This is the new financial year for DSN and I would like to thank you in the name of DSN for your support over the last year. I do hope that DSN has been a useful source of information, advice and support to you.

As you might know we have changed our annual subscription to suggested donations for various reasons. In particular we feel that everybody should be able to be a DSN member regardless of their financial situation. The committee is very aware that doctors' greatest need of DSN may come when they are sick and not in a position to make regular donations. However, you may not be aware that ALL of DSN's income depends upon membership donations. We spend DSN money very frugally, for example - running the vital DSL service and also promoting awareness of DSN by sponsoring promotional stands at carefully selected medical events.

Recently, the costly but effective BMJ adverts have significantly increased the 'hit' rate for the website. These activities are vital in getting the DSN message out to sick doctors that we are specifically here to support them. But we need funding in order to sustain these core activities. Therefore urge you to continue to pay an annual donation - suggested amounts are £25 for working members and £5 for non working. Please consider setting up a standing order and remember to Gift Aid your donation if you are a tax payer. Thank you in advance for your donation.

Dr Angelika Luehrs
Editorial: By Dr Louise Freeman

In this edition, we bring you a summary of the recent Destigmatising Healthcare for Healthcare Practitioners day as well as an update of Oliver’s sterling work in fundraising and a ‘how to start a DSN local group’ article. You will notice a new feature in this edition — a summary of the recent DSN committee meeting minutes. The aim of this is to help DSN members to feel included in DSN activities throughout the year, not just at the conference & AGM.

Introducing Phil ...

And we have a new columnist. Phil Button is an anaesthetist who suffers from depression. Phil’s columns will appear as a series in the newsletter and cover his reflections on the experience of depression. In addition, Kathy Grant has written an excellent review of Rachel Black’s book as mentioned in our last issue.

DSN stigma survey update

The DSN stigma survey has been accepted as a poster for the International Conference for Physician Health due to take place in September 2014 in London. There will be several other DSN related posters at the event so, combined with our stand, this should be an excellent way of publicising the network. However the survey didn’t fit in to the programme for the UK Association for Physician Health meeting due to take place in June 2014. However I will be still be attending and plan to provide a summary of the event for the newsletter.

I noted an interesting mental health related event taking place in London during June 2014. The Anxiety Arts Festival 2014 is curated by the Mental Health Foundation and will feature film, communities, visual arts and ‘on stage’ strands of activities. I am hoping to attend at least one event and would be keen to receive article for the newsletter from anyone who can make it to part of this festival.

And, finally…. Would you like to help with DSN activities?

DSL co-ordinator needed

DSN needs a volunteer to take responsibility for co-ordinating DSL activity.

Duties to include

- Liaising with new DSL volunteers
- Managing DSL volunteer rota
- Arranging training for current and new DSL volunteers

If you are interested in helping DSN in this way, please contact info@dsn.org.uk
For me, one of the greatest benefits of joining DSN was in feeling that I wasn’t alone in being a doctor with a mental health diagnosis. The forums were great but I feel that there is even more to be gained from meeting up with other members in person.

**North East England DSN group**

I have been co-ordinating the North East England DSN group since October 2013. We have weekday early evening monthly meetings in a local café. I chose the day and time to suit doctors who may be working and also to fit in with my weekly timetable. The café is unlicensed as I felt that this was most appropriate. We have achieved a maximum of five members at a meeting with a minimum of one (me) on a couple of occasions. The format is of mutual support with the co-ordinator not bearing any professional responsibility for other group members. This has worked very well so far and I enjoy our meetings. The only caveat is that people attending the meetings need to be DSN members in order to maintain confidentiality. This is why details of local meetings are not advertised on the ‘open group’ DSN Facebook page. Also the existence of one local group does not mean that other DSN meet up opportunities might not be welcomed by local doctors.

**Could you start a new DSN local group?**

There are currently few local DSN groups and the committee is keen to encourage members in starting more. If there is anything the committee can do to facilitate this please ask via editor@dsn.org.uk

---

**DSN committee minutes**

3rd May 2014

**Finances**

There has been a mismatch between income and expenditure over the last couple of years reflecting increased DSN sponsorship of carefully selected events, advertising and increased conference costs.

