



Service Users in Research
Mental Health Research Network



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Health Research**

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Service Users in Research Bulletin

Issue Fourteen: June 2011

This is the fourteenth edition of the bulletin that we send out to members via post or email. In these bulletins we provide news about mental health research and advertise user involvement opportunities and events in the NIHR Mental Health Research Network (MHRN). We also advertise opportunities for people to get involved in mental health research with other organisations.

If anyone has anything that they would like to be in the bulletin or if you would like to join Service Users in Research then please let us know. You can email us at: mhrnppi@kcl.ac.uk.

To join Service Users in Research please fill out the membership form which is sent out alongside this email. You can also join online at:

<http://www.mhrn.info/pages/join-service-users-in-research-online.html>

These bulletins are additionally placed online at www.mhrn.info



We are on Facebook! To find the Service Users in Research page type in 'Service Users in Research' in the search box at www.facebook.com

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Please note that for events organised by MHRN hubs or local NHS trusts, travel expenses are usually only able to be offered to people living in the area covered by that hub or NHS trust. Please always check beforehand.

Rethink Campaign for Better Physical Health Care for People with Mental Health Problems

rethink

fair
treatment
now

Fair Treatment Now!

Join the campaign for better physical health care

Victoria, who has a diagnosis of bi-polar, went to her doctor with back pain. She was told her symptoms were psychosomatic. But it became so bad she went to A&E repeatedly. No medical staff attempted to find out the cause of her back pain, believing it to be bi-polar related. It wasn't until she collapsed and was admitted to hospital that she was finally diagnosed with a serious kidney infection. Due to her late diagnosis Victoria now suffers reoccurring back pain and is susceptible to kidney infections.

With such unequal treatment, it's no wonder people with severe mental illness often die earlier and younger than everyone else.

If you want to take action locally on this issue, the Rethink Campaigns Team is here to help.

Come to a Campaign Skills Day where you'll meet fellow activists, learn about campaign planning, getting your message across, and find out more about the link between physical health and mental health.

Then, if you want to take action locally, we'll put you in touch with other activists, help you to write a campaign plan and give you the long-term support and advice to put it into practice. Together, we can change things in your area.

Skills-days are running 11am-4pm on 19 May or 18 June in central London. Travel expenses paid.

To sign up or find out more: visit www.rethink.org/PH email campaigns@rethink.org or call 020 7840 3147

rethink

Do something about unequal treatment

People with severe mental illness don't get the physical healthcare they need.

Want to take action locally?

Skills day: 19 May or 18 June, London

fair
treatment
now

Contact charlotte.wetton@rethink.org
020 7840 3147

www.rethink.org/PH

Registered Charity Number 271028

Alternatives Within and Beyond Psychiatry Conference



The Soteria Network presents

Alternatives Within and Beyond Psychiatry

A one-day conference exploring different approaches to thought and practice in the mental health arena to be held in

**Derby on Friday 11th November 2011
at the Riverside Conference Centre
9am - 4.30pm**

International speakers will include:

Robert Whitaker (US)

Pulitzer-prize nominated journalist
and author of 'Mad in America'
and 'Anatomy of an Epidemic'

Jaakko Seikkula (Finland)

Psychologist and psychotherapist.
Developed the 'Open Dialogue'
approach to treating psychosis

UK based speakers will include:

Richard Bentall

Professor of Psychology, University
of Liverpool & author of 'Madness
Explained' and 'Doctoring the Mind'

Sonia Johnson

Professor of Social and
Community Psychiatry,
University College London

Price

Before 30/09/2011: Waged/Organisation £100, Unwaged £25
After 30/09/2011: Waged/Organisation £130, Unwaged £30

There are also a limited number of free places for those unable to meet the cost.
Please contact us personally to arrange this.

You can book places on the conference on our website:

www.soterianetwork.org.uk/conference

email: info@soterianetwork.org.uk web: www.soterianetwork.org.uk

North West People in Research Forum



Launch of the North West People in Research Forum

The North West People in Research (NWPiR) Forum is a new organisation that aims to support patient and public involvement (PPI) and public engagement (PE) in health research. The Forum, which is jointly sponsored by NHS North West and the Research Design Service NW, recently held a series of launch events. The events, in Liverpool, Preston and Manchester, successfully engaged almost 120 people with workshop sessions highlighting good practice within Universities, Trusts, Research Networks and Biomedical Research Centres in the region.

