

# SANE celebrates 20 years by launching an exciting new email service



## SANE news

Meeting the challenge of mental illness

Spring 2007

### A bill without rights

The new mental health bill – SANE lobbies for compassion to match coercion  
Page 5

### Thinspiration

SANE investigates the worrying allure of pro-eating disorder websites  
Page 6

### SANEline saves lives

Writer, Tabitha Suzuma, tells us how a call to SANEline turned her life around  
Page 10

### Star-studded evening

Report and pictures from the John Betjeman Centenary Gala  
Page 12



## Introduction

by Marjorie Wallace, Chief Executive, SANE

I can hardly believe that the charity that arose out of *The Forgotten Illness* articles I wrote as a journalist back in 1986 is nearly at the end of its twentieth year.

We are immensely proud of everything we have accomplished in that time. From our early days focusing on schizophrenia we have broadened to respond to people with all mental health problems, from depression and self-harm to anxiety and eating disorders. In 1992 we opened SANEline, the only helpline available to everyone affected by mental illness 365 days a year, and following our highly successful appeal in the early 1990s The Prince of Wales International Centre for SANE Research now works at the cutting edge of research into mental illness. This year has seen the launch of SANEmail, our new email service, and throughout we have continued to raise awareness of the needs of mentally ill people and their families who still find it difficult to find help when they most need it and are left unsupported, misinformed and let down. Needless to say, our fight goes on.

I want to say an enormous thank you to all of you for supporting us, particularly over the difficult last few years. In 2005 we fought to save SANEline and with your help not only did it survive but the charity has gone from strength to strength. Your encouragement has enabled us to achieve so much over the last two decades and it is with your continuing generosity that we will be able to keep the spotlight on mental illness for another 20 years.

Thank you.



*'From its small beginnings twenty years ago, SANE has grown to become one of the most influential voices in the field of mental health. SANE's achievements are remarkable, but there is still a great deal left to do. I know that Marjorie Wallace and the team will continue to battle on, making an enormous difference to the lives of those who are afflicted by mental illness.'*

HRH The Prince of Wales  
Patron of SANE

## Contents

### Raising Awareness

#### News

SANE in the news, suicide prevention, increased web traffic & recognising relapse  
Page 3

#### Fighting stigma by climbing a mountain

One man's quest to conquer Everest  
Page 4

#### Public Affairs News

Tory health team visit, the new mental health bill and how the GP contract compromises depression care  
Page 5

### Research

#### Thinspiration

A report on pro-eating disorder websites  
Page 6

#### The origins of psychosis

An update from SANE POWIC  
Page 8

### Providing help

#### News

Get on top of it with SANEmail  
Page 9

#### Join our Service User Group

Page 10

#### SANEline saves lives

Tabitha Suzuma's story  
Page 10

#### Become a SANEline volunteer

Page 11

#### 60-second interview

A volunteer tells us why she does it  
Page 11

### Fundraising

#### Star-studded evening

Report from The John Betjeman Centenary Gala  
Page 12

#### Innovators support SANE

The Medical Futures Innovations Awards launch party  
Page 12

#### How far would you go to support SANE?

Missed the trek to Machu Picchu? Join us in the Sahara  
Page 13

#### Be part of it!

Ideas to help you fundraise  
Page 14

#### Encouraging creativity

Applaud the work of our art grant winners  
Page 14

### Support

#### Calling all supporters

Help us by completing our questionnaire  
Page 15

#### Appeal

Join Rory Bremner by donating to SANE  
Page 16

## Raising awareness – News



Mental health stories consistently hit the headlines

### SANE in the news

In recent months big mental health stories, from childhood depression to conditions on psychiatric wards, eating disorders to cannabis, have filled hundreds of column inches day after day.

A story that dominated the news for days in November 2006 was the damning report of the independent inquiry into the care and treatment of John Barrett who killed former banker Denis Finnegan in Richmond Park in September 2004. The report backed up SANE's assessment that one in three homicides by mentally ill people are preventable, a view highlighted in *The Times* and reiterated by Marjorie Wallace when she was interviewed on the BBC Six O'Clock News, BBC Radio 4 and Sky News amongst others.

Prior to that, in October a collaboration with the BBC1 Inside Out team led to a programme focusing on mental health services in London, including a film to mark SANE's twentieth anniversary, being aired on World Mental Health Day.

"Marjorie Wallace reported from the mental health front line for Inside Out attending a rally against service closures in south London and talking to the police about the problems they experience responding to people with mental illness," says Richard Colwill, SANE's media and communications officer. "It was a great opportunity to reveal how in 20 years many things have not changed and to show why SANE's ongoing campaign for better services is so vital."

### Preventing avoidable deaths

As a new report highlights the number of suicides by mental health patients SANE promises to continue fighting for a better balance between rights and risk.

According to a National Patient Safety Agency report published in December 2006 there are 1300 suicides by mental health patients each year. The most recent five-year report of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, *Avoidable Deaths*, revealed that in the week prior to death, 49 per cent of patients were seen by mental health services, although only 14 per cent were thought to be at risk of suicide.

27 per cent of in-patient deaths occurred while the patient was off the ward without permission. Of those following discharge from hospital, 15 per cent occurred in the first week and 22 per cent before the first follow-up appointment.

"We have long expressed our concern at the numbers of people allowed to walk off wards or discharge themselves from hospital when still clearly in danger," says Marjorie Wallace. "Whilst recognising the difficulty in assessing risk, we know that despite in hindsight all the red alerts flashing, simple action that could have saved lives was not taken."

SANE believes that those making decisions about whether a patient should be allowed to leave hospital can turn a collective blind eye to risks because of a reluctance to deny patients' short-term wishes and a failure to share critical information on grounds of confidentiality. Many deaths could be prevented if mental health services provided a more timely, effective response at critical times and listened to the warnings of families and carers. Yet a Healthcare Commission review in October 2006 found that over half of all patients being cared for in the community had no emergency contact number out of hours and nearly 60 per cent of services scored poorly in providing access to a place of safety in times of crisis.

Suicides can be prevented. What is needed is a flexible 24-hour response to crisis and a change in culture to one that balances patients' rights against the risk they present to themselves and where families are heard and respected. SANE is seeking to work with services towards this goal and will continue to keep the tragedy of avoidable deaths at the top of the agenda.

### SANE website on the rise

Between March 2005 and March 2006 unique visits to the SANE website rose by 600 per cent to 360,000, and every month the numbers just get higher.

Over the last year the site has hosted surveys on numerous subjects including pro-eating disorder websites, depression, and self-harm. All attracted an impressive number of participants

### Recognising relapse

Last year a SANE survey found that 70 per cent of respondents with schizophrenia and bipolar disorder had experienced at least one relapse in their illness.

To highlight the importance of relapse prevention SANE launched a new campaign, *Think Twice*, in partnership with Lilly UK, on World Mental Health Day, 10 October 2006.

