



MENTAL HEALTH CHARTER

NEWS

WELCOME

Welcome to the fourth edition of our Mental Health Charter News.

This newsletter is on a bi-monthly distribution and it will carry features, news, information and resources to assist the journey to remove the stigma attached to mental health and improve wellbeing.

As an individual you may find the information personally helpful but you may also be able to use the resources to support someone else or signpost them in the right direction for some support.

We hope you find the content useful.

If you would like to support or contribute to the magazine in some way with information or a personal story or a feature, please do contact the team at marketing@shropshire-chamber.co.uk

Kind regards
Alison and the Mental Health and Wellbeing Team.



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Have you signed the Mental Health Charter?

Everyone in the workplace has the right to work in an environment that promotes good mental health and wellbeing.

As an employer and service provider, you should work to create a workplace culture that promotes equality of opportunity and respect for those with mental ill health and provide a positive service to people with mental ill health.

Your goal should be to embed the three Charter Principles in your organisational structure to demonstrate leadership in mental health and wellbeing.

The Mental Health Charter is not a set of quality standards or an accreditation but is a voluntary commitment to developing best practice in the workplace.

SIGN UP HERE

On Friday March 19 2021, Shropshire Chamber launched its Mental Health Charter.

Time has flown...but mental health stigma for some remains the same.

I spoke at the launch and it was a very humbling experience indeed and a tearful one. We listened to individual's stories and experiences of abuse, anxiety, depression, bereavement, bullying and suicide, amongst other problems, and it highlighted how through support of those around them, sometimes professional support, they found some strength, some courage and determination to carry on.

Be kind when it is needed, be supportive if you can, be mindful of those around you, you never know what they are going through.....

but if you think there is something wrong, then ask them, be a good listener and you can always signpost to the appropriate support.

No-one is expecting you to be a counsellor, just be there, be kind, and most importantly... care.

As a business, if you haven't signed the Charter, you still can, to show your employees that you are committed to supporting their mental health and wellbeing.

Thank you to all the businesses in Shropshire who have already signed up and pledged their support.

Alison and the Mental Health and Wellbeing Team.

Respect welcomes the government's Tackling Domestic Abuse Plan

Respect welcomes the launch of the government's [Tackling Domestic Abuse Plan](#), including the Pursuing Perpetrators strand, which lays out a strategic approach to addressing domestic abuse.

We are particularly pleased to see the government's commitment to spend £75 million on "tackling perpetrators", with a focus on "directly addressing abusers' behaviour". Sustainability has always been a challenge for the perpetrator sector, and multi-year funding is vital in ensuring services can plan and deliver perpetrator interventions effectively and safely.

Whilst we are pleased to see this longer-term funding, we are keen that the money is spent on a range of responses, ensuring that perpetrators at every level of risk are both given meaningful opportunities to change and prevented from causing further harm.

As part of the Plan the government is also exploring the development of a new register

for domestic abuse perpetrators. Respect and our members are ready to work alongside the government to shape the development and delivery of the register, and to ensure it puts the safety and wellbeing of survivors and victims at its heart.

We look forward to receiving further detail on the Plan, and welcome the opportunity to work with government to ensure its effective implementation.

Published 30 March 2022



We are a pioneering domestic abuse organisation developing safe, effective work with perpetrators, male victims and young people who use violence.

Mental Health Foundation announces 'loneliness' as theme for Mental Health Awareness Week 2022

**Mental Health Awareness Week -
Monday 9 May to Sunday 15 May 2022**

The Mental Health Foundation has announced the dates and theme of next year's Mental Health Awareness Week. It will run from Monday 9 May until Sunday 15 May 2022. The week will explore the experience of loneliness, its effect on our mental health and how we can all play a part in reducing loneliness in our communities.

Loneliness affects millions of people in the UK every year and is a key driver of poor mental health. The Foundation's [Mental Health in the Pandemic](#) research has found that loneliness has been exacerbated by the Covid pandemic. The Foundation has been tracking loneliness levels in the UK during the pandemic and found the experience has been much higher with devastating impact. Loneliness has been an important factor contributing to higher levels of distress, resulting from people's sense of isolation and reduced ability to connect with others. Further polling also found that loneliness was one of the leading issues that the public felt needed to be addressed.

