

Newsletter date: August 2009

Issue No. 2

## Recovery In-Sight Newsletter



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#### Disclaimer

Any views or opinions in this newsletter are solely those of the authors and do not necessarily represent those of the Recovery In-Sight Group unless specifically stated. While all information is given in good faith, the authors cannot accept responsibility for the accuracy of the information given. In particular readers are advised to discuss with their doctor any change to the nature or amount of their treatment before acting upon any information herein. All articles are the copyright of Recovery In-Sight Newsletter and may only be reproduced with an acknowledgement.

### Dates for future self help group meetings and other events

#### Central Herts Bipolar Group—Stevenage

Wednesday 26th August

Walk/Talk & Picnic. (1.30-3.30pm)

Meet at 1.15pm at Quakers House,

Stevenage to set off at 1.30 for a picnic at Fairlands Park Lakes. You can purchase food there or bring a packed lunch. (A free drink or ice cream will be provided.)

Wednesday 23rd September

Food & Mood workshop by Roger Smith. (1.30-3.30pm)

Wednesday 28th October

Self Help Group. (1.30-3.30pm)

Wednesday 25th November - Guest speaker—Verity Harvey, Spiritual Care Co-ordinator from Herts Parts Foundation NHS Trust (1.30-3.30pm)

Wednesday 16th December

Christmas Meal. (1.30-3.30pm)

Arrangements to be finalized.

(Please note this meeting is a week earlier because of Christmas—there will not be a meeting on 23 December).

Meetings held every 4<sup>th</sup> Wednesday of the month in Stevenage, 1.30pm—3.30pm.

#### West Herts Bipolar (Watford)

Saturday 8th August - Walk/Talk Picnic (10.30am-12.30pm) Meet at 10.15am at Quaker House, Watford, to set off at 10.30 for a leisurely walk around Cassiobury Park, Watford. (Please bring a packed lunch, refreshments provided).

Saturday 12th September and Saturday 10th October—Self Help Group Meetings. (10.30am-12.30pm).

Saturday 14th November—Bipolar Presentation with questions and answers. Dr Stephanie Sadler, consultant psychiatrist, based in Hemel Hempstead returns following popular demand. (10.30am-12.30pm)

Saturday 12 December—Facilitated discussion—(10.30am-12.30pm) - Jasmine Heaps (trained counsellor in relationships and experience of bipolar in the family) will facilitate a discussion on relationships and bipolar disorder, based on topics suggested on the day.

This meeting will be followed by a Christmas lunch at a local pub to celebrate the end of the self help groups 4th year.

**Meetings held every second Saturday of the month in Watford. 10.30am-12.30pm**

## Group News

A very BIG “thank you” to all the Recovery In-sight Centre Team who have been working hard over this summer. To Ila leading on HR, with Ruth and David now leading on marketing with Heather, Benit and Natalya. Linda leading on communications with Benit and Paul who has done good work with the IT, and to Ian who is looking into a new marketing database. Joan and David have worked hard with the training the trainer sessions. Thanks to all the trainers, Ila, Laura, Karen, Liz, Rosie, Natalya and Ruth. A grand job is being done by the self help group facilitators—Gwyn, Laura and Carolyn leading the Watford Group and Ruth and Natalya co-facilitating the Stevenage Group.

We must also thank Catherine Swaile (Herts County Council Commissioners) for coming along again to Watford in May for a progress report on Group activities and progress.

### Group Library Books—New additions

Watford—Blackstone’s Guide to the Mental Health Act.