SANE surveyed over 100 people with either schizophrenia, schizoaffective disorder or bipolar disorder and distributed two complementary handbooks to service users and healthcare professionals to

and have contributed a great deal to our understanding of the issues.

"A recent study found that people often reject official health sites in favour of those with the human touch and our site seems to one of those benefiting," says Margaret Edwards, head of strategy. "With over 150,000 visits during February the discussion board is proving to be a popular forum for anyone concerned about mental health to seek support."

encourage better communication between mental health teams, patients and their carers.

By far the most common trigger for relapse was stressful life events such as bereavement, debt, loss of a job, or relationship difficulties. The handbook advises patients and their carers to develop coping strategies and to learn to recognise the early indications of relapse. These can include the return of racing thoughts, paranoia, delusions or obsessions, changes in sleeping patterns or mood, and withdrawal from other people.

To obtain copies of the *Think Twice* handbooks contact Kelly Wright on 020 7422 5538 or email [kwright@sane.org.uk](mailto:kwright@sane.org.uk).



Since childhood Stuart Baker-Brown (above) has dreamt of climbing the world's highest mountain (right).

# One man's mountain

Stuart Baker-Brown, 42, hopes to become the first person with schizophrenia to climb Everest. He is determined to prove there's more to him than his mental illness.

I greeted my diagnosis of paranoid schizophrenia in 1996 with relief. After four years of hearing voices, paranoia, suicidal thoughts and depression, it was of some reassurance to finally meet the enemy that had taken over my mind. Or so I thought.

It was a trip to Moscow in 1991 that first triggered my illness. I became involved in marches against the communist hardliners and on my return to the UK I began to fear persecution from the KGB and felt that my life was in danger. I started to hear voices and have psychotic episodes. Quickly and devastatingly anxiety and fear began to destroy me. I left my job and moved out of London to where I thought it would be harder for the secret services to find me.

My relief at being diagnosed was short-lived. I became disillusioned with the services available to help and care for me. I was told I was one of the severest cases of schizophrenia my psychiatrist had come across, it was likely I would never work again, and the rest of my life would be spent fighting to keep my illness under control.

This attitude increased my feelings of persecution. I was labelled as troublesome, delusional and a potential threat and was treated as a condition that needed controlling over a person who needed understanding. Faced with this stigma I began to withdraw from life.

The voices would scream at me that I was worthless and often even the thought of shaving reduced me to tears. By 2000 I'd put on an immense 70kg – a symptom of the medication I was taking – was smoking 30 cigarettes a day and had been diagnosed with Type 2 diabetes. I couldn't have got any lower.

I clearly remember sitting on my sofa one day and realising I had to make a decision. Would I give up, or fight and change my life for the better? Now I see that day as the beginning of my recovery. I knew it would be a long-term challenge, but eventually I persuaded my psychiatrist to change my medication and inspired by the Nobel Prize winner John Nash's story in the film *A Beautiful Mind*, slowly I began to feel stronger.

One day I read an article about trekking to Everest Base Camp in Nepal. As a child I had dreamt about going there but I knew my health, not to mention my finances, meant the odds were against me. But in 2002 my life changed forever when the Winston Churchill Memorial Trust awarded me a

travel fellowship to go there. I started walking every day, which improved my physical fitness and introduced some much-needed structure to my life. By the time I left for Nepal I was 40kg lighter and walking for four hours a day along the Dorset coast.

In November 2003 I finally made it to Everest Base Camp. I trekked for five solid weeks and suffered heavily from altitude sickness, but with the support of my Sherpa, Nuru, and the comforting feeling I got from both the mountains and the Nepalese people, I completed my goal.

*"Everest symbolises the great effort needed to fight the stigma associated with severe mental illness."*

I began to see Everest as symbolic of schizophrenia. It represented my own mountain of struggle and the extreme effort it has taken me to control my symptoms and regain my life. So in 2006 I returned to the Himalayas and after attempting to reach the summit of another Himalayan peak, Mera, I discussed climbing Everest with Nuru. He told me that he thought I had the heart to succeed and that he would join me.

So now I'm trying to raise the £25,000 to enable me to attempt Everest in May 2008. I want to inspire all those who suffer as I have done and help prove that we can all be far more than our illness.

I have always accepted my diagnosis of paranoid schizophrenia. What I refuse to accept is my label and the fear and misconceptions that are associated with it. Everest symbolises the great effort needed to fight the discrimination and stigma attached to severe mental illness. My real identity is as a man who strives to be good and strong and who yearns to live a good life, full of all the opportunities that any decent, respectful person deserves.

I'm still on medication but have found one that suits me and I have an in-depth understanding of my symptoms, which is a great defence. One of those symptoms is 'delusions of grandeur'. To me Everest is a dream – a possible reality – but if as others have suggested it is a delusion, then long may it exist.

**To find out more about Stuart and how you can help him achieve his dream please visit [www.onemansmountain.com](http://www.onemansmountain.com). Stuart is using his expedition to raise funds for SANE.**

## Tory health team drop by

On World Mental Health Day, 10 October 2006, the Conservative Party shadow ministers marked the occasion by paying SANE a visit.



SID manager, Simon Stacey, with Shadow Health Secretary, Andrew Lansley, and Shadow Health Minister, Tim Loughton.

After catching up with Shadow Health Minister, Tim Loughton, at the Conservative Party Conference Marjorie Wallace and Margaret Edwards, SANE's head of strategy, were delighted that he and the Shadow Health Secretary, Andrew Lansley, decided to visit SANE's offices on World Mental Health Day.

"Having participated in the shadow health team's mental health summits in recent years and taken part in their consideration of an alternative mental health bill, it was good to have the opportunity to show Andrew and Tim our work at first hand," says Margaret.

The visitors were informed about about SANE's current campaigns and given a demonstration of the SANE Information Database. They then spent time in the SANEline helpline and talked to Sam Cheatle, SANEline manager, about the challenges faced by helpline volunteers and the caller-care team.

"We were delighted to visit SANE on World Mental Health Day and to see the excellent work done by both the volunteers and the employees," said Tim Loughton. "For the last twenty years SANE has been working to improve the lives of those who experience mental illness. Without SANE, numerous people would have been left vulnerable and isolated – I congratulate the whole team on their achievements."

## A bill without rights

**The new mental health bill introduced to Parliament in November 2006 is currently being debated in the House of Commons.**

After announcing in March 2006 that it would be abandoning its previous plans for reforming mental health law, the Government's new shorter bill, proposing amendments to the existing Mental Health Act 1983, held few surprises.

As before, the two key measures proposed are to introduce community treatment orders (CTOs) allowing patients to be treated under compulsion in the community, and to bring within the scope of mental health legislation people diagnosed with severe anti-social personality disorders.