The week will raise awareness of the impact of loneliness on our mental wellbeing and the practical steps we can take to address it. Reducing loneliness is a major step towards a mentally healthy society.

Mark Rowland, Chief Executive of the Mental Health Foundation, said: "Loneliness is affecting more and more of us in the UK and has had a huge impact on our physical and mental health during the pandemic. That is why we have chosen it as our theme for Mental Health Awareness Week 2022. Our connection to other people and our community is fundamental to protecting our mental health so we much find better ways of tackling the epidemic of loneliness. We can all play a part in this.

The week is also an invaluable opportunity for people to talk about all aspects of mental health, with a focus on providing help and advice."

The Mental Health Foundation has set the theme, organised and hosted Mental Health Awareness Week for the last 22 years, during which time the event has grown to become one of the biggest awareness weeks across the UK and globally.

Isolation and Loneliness: What's Up With Everyone?

An animated story about loneliness and isolation.

Loneliness and isolation often go together, and feeling alone can become a mental health concern. But you can take small steps to feel connected again.

It's so hard to admit to being lonely. We may feel this from time to time or it may stick to us like a fog, causing us to doubt ourselves. It can make us feel empty and leave us struggling to connect with company even when we want that.



Visit the [What's Up With Everyone](#) website to find out more, seek advice and get support.

The video series forms part of an Arts and Humanities Research Council (AHRC) funded collaborative research project between award-winning Aardman, and the universities of Nottingham, Loughborough and LSE.

How social media is driving young people to seek digital mental health support at night

Senior Clinical Advisor, Dr Fiona Pienaar, explores the recent trend of young people being driven by TikTok to seek mental health support from our Shout text service at night.

VIRAL TIKTOK TRIPLES DEMAND FOR SHOUT

On Wednesday 26 January, a user generated TikTok video posted by a young teenager encouraged people to text our [Shout](#) service, stating: “here’s the number if anyone is struggling” and adding “...mental health helplines, because no one else cares.”

The video went viral and our Shout Volunteers took more than 5,200 conversations that day, largely with children and young people seeking immediate support. This marked our busiest ever day, with daily demand increasing three-fold.

Over the following week, spontaneous TikTok videos and comments continued to drive awareness of Shout on social media, directly resulting in a sudden and sustained increase in usage of the service - particularly from younger texters and most frequently at night.

TEXTER CHARACTERISTICS AND BEHAVIOURS

The majority of our texters at this time were under 18 and, strikingly, 19% were aged 13 or under compared to just 6% the previous week. Every night, conversations peaked between 9pm and 11pm and continued through the night and into the morning.

An astonishing number of children and young adults sought mental health support all through the night, predominantly with depression and anxiety, while conversations concerning bullying tripled.

SOCIAL MEDIA, MENTAL HEALTH AND SLEEP

Children and young people have been discovering the viral social media posts and TikToks promoting Shout at night because, despite a wealth of [research](#) advising against doing so, they are taking their phones to bed.

While we don’t fully understand the impact of social media on our mental health, we do know that using devices and interacting with people and social content late at night can negatively impact our sleep, which is vital for maintaining our mental health and wellbeing.

Indeed, while social media provides important ways for young people to communicate with each other, information is not always accurately described by influencers and social media users, which can leave young people feeling isolated and confused. This is especially true in the middle of the night, when nobody is around for them to talk to and their ability to manage their thoughts and emotions is further impeded by fragmented and interrupted sleep.

This then drives young people to seek support wherever they can find it at that point in time, whether that is through social media, elsewhere online or by texting Shout.

