” because this “iatrogenically dependent population” relies on advice mainly from volunteer projects such as the Bristol and District Tranquilliser Project and Council for Information on Tranquillisers and Antidepressants.

We know Josh’s example is common because GPs are happy to prescribe but are not experienced in benzodiazepine withdrawal and there are no specific referral centres to help.

The “official reports” are disappointing. Until the truth about this is out, GPs will continue to prescribe carelessly and millions of people like Josh will continue to suffer as the result of this denial and ignorance.

There are people who will not allow this to continue. They are extraordinarily persistent.

Barry Haslam is one and is working on a documentary *Face the Facts*, due to be aired on BBC4 radio on 3 August looking at this very subject. He offers facts at www.benzo.org.uk.

Jim Dobbin MP and Mick Behan of the All Party Parliamentary Group on Involuntary Tranquilliser Addiction are other stalwarts and offer information at www.appgita.com website.

Spread the word... people need to know what is going on!



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Images: Joanna Zielinska, Kapu