SANE is lobbying for a humane legislative framework, that matches coercion with compassion. With rigorous safeguards the new CTOs could provide release for some patients currently trapped in the revolving door between hospital and community. However, the concern is that the bill gives no right to assessment, care and treatment, or to enhanced rights to information and support for families and carers.

"We consider it unethical to deprive a person of his or her liberty if mental health services cannot provide clinically appropriate treatment," says Margaret Edwards, SANE's head of strategy. "While a few people may have their lives improved by supervised community treatment, the majority will still be let down when beds, units, day centres and community services are run down or closed."

The Mental Health Bill has still to complete its passage through Parliament and, working with the Mental Health Alliance, SANE will continue to press for measures that respect the concerns of mentally ill people and their families. The work SANE has done to support those unable to get help was highlighted during the debates in the House of Lords.

Following the announcement of the new bill last year, the Independent on Sunday published an article written by Marjorie Wallace, accompanied by a leader highlighting SANE's "pre-eminent role" in campaigning. Following the introduction of the bill, she also took part in a lively debate on BBC Radio 4's *The Moral Maze*.



## GP contract compromises depression care

**During National Depression Awareness Week, 16 to 22 April 2007, SANE and Depression Alliance worked together to ask for improvements to the GP contract in order to close the gaps in care exposed by the results of a new survey.**

The *Now We're Talking!* report reveals how the current GP contract compromises care for people with depression and proposes solutions for improving treatment.

With support from Lilly UK and Boehringer Ingelheim, SANE and Depression Alliance conducted a survey of over 450 people living with depression. The results revealed that some people are waiting over a year to receive a diagnosis, that 41 per cent felt their preferred treatment option was not adequately discussed or considered by their GP, and that

58 per cent would have welcomed more ongoing support.

"The GP contract contains indicators outlining the range of services GPs should perform and against which GPs are measured and rewarded," says Emma Smith, SANE's communications officer. "The indicators relating to depression are very narrow and do not encourage adequate diagnosis, management or long-term treatment."

The campaign received coverage in *The Times* and the *Daily Mail*, was featured on GMTV, and was discussed in Parliament. Having received a briefing from SANE the Liberal Democrat Shadow Chancellor, Dr Vince Cable, put the Minister of State for Health, Rosie Winterton, on the spot about what the Government was doing to make the changes SANE is asking for. Negotiations between NHS Employers and the General Practitioners Committee are due to resume in the coming months.

**For more information about the *Now We're Talking!* campaign please visit the SANE website or contact Emma Smith on 020 7422 5564.**

# Thinspiration

As the 'size zero' debate rages in the fashion industry, skinny celebrities are being held up as role models on websites that extol the virtues of eating disorders. Here SANE's researcher, Outi Horne, explains the worrying allure of pro-eating disorder websites...

At first glance it appears to be just another teenager's personal website. A quick read of its contents, however, reveals the entries are not everyday musings about teenage crushes or arguments with friends. "A flat stomach is nice, but a concave one is perfect," says one prominent quote. "It's not deprivation, it's liberation," asserts another.

Welcome to the world of pro-eating disorder websites. With the growth of the internet over the last decade this relatively new phenomenon has attracted much critical attention in the media. Concern has been expressed for the vulnerable people who may visit these websites in order to 'learn how to be anorexic' or to sustain disordered eating behaviour. Organisations have called for the closure of these sites and internet service providers (ISPs) including Yahoo and MSN have begun to censor them. By and large, this has served only to drive the sites 'underground' and for those motivated to do so, they remain easy to find.

Most commonly these sites are hosted by people who themselves have an eating disorder. On these 'pro-ana' sites, for anorexia, or 'pro-mia', for bulimia, visitors can access 'Thinspirations' comprising anti-food or anti-fat slogans and photographs of thin celebrities and others in various stages of emaciation. Alternatively there are 'Tips & Tricks' on how to maintain disordered eating behaviours and keep them hidden from family and friends. Alongside this is information about low or zero calorie foods and which types of exercise burn the most energy. Some sites even contain a doctrine, the 'Ana Creed', which can have a spiritual or religious flavour to it.

Some of the information on pro-eating disorder sites is similar to that found on recovery focused support sites. Many of the sites host chat rooms or message boards, and include accounts of the host's own personal experience. Although many of the sites contain warnings about the dangers

of practices such as laxative abuse, it is often not mentioned that by following their creed visitors are risking osteoporosis, infertility, heart disease and heart failure. Also omitted is the fact that eating disorders, through a combination of starvation and suicide, are considered to have the highest fatality rate of all psychiatric disorders.

*"Tips and Tricks tell visitors how to maintain disordered eating behaviours and keep them hidden from family and friends."*

At SANE we decided there was a need to research the experiences of people using pro-eating disorder websites in order to improve our understanding of the role these sites play in their lives and to provide the basis for a well-informed, considered debate on the subject. Over a period of several months in 2005, 151 individuals took part in an online survey.

Who visits the sites? According to our study, the visitors are most commonly young and female. Some of our participants were as young as 13 and the majority were 22 or younger. Many visited the sites frequently, 41 per cent several times a day.

It has been suggested in the media that a distinguishing feature of the pro-eating disorder community is viewing anorexia or bulimia as a lifestyle rather than a disorder. When asked to reflect on this, 54 per cent of participants stated unequivocally that an eating disorder was just that, a disorder. Importantly, the results from the study showed that even if a young person with an eating disorder describes their condition as a lifestyle, they may not mean what we assume them to mean.



There is evidence that for some users these sites reinforce their identity as anorexic or bulimic

In discussion of these sites only one concept of lifestyle has been presented, one that implies choice – that the person has willingly and consciously adopted a set of values and behaviours and is promoting them. Only seven per cent of our survey respondents thought of their eating disorder in this way. More commonly they described the way in which their eating disorder affected how they experience the world, and themselves, influencing their every perception, action and thought. This concept of lifestyle does not imply choice and is compatible with thinking of eating disorders as the damaging psychological conditions we know them to be.

*"Nearly two-thirds of those surveyed said visiting the sites made them feel less lonely and isolated."*

By its nature this different experience can be very hard for others to understand, and tends to put considerable distance between the sufferer and their family and friends. The words and actions of a person who has an eating disorder often appear irrational. When, for instance, their explanation for skipping dinner is that they over-ate at lunch when all they ate was an apple and a cracker, they are cast outside normal discourse and assumed to be incapable of rational thought.

This, along with the fact that few social occasions do not involve food and that their eating habits raise constant criticism, drives the sufferer to secretiveness and increased isolation. One in four of those surveyed reported some form of social difficulty and statements such as, "I lost all of my friends at school and in my neighbourhood but I still have my pro-ana and pro-mia friends", were frequent.

In fact, for nearly two-thirds of those surveyed visiting the sites made them feel less lonely and isolated. This was most prevalent amongst the more frequent users who tended to make use of chat rooms and message boards. They reported improved self-esteem, feeling better about themselves and feeling less lonely. For many the sites became a virtual community they could turn to for friendship and support.