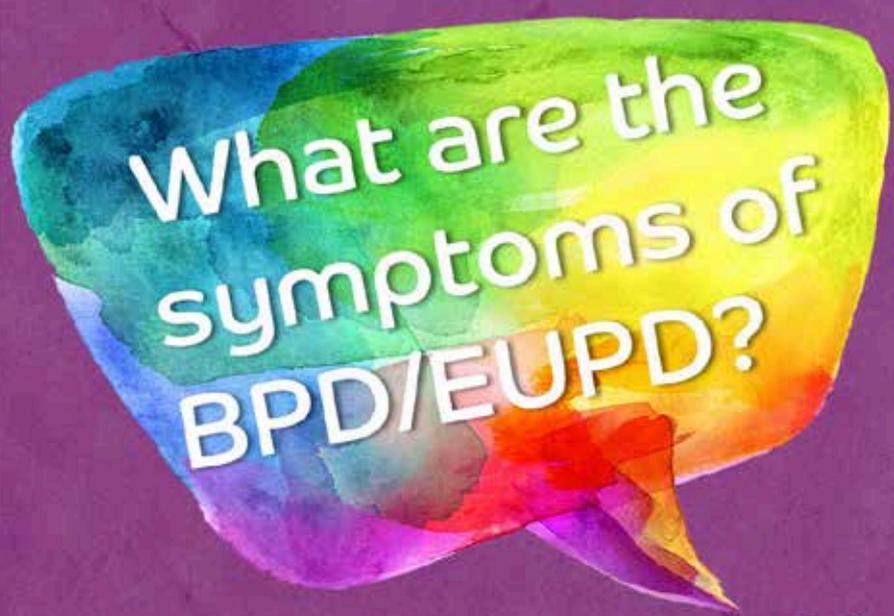
MANAGING DEVICE AND SOCIAL MEDIA USAGE AT NIGHT

While Shout is here for every child and young person in distress, it is crucial that young people are equipped and empowered with the information, tools, support and face-to-face connections they need to manage their mental health and wellbeing.

There are several positive steps that can be taken to support family wellbeing around social media and device use, from creating [family-wide agreements](#) for using screens at night to improving access to trusted adults and reliable sources of [news](#) and [mental health support](#).

If you are a parent or carer, read our [top tips](#) for more support on this topic.





What are the symptoms of BPD/EUPD?



BPD stands for borderline personality disorder.

The condition is also known as emotionally unstable personality disorder (EUPD).



Some people who live with BPD think that the name is insulting or makes them feel labelled.

It's important to remember this is a health condition, not a judgement of your character or you as a person.



Everyone's experience of BPD is different.

If you live with BPD, you may have difficulties with the following things:



- Being impulsive.
- Feeling bad about yourself.
- Controlling your emotions.
- Self-harming.



- Suicidal thoughts.
- Feeling 'empty'.
- Dissociation. This could be a feeling of being disconnected from your own body. Or feeling disconnected from the world around you.



- Identity confusion. You might not have a sense of who you are.
- Feeling paranoid or depressed.
- Hearing voices or noises when you are stressed.
- Intense but unstable relationships with others.



Some people who live with BPD will experience a lot of those symptoms, others will experience few.

No one's experience will be the same. However you're feeling, we're here to help.



Borderline personality disorder is also called emotionally unstable personality disorder (EUPD) and emotional intensity disorder (EID). In this factsheet, we call it BPD as this is still the most common term for the condition. But we appreciate that all 3 terms can be controversial.

You might find this factsheet helpful if you live with a diagnosis of BPD, or if you know someone who does.



Depression



Rethink
Mental
Illness.

Different things can lead to depression. Your upbringing, stressful events and your lifestyle might all have an effect.

Rethink
Mental
Illness.

Some signs of depression are feeling low, feeling bad about yourself and not wanting to do things.

Rethink
Mental
Illness.

If you feel low, getting enough sleep and eating healthy foods might help. It might also help to keep active, even if you don't feel like it.

Rethink
Mental
Illness.

Depression may be treated with medication and talking treatments.

Self-help techniques, peer support groups and coping strategies can also help.

Rethink
Mental
Illness.

If you think you might have depression you can speak to your GP.

Rethink
Mental
Illness.

Depression affects different people in different ways.

However you're feeling, we're here to help.

rethink.org/depression

Rethink
Mental
Illness.

Depression is a long-lasting low mood disorder. Depression is when you feel persistently sad for weeks or months, rather than just a few days.

It affects your ability to do everyday things, feel pleasure or take interest in activities.

Everyone has ups and downs. Sometimes you might feel a bit low, for lots of different reasons. People may say that they are feeling depressed when they are feeling down, but this does not always mean that they have depression.

Do you have a Domestic Abuse Workplace Policy?