Stevenage—Full Catastrophe Living & Mindfulness for Beginners CD— By Jon Kabat-Zinn



## Celebrity Profile

### **Alastair Campbell -**

**writer, communicator and strategist best known for his role as former British Prime Minister Tony Blair's spokesman, press secretary and director of communications and strategy.**



(Photo by Brian Moody)

**When I became Tony Blair's press secretary several years ago, I knew that the 'skeletons' would probably come out, so I never hid the fact I'd had a nervous breakdown. I'd always been very open about it, calling it my 'mad period'. There's no point pretending I wasn't mad, because I was, probably for some time up to my breakdown, and then it took quite a while to recover. I think people are disarmed when you're up front about it. I've never had anybody say a bad thing about my breakdown.**

**It happened in 1986 when I was 29. I'd been a journalist at the Mirror and was poached by Eddy Shah's Today when it was launched. It was a disaster. I'd left a professional and political base I felt totally at home with and gone somewhere I felt a bit alien. I was over promoted; I hit the bottle pretty hard, got completely manic and cracked.**

**On the day it finally happened, it was like this piece of glass cracking in slow motion into thousands of pieces inside your head, and you're struggling to hold it together and the harder you try, the more the glass cracks, and you end up with your head an explosion of sounds and memories and madness.**

**I was doing a piece on Neil Kinnock in Scotland. I'd got detached from the main party and was picked up by the police for my own safety because I was behaving oddly, putting all my possessions into a little pile in the foyer of the building I was in. Earlier, I'd been driving a hire car and I knew I was incapable of driving properly so I dumped it and called the office and told them to collect it. The trouble when you're in that state of mind is that even though you feel odd, you think you're behaving rationally so you can't understand why this poor sod in London thinks it odd that you're telling him to collect a car from a lay-by somewhere in Scotland.**

**I was in hospital for a few days, heavily drugged, and feeling pretty desperate. I was asked how much I drank, and I went through a recent day's intake, and as I went through it, it dawned on me: I was drinking vast amounts and had been kidding myself I didn't have a problem. I was advised to stop drinking and I did which wasn't easy but got easier with every day. I was also treated for depression, on medication for a few months. I was really lucky though.**

## Celebrity Profile (continued ...)

Fiona, my partner, was incredibly supportive even though it had been a nightmare for her having seen this thing coming and feeling powerless to do anything about it. I was also lucky in that Richard Stott, who was editor at the Mirror, agreed to take me back as soon as I was in a fit state to work. He'd advised me not to go to Today, was angry that I did, and could easily have joined those who were saying 'serves him right'. But he gave me a chance and that was a huge thing for me, an act of kindness and support people don't always get when they hit real trouble.

It's hard to describe coming out of a breakdown. There's like a permanent dull ache and occasional stabs of real pain or fear. I can't help smiling when I hear people say they're depressed when what they mean is they're a bit fed up. I do it myself sometimes. But there are not many things as deadening as real depression, when you feel unable to move a muscle and you're incapable of getting out of bed, or speaking or thinking, or doing anything, and you can't see a way forward.

I slowly rebuilt myself with help from family and friends. It also sorted out who my real friends were and what really mattered to me, and the next year we had our first child which was brilliant. Of course the breakdown was humiliating on one level - journalism is a very gossipy world and people's basic take was that this whiz kid had flown too high, fallen flat on his face and ended up in a 'lunatic asylum'. And I know I was lucky in many ways and if I hadn't had the support I had it could have ended far, far worse.

But now I look back on it with a real sense of achievement. It was a 24-carat crack up and I'm proud of the fact I got through it, rebuilt myself, did ok as a journalist again and went on to do what I do now. I couldn't have done what I've done in this job without believing what I believe very strongly, and being tough-minded, focused, mentally and physically fit. I feel the breakdown, and the recovery played a big part in all that. I was taken to the limit, really close to losing everything, at absolute breaking point and I think over time that turned me into a stronger person. It was in many ways the worst thing that ever happened to me, certainly the scariest, but in other ways the making of me. I'm very conscious of the fact that for many other people a mental breakdown has anything but that effect, that the suffering never stops, so I've been lucky. One of the reasons I've wanted to be open about it is that I know from my own recovery that it is possible to take strength and hope from the experience of others who've gone to what feels like hell and back and lived to tell the tale.