- AL to address members in June newsletter requesting donations
- DSN committee plans to review core activities of DSN to ensure that the organisation is concentrating expenditure in vital areas.

**DSL**

Urgent need identified for an individual to take responsibility for co-ordinating DSL

- Advert for DSL co-ordinator volunteer to be published in June newsletter

**Website & newsletter**

DSN committee minutes to be summarised for website and also newsletter. Aim to inform DSN members of committee activity

**Local DSN groups**

Committee would like to encourage more local DSN groups

- LF to write article about NE DSN group experience for June newsletter

**DSN AGM / annual conference**

The timing of the annual AGM/ conference was discussed and a decision made to aim for London in October 2014 as the next conference. This was as a result of members commenting on limited daylight / poor weather issues when the conference is held later in the year.

**UPDATE**

AGM/Conference 11th October 2014 LONDON

Next committee meeting will be Saturday July 5th 2014 via Skype (alternate meetings are Skype / face to face to reduce travel and costs).
The Doctors’ Support Network was very pleased to be invited to contribute to a Continuing Professional Development Day run by the Professional Support Unit of the London Deanery in February 2014. The ‘De-stigmatising Healthcare for Healthcare Professionals’ day was for all doctors and managers involved in helping sick staff. Angelika and I manned the DSN stand during which we spoke to a mixture of doctors, Human Resources (HR) staff and others about our organisation.

**What do you want me to do about it?**

The programme for the day started of with a short series of lectures, including a key note lecture from Dr Steve Boorman, consultant in occupational medicine. His name may be familiar from his role as lead for the NHS Health and Wellbeing review in 2009. Dr Boorman illustrated his talk with a short, anonymous case history of a consultant who suffered an alcohol problem after a series of devastating personal events. This led to problems at work and the doctor was suspended. The doctor subsequently saw their General Practitioner (GP). The GP’s response was “what do you want me to do about it?”. The doctor then detoxed from alcohol on their own during the course of which they were admitted to a psychiatric unit and discharged with no follow-up. During the course of this undesirable series of events, the doctor’s employer used the disciplinary process to terminate their contract. It was interesting to me that Dr Boorman was obviously angry that this sub standard process had taken place.

**NCAS and Insight**

The majority of the day was then spent in a choice of workshops. Angelika and I chose to attend ‘The Role of Insight in Physician Performance and Remedia- tion’ delivered by Dr Nick Brown, a consultant psychiatrist who is also a senior assessment advisor with the National Clinical Assessment Service (NCAS). Dr Brown discussed how insight is not a fixed quality but can change over time. He stressed the important points that there is no single tool for assessing insight and it should also be evaluated independently of other clinical assessment processes. We then did a practical exercise in which Dr Brown showed us relationship maps from sample cases in which the index doctor maps their personal and professional interactions with others by drawing a series of circles with the size of the circle corresponding to the importance of the individual in the relationship. The doctor then draws uni or bi directional arrows to show how interactions work between the individuals. We discussed the sample maps in small groups and drew conclusions as to what the maps meant for the individual doctors. Finally, Dr Brown made the interesting point that in 10% of the cases which NCAS take forward, the referring employer suggests that there might be an organisational issue. In contrast, NCAS finds that 80% of cases have an underlying organisational problem. He stressed that NCAS can only recommend actions and is not a regulator.
Destigmatising report contd.

Getting older at work and ‘sad, mad or bad?’

In the afternoon, Angelika learnt about ‘Managing the older worker’ from which her conclusions were that there is no evidence of cognitive decline as a natural ageing process. I attended ‘Sad, mad or bad, or the result of the system? Tackling grey area problems in physician mental health’ facilitated by Dr John Launer. This was an interesting session in which participants spoke about complex staff management cases in which they had been involved and we were encouraged to contribute. The most interesting aspect for me was hearing how HR professionals can sometimes rush into formal processes to manage ill health when informal may be more effective at that stage. I understood the HR point of view much better post workshop – they are often criticised for not using processes soon enough!