A Workplace Policy will include:

-  Clear workplace policies & procedures.
-  How to respond to disclosures.
-  How to manage risks in the workplace.

Contact training@havenrefuge.org.uk to find out more.

OCD isn't a quirky trait - it's caused me massive distress

Amy shares her experience of OCD

OCD, despite popular belief, stands for obsessive compulsive disorder- not obsessive cleaning disorder. I was diagnosed in January 2018 and have since spent most of my time rolling my eyes at how the condition is seen by the general public.

Despite working in the health industry, my colleagues, (unaware of my diagnosis), will casually remark that they need medicines to be stacked neatly on the shelves because they are, 'so OCD'. Some friends have expressed annoyance at switches being on when nothing is plugged in - they also "have OCD". People I've shared my diagnosis with have sympathised with me, saying, 'I know how you feel, I'm a really tidy person too'.

If only OCD were that easy.

OCD is different from a desire for things to be tidy

An average tidy person's need to stack things neatly is actually a desire. A messy shelf might bother them in the short term, but they could probably go home at the end of their shift and forget about it. They'd like to organise it because it makes the workplace look nicer, but it's not crucial to anyone's wellbeing. With OCD, there is no desire to perform the compulsion- the cleaning, the tapping, the checking, the ruminating. We know how embarrassing and irrational our behaviour is, but we do it to protect us or those closest to us from harm.

Tidying the workplace to make it look better makes sense. It may be unusual to you but praying 25 times that I won't be sick one night and 35 the next, even though I'm not religious, made perfect sense to me as a child. It also caused me massive distress. If I couldn't ask my dad if I was going to be sick, I went into total meltdown. At the age of 7, I was desperately begging to borrow someone's phone at a sleepover so I could sneak off to perform my nightly ritual. While my friends watched movies and ate junk food, I was in the bathroom, whispering to my parents to pick me up, to make excuses for me not being able to stay. I didn't know it yet, but OCD was robbing me of a childhood full of normal experiences. I survived in cycles and rituals.

Fast-forward to me aged 13. OCD has reared its ugly, destructive head in the form of eating

disorders, meaning I compulsively exercise to get rid of the calories I eat, and I know so much about nutrition it should be worrying. I have memorised food labels, so I know which 'bad' foods to stay away from, disguising myself as a picky eater and a health nut. The compulsion to burn off that chocolate bar I shouldn't have eaten is so strong that my trainers are on before I've even put the wrapper down. It's an awful time of self-harm and self-loathing, but the worst is yet to come.

In late 2017, at 19 years old, I watched a TV programme that triggered a shameful memory. Instantly, I knew what was coming and I was terrified. I began ruminating every second of the day - as soon as I woke up, the thoughts were there, and they stayed there while I slept, in my nightmares. I obsessively picked over my past behaviours and events in my life, painting myself as an evil waste of space in every one of them.

The nature of my OCD changed as I got older

I had developed a form of the disorder, often referred to as 'Pure O' (purely-obsessional)- though my thoughts were anything but pure. My OCD had convinced me that I was my worst fear: an immoral danger to society that couldn't be trusted. At Christmas, dad spent the early hours into Boxing Day trying to convince me that I was a good person. Defeated, he left me on the sofa, exhausted, retching and aching from crying so hard. Eventually, we learned that no amount of reassurance ever makes OCD go away.

On New Years Eve, when the world was making hopeful resolutions for their life, I was sobbing in the shower, wishing I didn't have mine anymore.

Fortunately, since taking medication and starting university, my OCD is more stable. The disturbing themes of my OCD still creep up regularly, but my brain doesn't latch onto them like it used to.

The point of this post is to raise awareness that OCD isn't a quirky personality trait or an adjective. You can be a neat freak and have OCD but the two aren't always linked. Changing the vocabulary we use is an easy way to start reducing the stigma around OCD and to start educating others on its seriousness. It could end up making all the difference to someone you love.

Mental health problems cost the UK economy at least £118 billion per year - new research

We want the prevention of poor mental health to be at the centre of the UK's approach to mental health.

Our new report with the London School of Economics and Political Science, 'The economic case for investing in the prevention of mental health conditions in the UK', provides evidence from the UK and around the world that proves prevention interventions work.