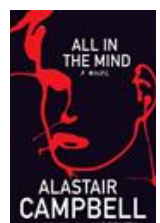
*Thanks to Mind out For Mental Health Anti Stigma Campaign DOH for allowing this item to be reproduced. Since this article was produced for that campaign in 2004 Alastair Campbell has written his first novel "All in the Mind" published last November. He is currently fronting the National Anti-Stigma Campaign run by Mind and Rethink.*

***"Time-To-Change"***

*The website is listed below.*



**[www.time-to-change.org.uk](http://www.time-to-change.org.uk)**





# Bipolar Medication Spotlight—ARIPIPRAZOLE

(Brand name Abilify or Abilify Disc Melt)

Written by B Maru

**Aripiprazole** was developed as a treatment for schizophrenia and is licensed for the treatment of schizophrenia and mania and relapse prevention. It does not have any indication for treating bipolar depressive episodes<sup>(1)</sup>, but it is approved for mixed, as well as manic episodes in adults, for which there are several double-blind placebo-controlled which support its use<sup>(2, 3, 4)</sup>. Aripiprazole is often used as a maintenance therapy either on its own, or with mood stabilisers such as lithium or sodium valproate<sup>(5, 6)</sup>. It is also as effective as haloperidol in reducing manic symptoms<sup>(7)</sup>, and is much better tolerated<sup>(8)</sup>.

Aripiprazole can improve psychotic symptoms associated with bipolar, such as:

- Hallucinations (audio and visual)
- Delusions
- Disorganised thinking
- Paranoia
- Irritability
- Elevated mood
- Impulsivity
- Racing thoughts
- Inflated self esteem
- Decreased need for sleep

## ***Place in treatment for mania***

Aripiprazole can be considered for treatment use in adults with bipolar if:

- First episode adult patients where the side effect profile is identified as potentially least problematic in a concordance model of treatment
- Existing adult clients who are not treatment refractory, but who demonstrate poor compliance with current therapy due to problematic side effects (e.g. weight gain, over sedation, sexual dysfunction, EPS). Its long half life may reduce the effect of partial compliance.
- In conjunction with clozapine to augment clinical response, especially where there has been problems with sedation and social withdrawal.

## ***Dosage of Aripiprazole***

- For mania the starting dose is 15mg and doses of 20-25mg are often needed to control the acute episode. There is evidence for effectiveness when aripiprazole is added to a therapeutic dose of a mood stabiliser when there has been a partial response. Rates of akathisia may be higher when aripiprazole is used in conjunction with lithium.
  - The IM preparation is a 9.75 mg preparation which can be given at 2 hourly intervals with a maximum of 3 doses over 24 hours.
  - If no response at 30mg after 6 weeks treatment, it is unlikely that aripiprazole represents effective treatment and alternative antipsychotic treatment should be sought.
- All doses can be given as single daily dose.

## ***Initiating Aripiprazole***

Aripiprazole has a long half life (72 hours) and requires up to 2 weeks reaching steady state. If the patient is maintained on another antipsychotic it is advisable to continue that drug at the same dose for the first 2 weeks of treatment with aripiprazole. If the patient is taking depot antipsychotic medication, aripiprazole can be initiated at any stage in the depot cycle without the need to repeat the injection.

Aripiprazole has minimal activity at cholinergic and histaminic receptors. When the previous antipsychotic is withdrawn (after a 2 week period of co-prescribing) this must be done gradually over a period of at least 2 weeks to prevent rebound effects (e.g. agitation, insomnia, dystonia). In some cases an extended period of cross titration (around 2 months) is necessary to manage these effects.

## ***Responsibility of Specialist Prescribing Treatment***

- To assess the suitability of the patient for treatment.
- To discuss the benefits and side effects of treatment with the patient/carer and where applicable the need for long term monitoring.
- To perform any baseline tests and other test if applicable and communicate this info to the GP.
- To prescribe until maintenance regime established.
- To ask GP whether they are willing to participate in shared care.
- To advise GP of any dosage adjustments required, when to refer back, and when and how to stop treatment (if appropriate).
- To monitor the patient for adverse events and report to GP.

Review the patient, dose, efficacy and tolerance at regular intervals (usually every 1-3 months, according to clinical response).