However, negative effects were also present and participants – both those who chatted and those who didn't – reported weighing, measuring, fasting and purging more often after visiting the sites. The benefits gained from membership in this community therefore come at a cost. For some there was evidence the sites reinforced their identity as an anorexic or bulimic, making it harder for them to break away and seek recovery. "There's the feeling one doesn't recover, because then you'd no longer belong", said one.

*"Our concern is that pro-eating disorder websites encourage visitors to hold onto damaging behaviour without encouraging them to seek help."*

Just as disturbing is the finding that a number of people visit these sites without seeking to reach out of their isolation by utilising chat rooms or otherwise contacting other visitors. These passive browsers were more likely to view the sites as somewhere they go for help in their quest to become a 'better anorexic', and were largely missing out on the beneficial social effects the chatters were experiencing.

With 70 per cent of those who took part in the research reporting suicidal thoughts or feelings and 46 per cent also self-harming, visitors to these sites are clearly a very vulnerable group of people. It is therefore not alarmist to be concerned about the impact these sites can have on them. Our concern is that they encourage visitors to hold onto their illness, supporting them in a pattern of damaging behaviour without encouraging them to seek treatment. But while we have called on those publishing the sites to review their content and can ask ISPs to remove them, in reality they are not simply going to go away. Indeed removal of this form of social support, however loaded with dangers, could have unintended negative consequences.

At the heart of the pro-eating disorder community is the idea that an eating disorder can be of benefit to the person who has it. This is not just an absurd idea formed in the minds of young women whose vanity is out of control. Constructive as it is, the current 'size zero' debate is in danger of reinforcing the belief that being thin is the only reason for clinging on to these illnesses. Other benefits, such as a feeling of safety or a sense of control are mentioned more frequently than any relating to appearance. There can be no full understanding of the 'pro-ana' movement without further examination of this perception of benefit, a perception that from the 'normal' perspective seems irrational, but from that of an anorexic or bulimic can be fundamental.

#### Key research findings

- Almost 70 per cent of respondents were aged 22 or younger
- More than half of those surveyed visited pro-eating disorder websites at least once a day
- 24 per cent reported some kind of social difficulty
- 43 per cent said the sites were a source of emotional support

The research paper *Pro-Eating Disorder Websites: Users' Opinions* by Emese Csipke and Outi Horne was published by the European Eating Disorders Review in Spring 2007.

For help and information about coping with an eating disorder please contact SANEline on 0845 767 8000 or email SANEmail at sanemail@sane.org.uk.

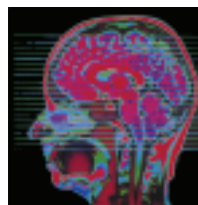
## Research

### Exploring the origins of psychosis

Professor Tim Crow reports on scientific progress at The Prince of Wales Centre for SANE Research (SANE POWIC) in Oxford



Our work at SANE POWIC, to uncover the nature and causes of psychosis, focusing on whether schizophrenia and bipolar disorder are related to the human capacity for language, continues.



Professor Tim Crow's studies of the human brain aim to identify the genes that contribute to psychosis

Our programme investigating the gene differences between humans and great apes with the aim of identifying the specific genes and proteins that contribute to psychosis, is making steady progress. In 2006 we published a paper in the American Journal of Medical Genetics comparing the sequence of a gene (PCDHXY) identified as relevant to the changes that contributed to the human capacity for language with that in other great apes. Our findings indicate that changes on the X and Y chromosome correspond to the chimpanzee-human evolutionary separation. What we now need is evidence that this gene is related to cerebral asymmetry. We are addressing this difficult problem.

The MRI scans we have taken of patients with bipolar disorder as part of our neuroimaging programme have shown an unexpected abnormality – a sex dependent variation. The 'counter torque' axis – from left anterior to right

posterior of the brain that at SANE POWIC we think is human specific – has less volume in female patients when compared to female control samples, but greater volume in male patients relative to male controls. This suggests that cerebral asymmetry is critical, and that there is an interaction between sex and side of the brain that determines the onset of psychosis.

As part of the National Child Development Study we are working in close collaboration with Dr Stuart Leask at Nottingham University. Our studies have shown that many years before the onset of illness individuals who go on to suffer from psychosis are less lateralised – their functions are less localised to one side of the brain – and have acquired fewer words for a given degree of laterality than the rest of the population. Significantly, a recent BBC internet survey confirmed the relationship between lateralisation and verbal and non-verbal ability, indicating that laterality is fundamental to brain development and ability in a sample of 225,000 individuals.

Lastly, we have been very fortunate to receive support from the European Union as part of the 'What it means to be human' programme. This project involves collaboration between SANE POWIC and academic institutes across Europe to determine whether asymmetry (the cerebral torque) is characteristic of the human brain compared to the chimpanzee.

**SANE POWIC's hypothesis that schizophrenia is the price human beings pay for language is just one of the ideas highlighted in the best-selling novel, *Human Traces*, by Sebastian Faulks.**

### Farewell to a talented friend

Everyone at SANE was shocked and saddened to learn of the death of Paul Lake, a longstanding friend and supporter, in April 2007. Paul, an acclaimed artist whose iconic work, *Barmy Days*, is displayed at SANE POWIC, went missing in December 2006. His body was found near his home in Surrey on 13 April. Lorna, his wife, says he was "totally betrayed" by mental health services in his hour of need.

"His GP had asked the community mental health team for an emergency assessment on December 18 because he was suicidal," Lorna says. "It was in Paul's care plan that he should receive it within four hours but he just received a text message to say he couldn't be seen until the afternoon of December 20 – the day he went missing."

In 2001 Marjorie Wallace wrote about Paul, who suffered from bipolar disorder, in an article for *The Times*. *Barmy Days* is a portrait of Paul and four friends in the gardens of Brookwood Hospital, Surrey, which, along with more than 100 other psychiatric hospitals was closed during the 1980s. For Paul, who became acutely psychotic at the age of 15, Brookwood was a safe haven.

"I wanted to show the positive side of the mental hospital and the way it allowed us time and space to accept our illness," said Paul at the time. "The sad part of the picture is the little figure on the edge of the lawn. If he crossed into the community he would be lost forever."

In comparison Paul found the acute units that replaced Brookwood claustrophobic, with no access to gardens, and no peace anywhere. With SANE's support Lorna is pressing for the creation of places where suicidal patients can seek treatment in a soothing environment.

"The care in the community policy provides no asylum, in its purest sense, for people like Paul," says Marjorie Wallace. "I believe his life could have been saved had he been given the sanctuary he so desperately craved and needed. He will be remembered as a thoughtful friend whose talent inspired us all and his paintings will live in history."