Poor mental health costs the UK a staggering £118 billion per year but much of this is preventable.

Many mental health problems are preventable, so it is counter-productive to wait until problems arise before providing support. The report describes cost-effective programmes that can prevent poor mental health.

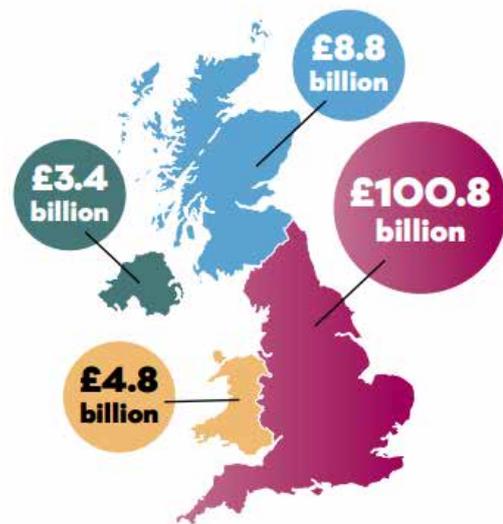


By focusing on the prevention of poor mental health, we can reduce both economic and personal costs, and support more people to live mentally healthy lives.

Rather than waiting for people to become unwell and trying to get treatment, governments and decision-makers should commit to policies that promote good mental health and invest in community programmes that empower everyone, especially people at higher risk, to live well.

The report demonstrates the success of initiatives such as parenting programmes, anti-bullying programmes, and workplace support. Not only are people supported to have good mental health, but there are significant cost savings. For example, one study found that for every £1 spent on parenting programmes, £9.30 could be saved in the long-term, through costs saved to the

Mental health problems cost UK economy at least £117.9 billion per year



health, education and criminal justice sectors. This research adds to the growing evidence that we present to decision-makers across the UK as we seek to influence the policies and investments that impact all our mental health. There is an opportunity to revolutionise how we approach mental health in the UK; focusing on preventing poor mental health, enabling people to thrive, and saving our economy billions of GBP in the long term.



[Download Report HERE](#)





END THE SILENCE END SUICIDE

Let's talk... because
6,507* people died by
suicide in the UK, that's
nearly **17 people EVERY** day.

20 minutes is all it takes.
Take the training at zerosuicidealliance.com

Ockenden review puts parents' voices at heart of maternity safety

The publication of the final report of the Independent Review of Maternity Services at Shrewsbury and Telford Hospital NHS Trust (SaTH) must be a watershed moment for maternity safety in the UK. Every mother has the right to expect safe maternity care for herself and her baby.

It is essential that the Government supports Trusts to implement [the immediate and essential actions laid out by Donna Ockenden](#), to save lives and prevent avoidable deaths and suffering for families.

A tragedy of this scale must never be allowed to happen again. Time and again reports have told us what's going wrong in failing maternity units.

Action is now urgently needed at every level throughout the healthcare system, from clinical training to management ethos, and properly resourced support for midwives and other frontline professionals.

And this can be achieved by building a healthcare system and culture that is designed to spot problems early, that supports a continual cycle of evidence gathering, learning and professional training, and drives improvements in maternity safety.

Listening to parents saves lives

Saving babies' lives is an absolute priority for Sands, and we know that listening to parents and families is crucial so that this evidence leads to learning that drives changes in practice.

This review has been carried out with parents at its heart and today's report is clear that SaTH did not listen to families and did not learn from mistakes.

We must change the culture that has silenced bereaved parents and prevented lessons being learned, so that no babies die because of avoidable mistakes.

If the UK is to be the safest place in the world to have a baby, we need a culture of openness where human errors or systemic failings can be acknowledged, and lessons learned by Trusts.

Clea Harmer, Sands Chief Executive

It is shocking to learn that 40% of term stillbirths between 2011 and 2019 at SaTH had not had an investigation, and even where an investigation had taken place only 36% met standards and 33% had parents involved appropriately.

We must ensure that bereaved parents' voices are heard by decision makers in the NHS and government so that their experiences help improve safety in maternity and neonatal care.

Crucially, hospitals need enough staff, resources and support to do this effectively. Trusts which are struggling must be identified earlier and offered support so that babies and mothers are kept safe and well.