## ***Responsibility of other Prescribers (e.g. GP)***

- To reply to the request for shared care as soon as possible.
- To continue monitoring as agreed with secondary care
  - 3 months after initiation to check weight, BMI, waist size and blood lipids (fasting if possible).
  - 6 months after initiation to check plasma glucose (fasting if possible). Annually to check LFTs,U&Es, FBC, weight, BMI, waist size and blood lipids, plasma glucose (fasting if possible).
  - If any abnormal blood results are found please discuss with specialist as dose or drug changes may be required.
- To prescribe and adjust the dose as recommended by the specialist.
- To refer back to the specialist if the patient's condition deteriorates.
- To identify adverse events if the patient presents with any signs and liaise with the hospital specialist where necessary. To report adverse events to the specialist.
- To ensure there are no interactions with any other medications initiated in primary care.
- To stop treatment on the advice of the specialist.

## Side effects

### Adverse drug reactions

**Common** (1-10%): insomnia (take aripiprazole in the morning, slow cross titration with previous medication, zopiclone or lorazepam), restlessness, headache (treat with simple analgesic), dizziness, agitation and akathisia (temporary relief by reducing dose, slowing cross titration with previous medicine, or lorazepam), somnolence/sedation, tremor, blurred vision, nausea (should reduce when taken with food, or with fatty foods such as cheese, peanut butter), constipation, dyspepsia, and asthenia/fatigue.

**Uncommon** (0.1-1%): tachycardia and orthostatic hypotension

### Contra-indications

Hypersensitivity to preparation, breast feeding

### Precautions

- Cardiovascular disease
- Cerebrovascular disease
- Epilepsy
- Dementia-related psychosis
- Diabetes
- Pregnancy

### Drug Interactions

Caution is advised when Aripiprazole is prescribed with other CNS drugs. If Aripiprazole is prescribed with medicines that inhibit cytochrome P450 2D6 (e.g. paroxetine, fluoxetine and quinidine) or 3A4 (e.g. ketoconazole, itraconazole, HIV protease inhibitors) the dose of aripiprazole should be halved. If aripiprazole is prescribed with medicines that induce cytochrome P450 3A4 (e.g. carbamazepine, rifampicin, phenytoin, phenobarbitone, primidone, efavirenz, nevirapine and St John's Wort) then the dose should be doubled. The dose of aripiprazole should be altered if one of the inducers/inhibitors is discontinued.

1 - Thase ME, Jonas A, Khan A, Bowden CL, Wu X, McQuade RD, Carson WH, Marcus RN, Owen R (February 2008). "Aripiprazole monotherapy in nonpsychotic bipolar I depression: results of 2 randomized, placebo-controlled studies". *J Clin Psychopharmacol* 28 (1): 13–20.

2 - Keck PE, Marcus R, Tourkodimitris S, Ali M, Liebeskind A, Saha A, Ingenito G (September 2003). "[A placebo-controlled, double-blind study of the efficacy and safety of aripiprazole in patients with acute bipolar mania](#)". *Am J Psychiatry* 160 (9): 1651–8.

3 - Sachs G, Sanchez R, Marcus R, Stock E, McQuade R, Carson W, Abou-Gharbia N, Impellizzeri C, Kaplita S, Rollin L, Iwamoto T (July 2006). "Aripiprazole in the treatment of acute manic or mixed episodes in patients with bipolar I disorder: a 3-week placebo-controlled study". *J Psychopharmacol. (Oxford)* 20 (4): 536–46.

4 - Keck PE, Orsulak PJ, Cutler AJ, Sanchez R, Torbeyns A, Marcus RN, McQuade RD, Carson WH (January 2009). "Aripiprazole monotherapy in the treatment of acute bipolar I mania: a randomized, double-blind, placebo- and lithium-controlled study". *J Affect Disord* 112 (1-3): 36–49.