The launch also included a workshop that asked people to think about the barriers to PPI/E and how the Forum could help to address these. Barriers included fear, language (e.g. jargon), lack of time, funding and training, and difficulty accessing patients and members of the public to involve. People who attended the launch felt that the Forum could help by showcasing good practice in the region and providing things like mentoring and training. They also felt that the Forum could facilitate links between patients, the public and health researchers.

The Forum welcomes interested people living or working in the North West to join us; local organisations may also join as Corporate Members. If you are interested in becoming a member, or would like more details on the Forum, please contact Marisha Palm on 07554413269 or at marisha.palm@northwest.nhs.uk.

An exciting opportunity to get involved in the work of the Forum

The Forum is currently looking for professionals and interested members of the public from the North West to join a Training Working Group. The Working Group will meet on a monthly or bimonthly basis over twelve months, and the remit of the group will be (1) to review the PPI/E training that is already available, (2) to identify additional training needs for patients/members of the public and researchers and (3) to explore how these needs can be met. Working Group members will be reimbursed for their time and expenses.

If you are interested joining the Working Group, please contact Marisha Palm (details above). The deadline for applications is 6 June 2011.

We know that the deadline for this is very close but if you would like to apply to join the Training Working Group you can get the application form using the contact details in the advert above. Otherwise, we have them, so just send an email to: mhrnppi@kcl.ac.uk or phone 0207 848 0644.

Service User-Researchers and Carer Researchers: The CORE Programme

UCL RESEARCH DEPARTMENT OF MENTAL HEALTH SCIENCES
DIVISION OF POPULATION HEALTH



Service User-Researchers and Carer-Researchers: The CORE Programme

Job Description

These roles are suitable for mental health service users and carers with an interest in research. The roles involve participating in advisory working groups on the CORE Study - a nationally funded, five year research programme called: 'Optimising team functioning, preventing relapse and enhancing recovery in Crisis Resolution Teams (CRTs): the CORE Programme'. It is led by Professor Sonia Johnson (UCL/Camden and Islington NHS Foundation Trust) and comprises two workstreams. Workstream 1 seeks to establish and evaluate a model of CRT best practice and a resource kit to help services apply this model. Workstream 2 seeks to develop and evaluate a peer-led, self-management intervention for people leaving CRT care. The programme will last five years. Service user and carer working groups will contribute to the study throughout its course. Working group members will have opportunities to contribute to all phases of the study including planning, developing measures, conducting interviews, analysing data and reporting study findings. Study meetings will be held at UCL but the roles may involve travelling to CRT services across South East England.

1. DETAILS OF THE POST

Reports to: Professor Sonia Johnson, Programme Lead
Dr. Brynmor Lloyd-Evans, Programme Manager
Public Involvement Coordinator: tbc

Base: Department of Mental Health Sciences UCL,
Charles Bell House, 67-73 Riding House St, London W1W 7EJ

Duties and Responsibilities

- Attend training and supervision provided by the study team and apply this to the work, as agreed with the research team
- Attend and contribute to up to six Working Group meetings per year
- Contribute to study design and pilot work, in collaboration with the research team
- Contribute to the collection of quantitative and qualitative data from service users of Crisis Resolution Teams and their carers, mainly across London and South East England
- Contribute to analysis and writing up of qualitative data in collaboration with the research team.
- Ensure that study participants' confidentiality is protected at all times
- Maintain appropriate behaviour with study participants and colleagues during involvement in the study
- Report any concerns about your own safety or the safety of study participants or other people to the research team

2. PERSON SPECIFICATION

E = essential
D = desirable

Assessed by:
A= application
I = interview
T = Training

Experience

- Personal experience of mental health problems AND/OR experience of supporting a family member or friend with a mental health problem E A & I
- Experience of using Crisis Resolution Teams (CRTS) or inpatient mental health wards AND/OR of supporting someone who has used these services D
- Experience of involvement in a research advisory group D A & I
- Experience of conducting and analysing research using qualitative methods. D A & I