Our message to healthcare professionals at every level of the NHS is that we are here to support you and help you to provide the best bereavement care.

#OckendenMaternityReview

[Sands training and education](#) can make sure you're up-to-date with developments, both in bereavement care so parents whose baby has died are well looked-after, and involving those parents in reviews to learn lessons that can save future lives.

We are working hard to save babies' lives

This year we formed a [Joint Policy Unit](#) with Tommy's working together towards halving the number of UK baby deaths by ensuring decision makers have access to up-to-date information, and maternity policy is

Sands (Stillbirth and Neonatal Death Charity)

informed by robust evidence. The Unit will be monitoring how the recommendations and essential actions identified in this report are implemented to support the maternity system to achieve this.

Sands is a member of the [MBRRACE-UK \(Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries\)](#) and their annual reports and confidential enquiries improve understanding of where and why babies die.

Sands helped develop the [Perinatal Mortality Review Tool](#) to ensure that every baby's death is reviewed. The inclusion of parents must be a central part of these reviews. Learning from them is an integral part of improving safety in care and in preventing tragedies such as Shrewsbury and Telford.

It is essential that the voice of bereaved parents is at the heart of any investigations related to care. We ensure that bereaved parents' voices are heard by decision makers in the NHS and government so that their experiences help improve safety in maternity and neonatal care.

Parents have the greatest stake, and a unique insight, in understanding what happened when something goes wrong, and why their baby died; they want learning from investigations to result in swift and effective change so that nobody else goes through this pain.

We are here for parents and families

Today's news about the events within the Shrewsbury and Telford Hospitals NHS Trust will have been very painful for those who have been affected directly and anyone affected by pregnancy loss or the death of a baby. We are here to support anyone who needs us.

We are here to offer bereavement support to all those parents and families affected, who will be going through unbearable pain following their loss.

Clea Harmer, Sands Chief Executive

This final Ockenden report is the end of a review that began five years ago after the families of two babies, Kate Stanton-Davies and Pippa Griffiths, who died under the trust's care, raised concerns about their cases and 21 others.

For the families involved this is not the end. They will never forget their precious babies and these families must not be forgotten as the official enquiry closes.

It is their stories, and the stories of all the other families that have been affected, that shines a light on the devastation of the families at the heart of this tragedy.

Since 2020 Sands has been part of a dedicated service to support the families whose babies died while under the care of Shrewsbury and Telford Hospital NHS Trust, working alongside the specialist psychological therapies made available by the review team.

It's good to see that the report acknowledges the importance of bereavement care and the [National Bereavement Care Pathway \(NBCP\)](#). Sands has worked closely with Shrewsbury and Telford Hospitals Trust to improve the bereavement care they provide and we want every NHS Trust and Board across the UK to implement the NBCP.

If you or anyone you know have been affected by pregnancy loss or the death of a baby, [we are here to offer support.](#)



Action for Happiness

What We Believe

Our work is evidence-based and grounded in these core beliefs:

Happiness Matters

People's overall wellbeing is the 'ultimate good' and everything else in our society should contribute to this.

Everything we value in life (such as health, fairness, freedom, the economy, the environment or anything else) matters because it contributes to the wellbeing of current and future generations. We want to build a world where happiness is at the heart of everything we do as individuals, communities, organisations and governments.

Our Actions make a difference

Happiness is something we do. We can change how we feel by taking small daily actions at home, at school, at work and in wider society.

Neighbours waving through the window
We can't choose our circumstances and there will always be good and bad times, but we can learn about what makes us happy and we can take actions with the aim to create more happiness for ourselves and the people around us.

It's ok to not be ok

Happiness is not about ignoring difficult feelings. Being present with all our emotions - and feeling sad when we need to - contributes to wellbeing in the longer term.

People sharing how they feel
It's helpful to look for what's good and be optimistic about life. But we also need to accept our full range of emotions and make space for difficult feelings when they arise. Trying to numb unpleasant emotions blocks pleasant ones too; accepting them helps us understand them and move on. It's helpful to talk about how we're feeling with people that we trust.