5 - Keck PE, Orsulak PJ, Cutler AJ, Sanchez R, Torbeyns A, Marcus RN, McQuade RD, Carson WH (January 2009). "Aripiprazole monotherapy in the treatment of acute bipolar I mania: a randomized, double-blind, placebo- and lithium-controlled study". *J Affect Disord* 112 (1-3): 36–49.

6 - Keck PE, Calabrese JR, McIntyre RS, McQuade RD, Carson WH, Eudicone JM, Carlson BX, Marcus RN, Sanchez R (October 2007). "Aripiprazole monotherapy for maintenance therapy in bipolar I disorder: a 100-week, double-blind study versus placebo". *J Clin Psychiatry* 68 (10): 1480–91.

7 - Young AH, Oren DA, Lowy A, McQuade RD, Marcus RN, Carson WH, Spiller NH, Torbeyns AF, Sanchez R (January 2009). "Aripiprazole monotherapy in acute mania: 12-week randomised placebo- and haloperidol-controlled study". *Br J Psychiatry* 194 (1): 40–8.

8 - Vieta E, Bourin M, Sanchez R, Marcus R, Stock E, McQuade R, Carson W, Abou-Gharbia N, Swanink R, Iwamoto T (September 2005). "Effectiveness of aripiprazole v. haloperidol in acute bipolar mania: double-blind, randomised, comparative 12-week trial". *Br J Psychiatry* 187: 235–42.

# FLARE AND FSB AWARDS

## University of Hertfordshire's Entrepreneurial Competition — FLARE 2009 —



(From left to right) Ila, Liz and Heather  
The Pitch ... the team conferring



Outside Tower Bridge  
The Recovery In-Sight Team  
With the judges including  
Ruth Badger from  
The Apprentice



The Recovery In-Sight Team wins its way to Best Business Plan, with awards presented by the UoH Business School Director at the awards ceremony at Beales Hotel, Hatfield on 8 May 2009.

<http://www.herts.ac.uk/more/flare/>



(From left to right) Ila, Heather, Peter Jones (from Dragons Den) and Liz outside new offices in Hatfield, part of the prize won was one years office space!

## Presentation of award for Recent Graduate Award—FSB Herts—June 2009



(from left to right) Liz, Dr Ruth Herman (UoH) Ila, Heather and Linda at Tewinbury Farm Hotel, FSB Small Business Awards





## RECOVERY IN-SIGHT CENTRE

### Free In-Sight recovery training for users and carers affected by bipolar disorder

#### Funded by the Innovations Fund, Adult Care Services, Herts County Council

In-Sight is a comprehensive lifestyle development group training enabling people in their recovery from bipolar disorder. It includes mood management, life skills development, healthy lifestyle, and wellness planning. Its effectiveness in enhancing recovery has been demonstrated for trainees, compared to people receiving their usual care, in a research study undertaken at the University of Hertfordshire.

**This free course is offered to people with a diagnosis of bipolar disorder, and to carers of a family member with a diagnosis of bipolar disorder, to enable recovery.**

**Venue:** The Recovery In-Sight Centre, University of Hertfordshire, MacLaurin Building, 3<sup>rd</sup> Floor, 4 Bishop Square, Business Park, Hatfield AL10 9NE.

**Duration:** 8 full days over 8 consecutive weeks, with a 9<sup>th</sup> half-day session one week later.

**Time:** 10am – 5pm.

**Start:** Thursday 3<sup>rd</sup> September 2009

Thursday 10<sup>th</sup>, 17<sup>th</sup> and 24<sup>th</sup> September

Thursday 1<sup>st</sup>, 8<sup>th</sup>, 15<sup>th</sup> and 22<sup>nd</sup> October

**Finish:** Thursday 29<sup>th</sup> October (9<sup>th</sup> half day session).

The course will be delivered by service user and carer trainers who have previously trained as trainers. The course is free, and a full course manual together with tea/coffee are provided. Trainees need to bring a packed lunch. A commitment to attend regularly is required for maximum benefit. Travel expenses can be reimbursed up to a maximum of £10/weekly session.