Skills

- Good interpersonal, oral and written communication skills E A, I & T
- Ability to work both independently and collaboratively E A, I & T
- Good organisational and time-management skills E A, I & T
- Ability to identify own personal strengths and support needs and reflect on these constructively
- Ability to follow protocols/instructions when involved in conducting research E A, I & T
- Sensitivity to the wishes and priorities of service users, carers and clinicians during involvement in data collection E A, I & T

Knowledge

- Knowledge and understanding of the difficulties caused by severe mental distress. E A & I
- Understanding of how mental health services are organised and function. D A & I
- Awareness of key research issues D I

General

- Exemplary ethical standards in research E A & I
- Willingness to travel and attend meetings E A & I
- Able to communicate by email D I

□

3. TERMS & CONDITIONS OF INVOLVEMENT

Participation in Service User or Carer Working Groups on the CORE study constitutes involvement on a volunteer basis rather than employment. Working Group members are not employees of UCL; they are not obliged to maintain involvement in the study, nor is UCL obliged to offer continued involvement.

Pay

Paid or unpaid involvement can be offered. The rate for paid involvement is £15 per hour.

Working group members being paid for their involvement will be required by UCL to complete a self-employment declaration; pay will be taxed at source. Please note that due to restrictions placed upon us, we cannot pay people more than the equivalent of £20 per week unless they are registered with HMRC as self-employed. Applicants in receipt of state benefits who wish to be paid for involvement as Permitted Work should raise this at interview.

Tenure/Hours of Work

The CORE study runs for 5 years from April 2011. The Working Groups will be involved throughout the duration of the study; we hope some working group members will maintain involvement throughout the study but there is no obligation to do so.

|

There are no set hours of work but working group members will be asked to attend up to 6 meetings (supervision and working group meetings) per year. During the first year of the study, working group members will have the opportunity to spend up to 6 days interviewing study participants and up to 3 days analysing interview transcripts.

Probation

There is no formal probationary period for these posts. However, working group members will be required to attend training and supervision as agreed with the study team and demonstrate they can apply learning from these meetings in order to maintain involvement in study activities.

Health Screening

There is no requirement for health screening from UCL for involvement in the CORE working groups. Working group members will need to meet any requirements of participating NHS Trusts before being cleared to conduct interviews for the study.

Confidentiality

All Working Group members are required to exercise discretion and maintain confidentiality at all times. In accordance with the Data Protection Act (1984) Working Group members must obtain, process and/or use information held on computer or word processor in a fair and lawful way, hold data only for the specific registered purpose and not use or disclose it in any way. Working Group members should disclose data only to authorised organisations as instructed.

Enhanced Criminal Records Check

Any offer of involvement will be subject to a satisfactory Enhanced Criminal Records Bureau Check, paid for by UCL. *Please do inform the study team of any criminal convictions or other matters relating to CRB clearance at interview or before.*

For further information on how to find us (including travel information) please see: <http://www.ucl.ac.uk/mentalhealthsciences/content-objects/howtofindus>

4. HOW TO APPLY

Interested candidates are invited to contact Dr Brynmor Lloyd-Evans for informal discussion about this post: email: b.lloyd-evans@ucl.ac.uk tel: 020 7679 9428

Applications are to be submitted by email or post to:

Dr Brynmor Lloyd-Evans
Dept. Mental Health Sciences UCL,
Charles Bell House
67-73 Riding House Street
London
W1W 7EJ

b.lloyd-evans@ucl.ac.uk

We will contact those selected for interview to arrange a time for your interview.

CLOSING DATE for this post is 30th June 2011

PLEASE NOTE

- Travel costs will be reimbursed for all interviewees, up to the equivalent of the most economical train/air fare available from the point of entry to the UK.
- Any offer of involvement in the CORE Study Working Groups is subject to satisfactory references, meeting training requirements and CRB clearance.

PLEASE NOTE THAT THE APPLICATION FORM FOR THE SERVICE USER AND CARER RESEARCHERS OPPERTUNTIES HAS BEEN SENT OUT IN A SEPERATE DOCUMENT ALONGSIDE THIS BULLETIN

Opportunities for mental health service users and carers to become members of working groups of the CORE Programme

UCL RESEARCH DEPARTMENT OF MENTAL HEALTH SCIENCES
DIVISION OF POPULATION HEALTH



Opportunities for mental health service users and carers to become members of working groups for the CORE Programme

The CORE study is seeking service users and carers to take part in working groups which will help plan and run a national research study. These positions will suit people with experience of using or supporting people who use mental health services, and preferably who have some knowledge of research.