[Click the image to download the Action for Happiness April Calendar](#)

Active April 2022

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
1 Commit to being more active this month, starting today	2 Spend as much time as possible outdoors today	3 Listen to your body and be grateful for what it can do	4 Eat healthy and natural food today and drink lots of water	5 Turn a regular activity into a playful game today	6 Do a body-scan meditation and really notice how your body feels	7 Get natural light early in the day. Dim the lights in the evening
8 Give your body a boost by laughing or making someone laugh	9 Turn your housework or chores into a fun form of exercise	10 Have a day free from TV or screens and get moving instead	11 Set yourself an exercise goal or sign up to an activity challenge	12 Move as much as possible, even if you're stuck inside	13 Make sleep a priority and go to bed in good time	14 Relax your body & mind with yoga, tai chi or meditation
15 Get active by singing today (even if you think you can't sing!)	16 Go exploring around your local area and notice new things	17 Be active outside. Dig up weeds or plant some seeds	18 Try a new online exercise, activity or dance class	19 Spend less time sitting today. Get up and move more often	20 Focus on 'eating a rainbow' of multi-coloured vegetables today	21 Regularly pause to stretch and breathe during the day
22 Enjoy moving to your favourite music. Really go for it	23 Go out and do an errand for a loved one or neighbour	24 Get active in nature. Feed the birds or go wildlife-spotting	25 Have a 'no screens' night and take time to recharge yourself	26 Take an extra break in your day and walk outside for 15 minutes	27 Find a fun exercise to do while waiting for the kettle to boil	28 Meet a friend outside for a walk and a chat
29 Become an activist for a cause you really believe in	30 Make time to run, swim, dance, cycle or stretch today					

ACTION FOR HAPPINESS **Happier · Kinder · Together**

Feel Better with Kindness

Dr Kelli Harding discusses how kindness and connection can help us live healthier and happier lives.

This conversation with Dr Mark Williamson was recorded at an Action for Happiness event on 10 March 2022.

About The Speaker: Dr Kelli Harding is an assistant clinical professor of psychiatry at Columbia University Irving Medical Center and has spent much of her career in the emergency room at NewYork-Presbyterian Hospital. She's appeared on the Today show, Good Morning America, NPR, BBC and in the New York Times and the Washington Post. Dr Harding lives with her family in New York City. She is author of *The Rabbit Effect: Live Longer, Happier, and Healthier with the Groundbreaking Science of Kindness*.



DR KELLI HARDING

Feel Better with Kindness

Can kindness help us be healthier as well as happier?

VIDEO

[Click to watch](#)

This conversation with Dr Mark Williamson was recorded at an Action for Happiness event on 22 March 2022.

About The Speaker: Dr Chris Irons is a Clinical Psychologist, and Director at Balanced Minds. In his clinical work, he uses Compassion Focused Therapy (CFT) to help people suffering from a variety of mental health problems, including persistent depression, PTSD, OCD, bipolar affective disorder, eating disorders and schizophrenia, along with a complex relational trauma. Alongside Professor Paul Gilbert and other colleagues, Chris has been interested in the theoretical and clinical developments and adaptations of CFT as a science based psychotherapeutic approach. Chris also works with the Compassionate Mind Foundation, a charitable organisation aiming to: "Promote wellbeing through the scientific understanding and application of compassion". He is the author of five books, including the *The Compassionate Mind Workbook*, *CFT from the Inside Out* and *The compassionate mind approach to difficult emotions*.



DR CHRIS IRONS

Self-Compassion

Do you ever compare yourself negatively with others or feel you're not good enough?

VIDEO

[Click to watch](#)

Self-Compassion

Psychologist Dr Chris Irons discusses how to be kinder to yourself and cope better with difficult emotions.

DATES

Networking
29 April
Weston Park

BOOK HERE

Networking
24 June
The Wrekin

BOOK HERE



Rachel Broome
Jeff's and Burgess Taxis



Peter Sims
Managing Director
7video Ltd



Emma Pawlowski
Managing Director
Wrekin Water Filtration Ltd



Katy Jones
Managing Director
PC Net Solutions Ltd



Ash & Mick
Screen Printers
The Clever Baggers Ltd



Monica Shafaq
Chief Executive
The Kaleidoscope Plus Group

Some of the
organisations who have
signed the
Mental Health Charter

Are you going to sign?