To explore how the training may have benefited trainees, there is a requirement to complete feedback questionnaires, and to attend the two focus group discussions: one is held before the course starts on Wednesday 2<sup>nd</sup> September at 2pm, and one is held after the course finishes on Thursday 29<sup>th</sup> October at 2pm. Each focus group lasts for about an hour.

The training course is limited to a maximum of 12 people.

**For more information, contact:** Dr Heather Straughan, The Recovery In-Sight Centre, MacLaurin Building, University of Hertfordshire, 4 Bishop Square, Business Park, Hatfield, AL10 9NE.

[contact@recoveryin-sight.com](mailto:contact@recoveryin-sight.com) Office Tel. No. 01707-284808

[www.recoveryin-sight.com](http://www.recoveryin-sight.com)

# POETRY PAGE

## Toxicity By Linda Stoneman

Just when you think you can walk down the street  
Something else hits you, that makes your heart miss a beat

It's not a high or low that's coming your way  
It's the drugs that you take to keep 'it' at bay

The signs are similar to the start of an episode;  
But the dangers are disguised, it's different o,  
but similar, like a frog and a toad!

There's confusion, shaking, vomiting and more;  
Your levels are rising 'til you drop to the floor,

Shutdown has happened – it's not a breakdown;  
My body's in **TOXICITY** – no it's not the name of a town.

It's a place where you go to when drugs do more harm –  
An unconscious oblivion ending at the 'funny farm'.

MRI scan is hopefully clear, but your mind is not –  
It's a long way to go 'til this is forgot.

Two weeks in that place, too weak to even speak;  
My eyes shut tight, not even a peak.

Nightmares and dreams all rolled into one;  
Is there anyone in there? I hear my mum.

New drugs are pumped in to keep me from going high;  
This is when I start to cry.

I ask myself if this is real or a dream;  
But all I can do is to hear myself scream.

*(Written by Linda after an episode of going toxic on lithium—a bad experience, but one which she learned from—Linda is now back on lithium— and all is well)*

*What do people with pre existing medical conditions do about travel insurance? The last time I took out insurance I had to pay ten times what a person with no pre-existing medical conditions would have had to pay?*

## Special Medical Conditions

The main issue for anyone with mental health problems, and their partner or family, is to find a travel insurer who accepts pre-existing medical conditions. Pre-existing medical conditions are one of the most important exclusions in all travel policies, unless they have been disclosed when you take out the policy and have been approved by your insurer. Some companies will not cover pre-existing illnesses, and others increase premiums or impose a higher excess.

## Current Issues for Consideration

Getting insurance for the USA is one of the most difficult countries to have reasonably priced insurance for. If it is possible to choose another holiday destination at the outset then it maybe advisable. If you want a holiday and you aren't fixed on a particular country then it maybe worth asking the insurer what the different rates for different countries will be. For example Australia and most of Europe have a health exchange agreement with the UK, so can be considerably less in insurance than the USA and Spain, where health costs are considerably higher.

The more time that has passed from your diagnosis and treatment, the greater your chances are of getting reasonable travel insurance. That is, the longer you have been living with a mental health problem, especially if it is greater than 5 years, the easier it is to get travel insurance. If you have recent episodes or had to cancel a previous trip due to mental health difficulties, it will be very difficult and very expensive to get travel insurance. If you wanted to go to the USA, it will be virtually impossible. In most cases, it is likely the insurer will have to speak to your consultant.

Getting travel insurance for a mental health patient is an individual process in that you will be asked about your current health status, if you have had recent hospitalisations and when it was, if you were on medication and when that was and if you are having ongoing treatment now (this makes it more expensive – this doesn't however include ongoing therapy or psychiatrist visits, just the treatments).