The CORE study is a five year, NHS-funded research programme run by Camden and Islington NHS Foundation Trust and University College London. It is looking at how to improve how Crisis Resolution Teams (CRTs) function. It will involve developing and evaluating a resource kit to help CRTs achieve good practice as well as a peer-led recovery group for people leaving CRT care.

What is required?

The posts will involve attending 4-6 meetings per year at University College London in order to guide the research. There will be some preparatory and follow-up work between meetings. There will also be opportunities for working group members to conduct and help analyse qualitative interviews with study participants at some stages of the study. Willingness to travel to mental health services mainly in London and South East England is required.

The posts offer volunteer involvement rather than employment. Payment is offered at a rate of £15 per hour, plus travel expenses. Please note that, due to restrictions placed upon us, we cannot pay people more than the equivalent of £20 per week unless they are registered with HMRC as self-employed.

Satisfactory Criminal Records Bureau clearance will be required from working group members.


How to apply

To request an application form and a full description of the roles, or for an informal discussion about involvement in the study, please contact the CORE Programme Manager:

Brynmor Lloyd-Evans
Dept. Mental Health Sciences UCL,
Charles Bell House
67-73, Riding House Street
London
W1W 7EJ
tel: 020 7679 9428
email: b.lloyd-evans@ucl.ac.uk

The closing date for applications is: **30TH June 2011**

Healthtalkonline: New Psychosis Module



DIPEX

Experiences of Psychosis

This project is about people's experiences of psychosis. For many of the men and women who we spoke to, their experiences could be very frightening. However, many also talked about how they found ways to cope over time. The new Healthtalkonline site 'Experiences of Psychosis' features interviews with people many of whom, at some point in their lives, received a diagnosis of schizophrenia or psychosis. Other people had not received this diagnosis but had had similar experiences such as hearing voices, or seeing things that others around them had not. They describe what it's like to take anti-psychotic medication or undergo compulsory treatment. People talk about how such episodes affect their everyday life, work and relationships. They discuss difficult points in their lives such as being admitted to a psychiatric hospital under a section of the Mental Health Act. There are also personal accounts of recovery – something that until recently was considered to be near impossible for people diagnosed with serious mental health conditions. The site includes a comprehensive resources section. This new section of Healthtalkonline will help service users, their families and anybody working with people who have experienced psychosis. The research has been funded by the Department of Health.

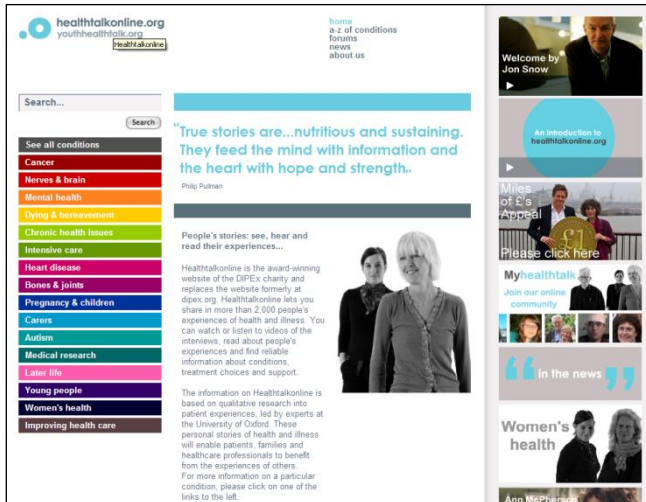
*" First of all, it just, it started just for you know, a couple of seconds, then it went, and I thought maybe there was a bit of, kind of interference on the radio. But then it was kind of, directed at me, it was going, "Dolly, I can see you. I'm watching you." And I got so scared. And I unplugged the radio. But I could still hear, this, this voice. And it, it just... to me, I mean now, I know, it was the beginning of my psychosis, but I actually thought, there was, you know, there was a devil in the room with me. And it was speaking to me." **Dolly**.*