Paul Lake with his iconic painting *Barmy Days* at the opening of SANE POWIC in 2003

## Providing help – News

**SANE**mail  
@sane.org.uk  
'tap into help online'

Vodafone UK Foundation  
SANEEmail is supported by The Vodafone UK Foundation

# Get on top of it with SANEEmail

If you prefer the anonymity of email, or simply can't get to the phone, you can now tap into help online.



It's only been up and running for a couple of months but SANE's new email support service, SANEEmail, launched on 1 March 2007, is already providing much-needed support to people affected by a wide range of mental health problems. Running alongside SANEline with the aim of reaching out to those for whom talking on the phone might be difficult, the service aims to respond to every email received within five working days.

The creation of SANEEmail has been made possible thanks to full support and funding for a two-year period from the Vodafone UK Foundation, the charity arm of the Vodafone company. This support meant SANE was able to employ a full-time SANEEmail co-ordinator, Rochelle Batten, in August 2006, to oversee the set-up, development and day-to-day running of the service.

"Email has the advantage of being more discreet and anonymous than verbal communication," says Rochelle. "Emailers have a record of our response to refer back to and we are able to send detailed information to them in the form of weblinks."

In particular, the need to offer emotional support and information to young people affected by mental health problems via a medium they can relate to has been highlighted by SANE's partnership with the young persons' charity, YouthNet UK. Since November 2004 SANE has been working with YouthNet to provide access to online mental health expertise. The mental health content of their website, much of which is written by SANE, is currently accessed by over a million users a year, reflecting the importance of the issue within young people's lives. SANE currently responds, on YouthNet's behalf, to messages from approximately 40 young people each month.

Trained volunteers, supported and managed by paid co-ordinators, answer all emails received by SANEEmail. The training given to each volunteer prepares them for the emails they will receive, helping them develop the skills required to offer emotional support, provide information, explore each person's options and refer them to specialist organisations.

SANEEmail's first four volunteers were recruited in February 2007, after a four-day training course, and they have been working hard to respond to the increasing number of emails being received. At the end of the second year of funding, we plan to have a minimum of 10 fully-trained volunteers working on the service.

In order to engage with the people accessing the service and to reach as many of those who need support as possible, SANE set up the SANEEmail Young Persons' Panel. The panel, which met for the first time in January 2007, comprises a group of core members who meet three times each year at SANE's offices in London and a number of email members who correspond regularly online. Panel members are actively involved in the development of the new service, ensuring that SANEEmail provides appropriate support to this key target audience.

SANE ran a competition earlier in the year for a young person to design an image for a poster promoting the service. The winning image, by Jo Peach, successfully depicts how SANEEmail can help those looking for support to get on top of their mental health problems.

The new service provides an invaluable additional channel of confidential, non-judgmental support to improve the lives of individuals affected by mental illness. Emails received so far have covered a wide range of issues including psychosis, self-harm, eating disorders, abuse, mental health law, anxiety and suicide. With the ongoing support and dedication of the staff and volunteers, this exciting project will continue to develop and expand over the coming years.

**For further information about SANEEmail or joining the Young Persons' Panel please visit our website, [www.sane.org.uk](http://www.sane.org.uk), or contact Rochelle Batten at [rbatten@sane.org.uk](mailto:rbatten@sane.org.uk). The SANEEmail address is [sanemail@sane.org.uk](mailto:sanemail@sane.org.uk).**

## Providing help

### SANEline

0845 767 8000

'help at the end of the line'  
(open from 1pm until 11pm daily)

## SANEline saves lives



As a child and young adult Tabitha Suzuma was depressed and suicidal. Now 32, and a successful author, she tells us how SANEline helped her turn her life around.

I always hated school. I didn't realise I was depressed back then but I found the daily routine stifling and wanted to spend more and more time on my own. At secondary school I would lock myself in the toilets at break-time just to get away from people. I felt increasingly alienated from my friends and

though I knew there was something wrong I didn't know what it was and I blamed myself for not being more like the others. It was around this time that I started to write about mental illness and suicide – a reflection of my deeply troubled state of mind.

Although I found the freedom of university easier to cope with than school, I was still desperately unhappy. My depression peaked in my final year, and just before I was due to graduate, I found myself walking around campus, looking up at the tallest buildings, trying to work out which one would guarantee me a fatal fall. In the end, I chickened out, wrote a suicide note, and tried to suffocate myself in my sleep. Thankfully, my attempt failed and my life was spared.

I first rang SANEline in my early twenties. I told the lady who answered the phone that I wanted to die and needed to know the best way to do it. She was very sympathetic and encouraged me to talk about my life and my feelings and the reasons I felt this way. Her voice was incredibly reassuring and supportive. It felt like there was a 'mother' out there who was looking after me and understanding what I was going through. I rang the helpline at several other points during my twenties, at times when I felt that my life was just unbearable and I couldn't go on. The conversations were a lifeline, a real sense of connection with another human being at a time when I felt completely trapped in a glass bubble, isolated from the entire world.

Talking to the volunteers on SANEline gave me the courage to speak out about my depression to friends and family and I finally went to seek help. My GP referred me to counsellors and psychologists and prescribed a combination of anti-depressants that have worked wonders for me for the last three years.

Writing about my experiences has proved a tremendously cathartic experience. My first novel, *A Note of Madness*, about a young man who starts to experience bipolar disorder, was published last year and my next book is due out later this year. I was inspired to write about mental illness because it's something I have experienced first-hand, something I have grown up with, and something which came very close to destroying me.

Now I only wish I had told someone about my feelings sooner. There really is help out there if you have the courage to speak out. I'm thankful that SANEline offered me that bridge, because things are finally looking up. I am slowly tapering off my anti-depressants and on most days I love my life. It's a feeling I'm still trying to get used to.

***A Note of Madness and From Where I Stand* by Tabitha Suzuma, are on sale now. Visit her website at [www.tabithasuzuma.com](http://www.tabithasuzuma.com).**

## Join our Service User Group

Would you like to get involved with SANE's work and influence the development of SANEline? If you have experience of using the helpline or mental health services in general and would like to share your knowledge and ideas then you could become a member of our Service User Group (SUG).

SANE believes those who benefit from the charity should be able to influence and inform decisions made by the charity. So the SUG has been set up to ensure the work SANE does continues to reflect the views of – and make a positive difference to – anyone affected by mental illness including carers, friends and relatives. The use of the term service user refers to past, current or potential future users of SANEline.

The group aims to take an active role in the development of the organisation, with particular focus on SANEline. We currently have six members, who participated in the first SUG meeting at the end of March 2007, and we are still looking for additional members – up to 10 in total.

*"SANE believes that those who benefit from the charity should be able to influence decisions made by the charity."*

The SUG will provide an excellent opportunity for you to:

- \* make a difference to SANE's work and the future of SANEline in particular
- \* meet other people who share a similar interest and experiences
- \* learn transferable skills, which may be beneficial to your personal and professional development.