## Shop around for travel insurance

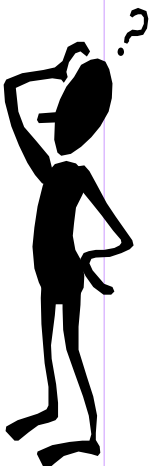
Don't buy travel insurance with your holiday! It is likely to be very expensive and probably not cover you for pre-existing medical conditions. Shop around for travel insurance. There can be a marked difference in charges between companies. Take a look at WHICH HOLIDAY magazine (published by The Consumers' Association) available in your local library or by subscription online. WHICH surveys the travel insurance market in March each year, and regularly updates their information through the year. Save time by asking your local insurance broker to find you the best value holiday cover. Always tell them about recent or planned treatment, and any other pre-existing medical conditions, otherwise these won't be covered if you make a claim.

## Be prepared for questions

You may be asked for the dates of your last or next hospital visit, what it was for, and about any proposed or ongoing treatment. You may be required to provide a letter from your GP or your consultant confirming your fitness to travel. This is particularly relevant for people with a newly-diagnosed mental health problem, or those who have had recent treatment.

## European Health Insurance Card (EHIC) when travelling in Europe

Travelling in Europe? Make sure you take the new EHIC or European Health Insurance Card. This card has replaced the old E111 as of January 2006. It entitles you to free or reduced medical care in most of Europe (EEA) and Switzerland. Insurers may waive excesses for medical treatment if you use your EHIC to get treatment. Keep the card in a safe place as it is permanent and does not go out of date. The EHIC card is available free to all residents of the UK. You can apply for it either online (<https://www.ehic.org.uk>), by phone (0845 606 2030) or simply pick up an application form from the Post Office.



## Ask A Question (continued ...)

You need to apply three weeks before travel to Europe. An EHIC is not a substitute for travel insurance, and should not be considered as a cheap alternative. It provides cover in an emergency, and is only valid in EEA countries. For complete coverage you should always take out your own travel insurance policy as well, and tell the insurer you are taking an EHIC with you.

### Travel Insurance Companies

Below is a selection of companies that may be able to provide cover. In-sight recovery is unable to recommend any specific company.

Adrian Flux: 0800 089 0203, [www.adrianflux.co.uk](http://www.adrianflux.co.uk). Very helpful. Free phone or call back service offered.

All Clear Travel: 08000 82 52 52, [www.allcleartravel.co.uk](http://www.allcleartravel.co.uk) AllClearTravel is designed for travellers with pre existing medical conditions

Club Direct, 0800 083 2466, [www.clubdirect.com](http://www.clubdirect.com) Club Direct provides travel insurance for pre-existing medical conditions, subject to online or telephone screening.

Direct Travel Insurance, 0845 605 2700, [www.direct-travel.co.uk](http://www.direct-travel.co.uk). They speak to you personally about your pre-existing medical condition before giving a quote.

Flexicover, 0845 223 4500, [www.flexicover.com](http://www.flexicover.com). They will not cover you if your doctor/consultant has advised you not to travel. Cover may still be offered if you have consultant support subject to you declaring your medical condition/s through their screening service Healthscreen247.

Free Spirit, 0845 230 5000 , [www.free-spirit.com](http://www.free-spirit.com) Travel Insurance for patients with pre-existing conditions.

Freedom Travel Insurance, 01223 454 290, [www.freedominsure.co.uk](http://www.freedominsure.co.uk) They offer insurance for people with pre-existing medical conditions. They are very helpful and willing to talk through the options. They also are prepared to explain what the underwriters are asking and why.

J & M Insurance, 020 7446 7626, [www.jmi.co.uk](http://www.jmi.co.uk). Travelability insurance cover designed for pre-existing medical conditions and disabled people for travel worldwide. They also cover your mobility and disability equipment while travelling.

MIA Travel Insurance, 01268 783383, [www.fastweb.co.uk/miaonline/](http://www.fastweb.co.uk/miaonline/). This company have provided cover (at a reasonable cost) to people who are still having treatment, etc. They gave cover through a company called JD Travel Consultants (01689 856 984).

Mediquote, 01243 534 435, [www.mediquote.com](http://www.mediquote.com). They have a professional assesment team who will speak to you before giving a quote.

Primary Direct, 0844 412 3112, [www.primaryinsurance.co.uk](http://www.primaryinsurance.co.uk). They will quote for pre-existing medical conditions.