*"It sounds strange, but it feels like I'm learning what friendships are again for the first time. I'm learning how to be a friend with people. And that's very confusing. And I'm trying to learn what I want out of life and I'm not very sure what it is. But a lot of it is very quiet. A lot of it is just the wonder of being in the world." **Graham**.*

Based on high quality research from the Health Experiences Research Group at the University of Oxford, the DIPEX charity websites are intended not only for those with an illness or health issue but also for their families and carers and for those working in health services. Healthtalkonline and Youthhealthtalk include over 50 health conditions, each with the experiences of between 30 and 50 people from different backgrounds and locations all over the UK. Hundreds of carefully selected interview clips for each condition offer insights into how health concerns can affect us all. The teaching and learning area of the website is of particular value to those in training.

Healthtalkonline (<http://www.healthtalkonline.org/>) is the website of a charity called DIPEX. The website has videos, transcripts and audio clips of thousands of people talking about their experience of various illnesses and health conditions. The actual material on the website can be accessed by theme (cancer, heart disease, mental health, etc) or by specific condition (depression, lymphoma, sleep problems and so on).

The ethos of healthtalkonline is to inform and educate people about a range of health conditions and illnesses by offering anyone the chance to listen to someone speaking about their direct experience of a specific health condition or illness. The website is (in a sense) also therapeutic as it allows people with a very wide range of illnesses or health conditions to watch, listen, or read about the experience of someone else with the same condition. This can have a number of benefits. For example, it can lead to people being able to realise that they are



not alone, and that recovery is possible. The best way to learn more about this website really is to just take a look at it and explore. The website is regularly updated and a new collection of interviews has recently been added focusing on peoples experiences of psychosis. The new 'experiences of psychosis' section of the healthtalkonline website was recently launched at the Royal Society in London. Take a look at the website and see what you think...

Announcing the new European Toolkit to monitor Human Rights and General Health Care in Mental Health Facilities

The following text has been reproduced by kind permission of Prof. Graham Thornicroft from the ITHACA website (<http://www.ithaca-study.eu>)



What is the ITHACA Toolkit?

The Institutional Treatment, Human Rights and Care Assessment (ITHACA) Toolkit has recently been developed by a consortium from across 15 EU countries, funded by the EC. The ITHACA Toolkit provides a clear and practical way to monitor human rights and general health care in mental health facilities. The Toolkit was designed by services users, human rights experts, psychiatrists, psychologists and social scientists. It has been

successfully field tested in 87 sites across 15 countries, covering a wide range of mental health care settings and can identify both human rights violations and examples of good practice in protecting, respecting and fulfilling the rights of persons with mental disabilities.

Strong service user participation

In developing the ITHACA Toolkit service users were consulted and employed at all stages. At the first stage, over 100 service users participated in the focus groups which took place in each country. All participants in the focus groups had experience of living in the kinds of mental health facilities monitored by ITHACA. Most of the focus groups were facilitated by service users who also had this experience and the focus group project was overseen and analyzed by a service user. Her report fed directly into the development of the ITHACA Toolkit. Secondly, at each site visit there was a service user monitor. These monitors came to Budapest for two days training before beginning their work and much of the training was done by a service user. This was considered very important as it is naive to suppose that service users can carry out such a task without careful preparation.

During the visits, the service user monitors played a full part but focused particularly on what they knew, from their own experience, were the key issues in human rights and general health care from the point of view of residents. In most cases, they were responsible for gathering residents' views. In Finland, for example, eight service users were involved in conducting monitoring visits and testing the usefulness of the toolkit. As one of the service user researchers from Finland says *"The experience has been very rewarding and we have learned a lot. The starting point was to combine human rights monitoring with trying to have an effect on developing the services as well...I am even more convinced that it is really necessary to have users monitoring, evaluating and researching"*.

Finally, as the ITHACA toolkit was nearing its final version, members of the European Network of (ex) Users and Survivors of Psychiatry (ENUSP) made some further refinements to it.