Meetings will be held quarterly, in East London. Membership is free and members will work in a voluntary capacity, but SANE will fully reimburse travel expenses for public transport within London, zones 1 to 6.

**For further information and/or an application pack, please contact Kelly Wright, SANEline officer, on 020 7422 5538 or email [kwright@sane.org.uk](mailto:kwright@sane.org.uk). Alternatively, visit the recruitment page of our website [www.sane.org.uk](http://www.sane.org.uk).**

## Providing help

### There's always a call for SANEline volunteers

Could you help SANEline? You could become part of an absolutely vital service, offering a confidential and non-judgmental space for callers to talk about subjects that can often be surrounded by secrecy and stigma.

SANEline is the only national, out-of-hours helpline for anyone affected by a mental health problem, including service users, carers, family, friends and health professionals. Our trained volunteers, supported by a paid supervisor, offer emotional and crisis support to callers. They also provide information, offer options for action, and encourage callers to benefit from whatever network of care exists in their own area.

We need volunteers who, once trained, will stay for at least a year, working a weekly four-hour shift. SANEline is open from 1pm to 11pm every day and the shift can be done at a time to suit you.

We welcome volunteers of all ages and backgrounds – no previous training or experience is necessary. The volunteer training course is run in-house, and is an excellent in-depth introduction to the world of mental health and helpline skills. The subjects covered include mental illness, treatments and therapies, law, self-harm and suicide as well as call management skills. All of this is done using group discussions, role-plays and varied media. The course is approved by the Royal College of Psychiatrists and you can go on to have your work accredited by the Open College Network. Once you start on the helpline, the learning continues, through the ongoing training sessions we run and, most importantly, from the people you talk to.

**The first step towards becoming a SANEline volunteer is to attend an introduction evening to learn more about what it involves. Find out when the next one will be held by contacting Beth Peach, volunteer welfare officer, on 020 7422 5539 or email [bpeach@sane.org.uk](mailto:bpeach@sane.org.uk). Be quick, training course places fill up fast.**

**If volunteering on the helpline isn't for you, we also have opportunities for volunteers in the office, helping us with administrative tasks. Please contact Beth for more details.**

## 60-second interview



Gill Payne, 54, has been a SANEline volunteer for the past nine years. She has devoted over 1000 hours of her time to offer emotional support to hundreds of callers. SANEnews caught up with her to find out why she does it...

### So Gill, tell us a bit about yourself?

I live in Bromley, south London, and I've been married for 25 years. As well as volunteering on SANEline I work as a spiritual healer. I'm a cancer survivor myself so I now offer healing to others who are fighting the disease – I know what they've been through.

### Why SANEline?

I answered an advert for volunteers back in 1998 and was really impressed by the training offered. I'd been working as a bereavement counsellor and had become very aware of the difference between when someone was grieving and when they were depressed and SANEline offered me a chance to help those people and to learn new skills.

### How was it different to what you'd done before?

Well, instead of working with people over months or even years I now probably have just one phone call in which to try and help someone. It's far more intense and you rely solely on the caller's voice to assess how they are feeling. I've had to sharpen up my listening skills and it takes far more concentration.

### What do you feel you've gained from working on SANEline?

It's the most job satisfaction I've ever had from anything I've done because I really believe that we make a difference. Sometimes you really connect with somebody and when you get a message back saying how glad they are that they spoke to you it makes it all worthwhile. We're plugging the gaps that

the NHS can't fill because we can give people the time and can explain things in terms they understand.

### But sometimes it can be tough, can't it?

Yes, it's not tea and sympathy. Some of the calls can be distressing. Today I spoke to a lady who was hearing voices telling her to kill herself. She was convinced her family would be better off without her and that's very upsetting to hear. I tried to help her to the best of my ability and there is always a fellow volunteer or SANEline coordinator to talk things through with. The support you receive is great so you never feel like you have to cope alone.

*"SANEline gives me the most job satisfaction I've ever had because I really believe that we make a difference."*

### What qualities do you need to become a SANEline volunteer?

Empathy is the most important quality, and you must be psychologically robust enough to deal with the more difficult calls. In return I've learnt life skills that are useful in all kinds of situations – my friends appreciate my sympathetic ear and the call handling skills come in handy too.

### What's been the highlight of your time working with SANE?

Last year I won an 'Outstanding Contribution to Community Volunteering' award from Islington Volunteer Association – that was pretty special. But I think my greatest achievement was gaining accreditation via the Open College Network for my work here. It's recognition that this is a professional job, and it's one I'll carry on doing as long as they'll have me!

**If you want to join Gill in offering support to hundreds of SANEline callers contact Beth Peach on 020 7422 5539 or email [bpeach@sane.org.uk](mailto:bpeach@sane.org.uk).**

# Fundraising



From top to bottom: 1. Marjorie Wallace with The Prince of Wales and Betjeman's daughter, Candida Lycett Green. 2. Host Barry Humphries with SANE Vice Patron, Joanna Lumley. 3. His Royal Highness greets the actresses Miriam Margolyes and Rachael Stirling. 4. The Duchess of Cornwall chats backstage with Richard E Grant and Griff Rhys Jones.

## Star-studded gala raises £120,000

An impressive line up of showbiz stars took to the stage at The Prince of Wales Theatre in London on Sunday, 10 September 2006 to mark the centenary of the birth of one of Britain's best-loved poets, Sir John Betjeman, and to help raise money for SANE.

The Prince of Wales and The Duchess of Cornwall joined the performers at the John Betjeman Centenary Gala, sponsored by Shell, to help celebrate the life and work of the former poet laureate who died in 1984. Among those taking part in the gala, hosted by Barry Humphries, were Hugh Grant,

Stephen Fry, Richard E. Grant, Edward Fox, Ronnie Corbett, Jools Holland, Griff Rhys Jones, Bill Nighy, Suggs, Prunella Scales together with the St Pauls Cathedral Choir and the Archbishop of London.

It was a great honour that SANE was chosen as the beneficiary of the event and so far over £120,000 has been raised.

"We are extremely grateful to John Betjeman's daughter, Candida Lycett Green, who has inherited his energy and talents, for inviting SANE to be part of the wonderful centenary celebration," said Marjorie Wallace. "We would like to thank the gala committee and all the performers, particularly Barry Humphries, for such a memorable evening."

## Innovators support SANE

On 2 November 2006 Cherie Booth QC and Joanna Lumley showed their support for SANE by speaking at the launch party of the Medical Futures Innovation Awards.



(Above) Andy Goldberg of Medical Futures and Cherie Booth QC with SANE's chief executive. (right) SANE's chairman, Charles Bracken, thanks Joanna Lumley for her support.



The awards, recognised as one of the most sought after healthcare accolades, help make innovative medical ideas become reality, and this year SANE has been chosen as the partnership charity.

The party, held at an exclusive venue in central London, was attended by 160 guests including Government officials, leading innovators and senior medics as well as many other well-known faces.