### Further Information

For more information on specialist or local travel insurance companies see the website of the British Insurance Brokers' Association at [www.biba.org.uk](http://www.biba.org.uk) or the British Foreign Office website at [www.fco.gov.uk](http://www.fco.gov.uk)

**In-sight recovery has neither researched company policies nor can we recommend any particular travel agent/insurance company. These are intended as a guide only and on recommendation from other mental health patients who have used their services.**

# **Rethink Companions**

## **Dual Diagnosis Support Group**

### **for Carers**

**Are you caring for someone with a Mental Health Condition?**

**For example – Anxiety/Personality Disorder/  
Schizophrenia /Bipolar Disorder**

**together with**

**Substance Misuse Issues:  
Alcohol and/or Drugs**

**When?**

**1<sup>st</sup> Thursday of every month 1.30 – 3.30pm**

**at**

**The Wellbeing Centre,  
13, Town Square, Stevenage SG1 1BP**

**All welcome. If you would like further information, directions or would like to attend but the day and time are unsuitable, please feel free to contact Carol or the team on**

**01920 463663 or 465152**

**Email: [carol.whitbourn@rethink.org](mailto:carol.whitbourn@rethink.org)**

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

**Working together to help everyone  
affected by severe mental illness  
recover a better quality of life**



### Useful Phone Numbers:-

Herts Parts NHS Foundation Trust  
Mental Health Helpline - 01438 843322  
(out of hours support and help)

Benefit Enquiry Line— 0800 882 200

Disability Information Bureau -  
01438 737447



The Recovery In-Sight Centre  
MacLaurin Building  
University of Hertfordshire  
4 Bishop Square  
Business Park  
Hatfield  
Hertfordshire AL10 9NE  
Tel. 01707-284808

Email: [contact@recoveryinsight.com](mailto:contact@recoveryinsight.com)

### Your Newsletter articles wanted!

Please submit articles to Linda (newsletter editor) for future publication in the newsletter. It can be anything from interesting articles, experiences, medication, poems, pictures, etc. Ideally, please forward in Word format on the computer and email to her at the Group's email address as shown below, or post to The Recovery In-Sight Centre office as above. Handwritten material is also fine— please give to Linda at the meetings or post—  
Next deadline 30 October 2009.

### Useful Website Addresses

<http://www.recoveryin-sight.com>

<http://www.mdf.org.uk>  
(Manic Depressive Fellowship)

<http://www.scmh.org.uk>  
(Sainsburys Centre Mental Health)

<http://www.choiceandmedication.org.uk>  
(Medication)

<http://www.bap.org.uk>  
(British Association Psychopharmacology)

<http://www.nmdu.org.uk>  
(National Mental Health Development Unit)

<http://www.rcpsych.ac.uk>  
(Royal College of Psychiatry)

<http://www.adviceguide.org.uk>  
(Citizens Advice)

<http://www.shift.org.uk>  
(Anti Stigma)

<http://www.carersinherts.org>  
(Carers in Hertfordshire)

<http://nhs.uk>  
(Your health, your choices)

## **GROUP CONTACT DETAILS**

Central Herts Bipolar Recovery  
In-Sight Group (Stevenage)  
Friends Meeting House  
21 Cuttys Lane  
Stevenage  
Herts SG1 1UP  
Meetings held 4th Wednesday in the  
month— 1.30pm—3.30pm

Phone No. 07727725311

Email:

[recoveryinsightbipolargroup@googlemail.com](mailto:recoveryinsightbipolargroup@googlemail.com)

Group facilitators: Natalya & Ruth

West Herts Bipolar Recovery  
In-Sight Group (Watford)  
Friends Meeting House  
150 Church Road  
Watford  
Herts WD17 4QB

Meetings held 2nd Saturday in the month—

10.30am—12.30pm

Phone No. 07504335722

Email: [contact@recoveryinsight.com](mailto:contact@recoveryinsight.com)

Group facilitators: Laura, Gwyn & Carolyn