The need for the ITHACA Toolkit in Europe and the role of service user monitors

People in mental health institutions across Europe too often remain out of sight, with poor monitoring to assess the human rights and general health care of their residents. Such people are an extremely vulnerable population to neglect or abuse in relation to their basic necessities of life as well as their civil and political rights. The international community took an important step forward in securing and protecting these rights in passing the United Nation's Convention on the Rights of Persons with Disabilities (CRPD) in 2006, which places the responsibility for meeting the needs of all people with disabilities (including those with mental disabilities) on society. Persons with disabilities are not *objects* of charity or welfare but *actors* with rights. The ITHACA Toolkit can help bring about change if used in the right way. User monitors or researchers are key to this as they have the first hand experience of what it is like to live in facilities where their rights may be violated or general health care may not be up to standard. We therefore recommend that any monitoring visit using the ITHACA Toolkit always includes a user monitor/ researcher, but remembering that this person must be trained in the same way as any other monitor.

Language versions available

The ITHACA Toolkit is now available in the following languages: Bulgarian, Czech, Dutch, English, Finnish, German, Greek, Hungarian, Italian, Lithuanian, Romanian, Slovak, and Turkish.

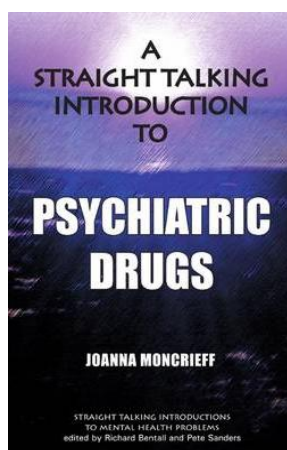
Contact details and additional resources

For full details of the ITHACA Toolkit please go to our website at <http://www.ithaca-study.eu/>, or contact Graham Thornicroft at King's College London graham.thornicroft@kcl.ac.uk.

For more detailed background go to:

1. Convention on the Rights of Persons with Disabilities (<http://www.un.org/disabilities/>)
2. Mental Disability Advocacy Centre (<http://www.mdac.info/>)
3. European Network of (ex-) Users and Survivors of Psychiatry (ENUSP) (<http://www.enusp.org/>).

Book Review



A Straight talking Guide to Psychiatric Drugs

By Joanna Moncrieff

Published by PCCS Books, RRP £8.99
ISBN: 9781906254179

Joanna Moncrieff writes as a founder member of the Critical Psychiatry Network. She is a consultant psychiatrist & academic which infers credibility to her arguments of the misuse and problems with psychiatric drugs. A fundamental premise of ethical medical practice has always been – “first do no harm” and in her discussions Moncrieff demonstrates how this standard has somehow been forgotten. The widespread professional & public acceptance of mental distress as caused by organic structural or biochemical disorder is challenged, which then raises the issue of how effective a drug treatment can be when used to correct a ‘disease’ of unfounded existence? Equally relevant, the frequently played down pharmacological mechanisms which cause seriously distressing, (often permanent) side effects, most prevalently Parkinsonism, are presented.

The research limitations of inappropriately accepted studies are explained together with suggestions of how personal & professional vested interests have merged to create a situation where drugs have become the mainstay of psychiatric ‘treatment’. Or as Bentall eloquently puts it “When the only tool you have is a hammer everything looks like a nail”! This raises questions about the possibly misplaced public trust that psychiatric doctors hold, some of which is probably closely linked to Western society’s demand for “a pill for every ill”, and the denial of human suffering as a fact of life usually present as a result of life adversity.

The powerful psychoactive effects of psychiatric drugs are explained with reference to a suggested “drug centred model” of action rather than a “disease centred model”. Detailed information of all the major drug categories are presented with an explanation of how lack of pharmacological expertise often results in psychiatric staff attributing

discontinuation of prescribed drugs to an inevitable psychiatric relapse rather than to the artificially created physiological dependence. Safe methods of slowly reducing drug use prior to complete cessation are recommended together with sources of further support for anyone wanting to do this.

The book is certainly a good source of information that anyone on or recommending psychiatric drug use should read and it would help empower those who feel pressurized to commence or continue with drugs to discuss the issues confidently with psychiatric staff.

Book review by Yvonne Awenat

Would you like to review a book for us?