"We need to come up with ideas to improve the health of those

suffering from mental illness," said Cherie, during her speech in support of SANE. "The awards have made an invaluable contribution to innovation in the NHS and the lives of the people it treats, but what good is a healthy body without a healthy mind?"

**If you would like to support SANE by purchasing a table at the awards ceremony on 14 June 2007 please visit [www.medicalfutures.co.uk](http://www.medicalfutures.co.uk) for further information.**

# Fundraising

*"What an experience! The physical endurance, a fantastic group and spectacular scenery made this a trip to remember forever. The chance to support those affected by mental illness whilst making some fabulous friends and even greater memories is an opportunity not to be missed"* Louise Conlan, Peru trek 2006

## How far would you go to support SANE?

Jenny Wayte, SANE's fundraising manager, reports on a trek in Peru that took a team of dedicated supporters to dizzying heights.

In September 2006, an intrepid eight-strong team of SANE staff, helpline volunteers and supporters donned their walking boots to trek the 42-mile Inca Trail and raised an amazing £22,000. Exhausted but triumphant the team walked for four days to reach the ancient city of Machu Picchu.

After a few days acclimatising to the altitude of the Andes mountains and sampling the Peruvian culture and cuisine in Cusco we felt fit enough to start the long, steep trek to the Lost City of the Incas. It was tough going – the constantly changing weather, steep paths and altitudes of up to 4,200 metres meant the trail was definitely a challenge.

It was also much more than that. Walking through the crisp mountain air and early morning sunshine, surrounded by the stunning mountain ranges, was enough to lift the spirits of even the most tired trekker. A highlight for many was our first sight of the beautiful Machu Picchu after days of trudging up steep pathways. It made all the hard work, both the walking and the fundraising, more than worthwhile.

We are grateful for the effort the team made to raise as much money as possible. Each person had to raise £2,650 but many raised far more than that. They did this by organising football matches, themed parties and tube station collections as well as utilising the more traditional method of pestering friends and family to part with their cash. The £22,000 raised went a fair way to helping us reach our fundraising target for the year and our sincere thanks go to everyone who took part.



The jubilant SANE team and fellow trekkers arrive at Machu Picchu



## Join our Saharan adventure

If reading about our intrepid supporters' exploits in Peru has got you yearning for your own adventure then read on because SANE is offering you the chance to join us in Morocco and take part in another fantastic trek – this time through the Sahara.

The 10-day trip will take place from 29 February 2008 to 9 March 2008. As well as five days trekking in the beautiful northern region of the Sahara desert, after the trek is over there will be plenty of free time to explore the vibrant and bustling city of Marrakesh.

As well as giving you the opportunity to take part in a unique adventure, the trek will help to raise vital funds for SANE. It costs £299 to register to take part and you'll need to raise an additional £2000. Of this amount £1200 will go directly to the work of SANE. This fundraising target may seem high but with a bit of time and effort, and support from the fundraising team, it is an achievable target.

On the last trek, the team ranged from 21 to 67 years old so these trips are suitable for people of all ages and all levels of fitness. So if you fancy yourself as a bit of a Lawrence of Arabia, have always dreamed of camping out under the stars, or simply fancy kicking off 2008 in a healthy and worthwhile way then sign up now.

**For more information please contact Jenny Wayte on 020 7422 5544 or email [jwayte@sane.org.uk](mailto:jwayte@sane.org.uk).**

# Fundraising

## Be a part of it!

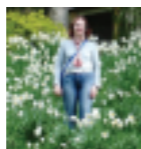
It's amazing how much our supporters are willing to do to help SANE. If you feel inspired, there are many ways in which you can help raise money to support those affected by mental illness. Here are a few ideas:



If you're feeling athletic or need an added incentive to get fit take part in a 10k race to raise money for SANE. We regularly seek runners to take part in a number of different races throughout the year. SANE's 10k's are always extremely popular and are great fun so get in touch if you would like more information. **Aileen Carson raised an amazing £1,013 when she and her brother John ran the 2006 Regents Park 10k together in March.**

Why not organise an original and fun fundraising event? Events organised by SANE supporters last year ranged from clothes swapping parties and football matches to concerts and celebrity galas. The fundraising team are here to support and advise you to help make your idea become a success.

**Margaret Reardon organised a Craft Fair in Northamptonshire which raised a fantastic £232.**



If you have any other unusual, creative or adventurous plans, whether it be jumping out of a plane, climbing Everest or shaving your head, why not consider raising money for SANE whilst doing it? **Shelly Harrington undertook a sponsored world-cup-athon, watching every world cup match, even though she doesn't like football, in memory of her brother. She managed to raise a brilliant £559.**

**Please do not hesitate to contact the fundraising team for advice or information on 020 7422 5544 or email fundraising@sane.org.uk.**

## Encouraging creativity

Art can be an inspiring therapy for many people living with a mental illness and in 2006 SANE encouraged several aspiring artists to pursue their creative ambitions by awarding grants to help purchase materials and equipment. Here we share the work of three successful applicants.

### Untitled by John Day.

A patient at Rampton Hospital, Nottinghamshire, John has found art an effective way to cope with paranoid schizophrenia. The grant will help him expand from painting into new mediums and to establish a future career in the arts.



### Ceramics by Gwen Brown.

A mother of three, Gwen turned to art when she felt misunderstood as a result of her bipolar disorder. She recently studied pottery and has enrolled in a Foundation Art and Design course.

**If you would like to apply for a SANE art grant send examples of your work, details of how a grant could help you, and a letter from a mental health professional certifying that you suffer from a long-term mental illness to Emma Smith, SANE, 1st Floor, Cityside House, London E1 1EE or email esmith@sane.org.uk.**



### Sunflowers by John Brewer.

Taken with a large old wooden camera, John, from Bristol, who was diagnosed with bipolar disorder in 1994, uses historical photographic processes to create his contemplative images. For more information visit [www.johnbrewerphotography.com](http://www.johnbrewerphotography.com).

## A word of thanks

Everyone at SANE is extremely grateful for all the support we have received from trusts, companies and individuals over the last year. We are also very lucky to have many high profile supporters backing our work. This year our celebrity supporters have helped us enormously through their support of the Betjeman Gala and the Medical Futures launch party. Most recently, the musician and composer, Mike Oldfield, whose debut album Tubular Bells is the most successful rock instrumental album of all time, and who has struggled with his own mental health problems, very generously decided to donate the royalties of his new autobiography, "Changeling", to SANE. If you are interested in purchasing a copy, keep an eye out for it in the shops in May.

SANE is a UK-wide charity set up in 1986 to improve the quality of life for people affected by mental illness. It has three main objectives:

- \* To raise awareness and respect for people with mental illness and their families, improve education and training, and secure better services
- \* To undertake research into the causes of serious mental illness through The Prince of Wales International Centre for SANE Research
- \* To provide information and emotional support to those experiencing mental health problems, their families and carers through SANEline and SANEmail.

### Patron:

HRH The Prince of Wales KG KT CBG

### Chief Executive:

Marjorie Wallace MBE Hon FRC Psych Hon DSc

### Board of Directors:

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John Bowis OBE MEP  
David Gladstone CMG  
Ian Hay Davison CBE  
Patrick Macdougall  
Rob Matthews  
The Lord Mottistone CBE KStJ

We are extremely grateful to our many generous supporters, donors, sponsors, partners and clients. Although it is not possible to thank everyone by name below, we would like to take this opportunity to say thank you to everyone who has supported SANE in the last year. We would especially like to acknowledge the support given by:

### Individuals:

Jane Asher  
Cherie Booth QC  
Father Kit Cunningham  
Edward de Bono  
Dame Judi Dench DBE  
Andy Goldberg  
Joanna Lumley OBE  
Candida Lycett Green  
Mike Oldfield  
Michael Palin CBE  
Mr. Patrick and Mrs. Jill Sherry and Friends  
William G. Stewart  
John Willson

Norwich Union Healthcare  
Vodafone UK Foundation

### Organisations and Groups:

Cambridge Students RAG Appeal  
Share Gift (The Orr Mackintosh Foundation)  
UCE Union of Students  
YouthNet

### Legacies:

Gordon Neil Dent  
Margaret Amy Leaver  
Paulina Rogalska  
Marie Thomas  
Bridget Elizabeth Whiphram

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### Local Healthcare Providers:

Barnet Council/Barnet Primary Care Trust  
City and Hackney Primary Care Trust  
Hertfordshire County Council  
London Borough of Hillingdon  
Morecambe Bay Primary Care Trust

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# Support

## Calling all supporters

As a valued supporter of SANE, we would like to find out more about you and give you the opportunity to get more involved with our work. We would be grateful if you could take some time to complete the questions below.

- I am interested in receiving information about how I can contribute to SANE's services and campaigning by becoming a member of: (tick all that apply)
  - the Service Users Group
  - the fundraising action group
  - the Young Person's Panel (for under 25s)
  - the media case study database
- I am interested in finding out more about how to support SANE through: (tick all that apply)
  - Challenge and running events
  - Purchasing Christmas cards
  - Leaving a legacy
  - Making regular donations
  - Fundraising on behalf of SANE
  - ShareGift
  - Payroll Giving
- I am interested in receiving a regular e-newsletter from SANE (please enter your email address below):
  - Yes  No
- To save paper and SANE's resources I would like to receive the next issue of SANEnews by email (please enter your email address below):
  - Yes  No
- Your age group:
  - Under 25  25-34  35-44  45-54
  - 55-64  Over 65
- How did you hear about SANE? (tick one)
  - Internet search  Newspaper article  Word of mouth
  - Television or radio programme  SANE poster or leaflet
  - Other (please specify):
- Please tick one of the below:
  - I have a mental health problem
  - I care for or am concerned about someone who has a mental health problem
  - I am a healthcare professional
  - None of the above, but I am interested in mental health

If you requested information about any of the above please complete the following details. Don't forget to include your email address.

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Email address \_\_\_\_\_

Please tear-off this form and return in the reply-paid envelope provided.

## Support

Please use this form if you would like to make a donation to SANE. Simply tear-off and return in the reply-paid envelope provided.

By:  Standing order  Credit/CAF card  
 Cheque/postal order/CAF voucher

Name: \_\_\_\_\_

Telephone: \* \_\_\_\_\_

\*required in case of a query

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

**STANDING ORDER**

Bank/building society name: \_\_\_\_\_

Branch address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Please pay SANE the sum of £ \_\_\_\_\_ each month/quarter/year (delete as appropriate) from my account until further notice.

Account name(s): \_\_\_\_\_

Account no: \_\_\_\_\_

Sort code:    -    -    Start date\*:   /

\*This date must be at least two months after today's date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This cancels all existing standing orders to SANE: (please tick)

Yes  No  Not applicable

**CREDIT CARD/CHEQUE**

Payment method:

(please tick the card type or cheque and make cheques payable to SANE)

Visa  Mastercard  CAF card

Cheque/postal order/CAF voucher

I would like to donate: (please tick as appropriate)

£25  £50  £100  £250 Other: \_\_\_\_\_

You can also make a credit card donation by telephone.

Please call the fundraising team on 020 7422 5544.

Name on card:

Card no:     /     /     /

Valid from:   /   Expiry date:   /

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please tick box if you do not wish SANE to acknowledge your donation

**GIFT AID DECLARATION**

If you are paying UK income tax you can add 28% to the value of your gifts to SANE at no extra cost to yourself. Simply sign and date the Gift Aid declaration and for every £1 you give, we can ask the Inland Revenue to give us an extra 28p.

I am a UK taxpayer and would like SANE (Charity Number 296572) to treat all donations I have made since 6th April 2000, and any future donations, as Gift Aid donations until I notify you otherwise.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You must pay an amount of income tax or capital gains tax equal to the tax we reclaim on your donations. Please let us know if your tax status changes. Thank you for your support.

Data protection: From time to time, SANE would like to write to you to keep you informed of our work.

Please tick box if you do not wish to receive future mailings.

# Will you join me?



I have been a supporter of SANE for some years now, but this year I decided I should put my mouth where my money is and do a fundraising event. So I'm delighted to say that, this June, I'll be hosting the Medical Futures Innovation

Awards on the charity's behalf. Which gives me a great opportunity to tell you all why I support SANE's work – and why you should too.

Whenever another case of neglect or tragedy involving mental illness hits the headlines, I know that SANE will be out there, putting it into context, raising people's awareness of the issues and explaining the importance of their work for those involved.

But SANE is not just around when the cameras are. SANEline and SANEmail provide anyone affected by mental illness with somewhere to turn for support and information every day of the year. The remarkable campaigning work SANE has done over the last 20 years means the mentally ill and their families have an independent voice that is not only heard but also listened to. And because of the work going on at The Prince of Wales International Centre for SANE Research, scientists are coming together to understand the causes of severe mental illness. Put simply, SANE offers hope that mental illness will find a way out of the darkness and neglect from which it has suffered.

However, all of this important work can't carry on without your help.

With your support SANE can continue to change, and save, lives. A donation of as little as £5 a month will go towards long-term stability for SANEline, ensuring the continued provision of support and information 365 days year for thousands of callers in desperate need of help. Or a one off donation of £50 could help cover the cost of recruiting and training the dedicated and skilled SANEline volunteers that provide the lifeblood of the SANEline service.

I'm supporting SANE. I hope you will too.

Thank you.

Rory Bremner

To find out more email [fundraising@sane.org.uk](mailto:fundraising@sane.org.uk) or call 020 7422 5544.

You can also donate online at [www.sane.org.uk](http://www.sane.org.uk).