If you would like to review a book for us then please let us know. The book needs to be on a mental health topic (ideally vaguely related to research, mental health services etc). If you do have any ideas of a book that you would like to review for the Bulletin then please let us know. If you write a review for us, we will buy the book for you, and we will give you a £25 Amazon voucher as a token of our appreciation. Please email mhrnppi@kcl.ac.uk if you have any suggestions.

Mental Health Research in the News

Mentally ill have reduced life expectancy, study finds

“People suffering from serious mental illnesses like schizophrenia or bipolar disorder can have a life expectancy 10 to 15 years lower than the UK average”

See: <http://www.bbc.co.uk/news/health-13414965>

Inside Broadmoor

“Broadmoor is often viewed as the dumping ground for some of the country's most notorious criminals, like the Yorkshire Ripper, Peter Sutcliffe. But, as the Today programme's Tom Feilden discovered, the reality of life behind its walls is rather different”

See: http://news.bbc.co.uk/today/hi/today/newsid_9475000/9475065.stm

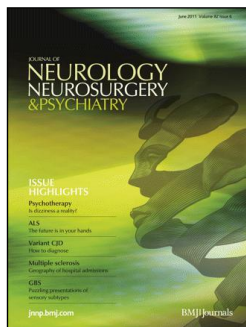
Impact of screening for risk of suicide: randomised controlled trial



The aim of this study is to “To examine whether screening for suicidal ideation among people who attend primary care services and have signs of depression increases the short-term incidence of feeling that life is not worth living”. 443 people took part in this study and the conclusion of the research are that “Screening for suicidal ideation in primary care among people who have signs of depression does not appear to induce feelings that life is not worth living”

This article can be accessed at: <http://bjp.rcpsych.org/cgi/content/abstract/198/5/379>

Psychotherapy in dizziness: a systematic review



“About 30–50% of complex dizziness disorders are organically not sufficiently explained or related to a psychiatric disorder. Of patients with such dizziness disorders, 80% are severely impaired by dizziness in their daily and working lives; nevertheless, they are often not diagnosed or treated adequately”

“This systematic review provides some preliminary evidence that psychotherapy may be effective in patients with dizziness that is medically not sufficiently explained or due to a psychiatric disorder”

<http://jnnp.bmj.com/content/82/6/601.short>

Journal of Neurology, Neurosurgery, & Psychiatry volume 82 p601-606 (2011)

Happiness gene located

“A gene which regulates the movement of serotonin in the brain has been labeled the “*happiness gene*” by researchers from the London School of Economics and reported in the *Journal of Human Genetics*”

See: <http://www.medicalnewstoday.com/articles/224536.php>

The London School of Economics has put out quite a nice piece about this research which can be accessed by clicking [here](#)

The original research paper can be accessed online at:

<http://www.nature.com/jhg/journal/vaop/ncurrent/index.html>

Fear of Friday 13th Called Friggatriskaidekaphobia

This is an article all about that infamous date in the calendar, Friday the 13th. This date has been infamous for hundreds of years across the entire world. Fear of Friday 13th even has a name: friggatriskaidekaphobia. I checked in the Oxford English Dictionary though and 'friggatriskaidekaphobia' was not in it.

Check out the article below for more details:

<http://www.medicalnewstoday.com/articles/225295.php>

Who should define disease?

This is a rather interesting article by Fiona Godlee (the editor of the British Medical Journal) here. The article is not really about **how** we should define disease but **who** should come up with such definitions. As the author points out this is a particularly important question in mental health.

For the full text of the article see: <http://www.bmj.com/content/342/bmj.d2974.full>

MDF Annual Conference 2011 (change in venue)

In last month's Bulletin we advertised the 2011 Manic Depressive Fellowship (MDF) annual conference which will take place on Saturday June 18th in London. The venue for the conference has now changed. **The conference will now take place at:**

**Prospero House
241 Borough High Street
London, SE1 1GA**

To view the conference programme and to book a place please click [here](#)

The London head office of the MDF has also moved. The new address is now:

**11 Belgrave Road, London
SW1V 1RB
Tel: 020 7931 6480**

Interesting Stuff

Ok, so this has nothing in particular to do with mental health research but this is so interesting that we had to include it anyway!

Amondawa tribe lacks abstract idea of time, study says

See: <http://www.bbc.co.uk/news/science-environment-13452711>