Why don’t we just do it?

The last session of the day was a panel discussion in which I represented DSN on an expert panel. Unfortunately there was insufficient time to allow the discussion to develop but DSN very much support service user involvement in this type of event. Overall, the CPD day was excellent and there are obviously many great programmes in place around the UK. But this was very much preaching to the converted and I will give the final word to Dr Chris Manning who said that he had been attending these events for 15-20 years and hearing similar well-meaning addresses. “Why don’t we just do it?”

Oliver's London marathon fundraising for DSN

Oliver’s Virgin Money London marathon has raised over £1100 for DSN. His time was an impressive 3 hours and 59 minutes.

Well done Oliver!

DSN buys a bond which allows us 1 place in the London marathon every 5 years so our next London marathon fundraising opportunity will be in 2019!
Describing the Grey Tortoise to a Springer Spaniel

By Dr Phil Button

Phil is an associate specialist anaesthetist who suffers from depression. This is the first instalment of his new column.

I have to admit that I am not well read on personal accounts of depression. This is, in part, due to an inherent disability with, and a secondary dislike of, reading. The notion of trawling through others' experiences of misery therefore fills me with inertia. Despite this I have decided to inflict this upon you with no obligation or expectation that you read any further!

Black Dog or grey tortoise

I believe the term "Black Dog" is attributed to Winston Churchill. I have been in a quandary as to whether this is an accurate title for my personal observations as most contact I have had with dogs has left me with the distinct impression that they are happy souls. Whilst I have nothing against carapaced quadrupeds, I feel a closer analogy is with a "grey tortoise". The lower case initial letters are deliberate. This, for me, better illustrates the global psychomotor dysfunction that is my depression. The "Springer Spaniel" is the reader who has never experienced a depressive illness.

I started this account when I was just emerging, touch wood, from a 7 month period of this mental plague. In some respects words are the problem and any account is restricted by the sufferer's vocabulary. There are, I think, also limitations to the human language in this respect. The process of perception to description is a complex one and as thought processes are affected by this condition, possibly a flawed one. That said, this is what it felt like to me at the time.

Underwater, greyscale, charcoal and gloves

Perception is as good a place as any to start. The effect I observe is one of a multi-sensory damping. This could be described as a blunting of the senses or of the filtering of input. All of the senses are affected. I hear things as if underwater, I see things in greyscale, I smell things through charcoal and touch is as though wearing gloves. This is not unpleasant and I postulate a sort of involuntary sensory inattention brought about as a result of a diversion of brain resources elsewhere. Periodically, input will be totally overwhelmed by thought, such that I cease to exist in my physical environment. This could be described as a feeling of detachment, depersonalisation, being half alive and half dead or being a passive observer of what's going on around. All these descriptions are inadequate linguistic approximations. Indeed there exists a paradox as there is much activity in the head but little interaction with the outside, as if somehow the balance between these two is disturbed. Thinking about thinking itself can ensue and it is this phenomenon, also known as meta-cognition, which resulted in my jottings. I did attempt to use mind mapping, as processing the thoughts into words was difficult. Unfortunately my inability to concentrate made learning a new thing impossible.

Further reflections from Phil in our next issue
**Review ’Sober is the New Black’**

By Dr Kathy Grant

*In our last newsletter, you will remember we had an article by Rachel Black about her new book. Here, DSN member Kathy Grant reviews ‘Sober is the New Black’.*

**Extract from ‘Sober is the New Black’**

“Fuelled by endorphins I left the gym without a desire to drink alcohol and with a sense of achievement at another small victory. Once again I had survived the danger zone and could continue to do so for the rest of the evening. Another sober day achieved and my ability to do this thing reinforced.

After two sun-kissed weeks we arrived home. I cannot remember ever having had a holiday without alcohol before. This holiday had been great. So much better than I had anticipated, having usually equated fun with alcohol. I came home truly relaxed and re-charged instead of exhausted and gloomy, filled with dread at the thought of returning to normal life and work again. It seems paradoxical that I had to actively keep reminding myself not to drink to keep having the good feelings. Naturally I would tend to make these good feelings even better by adding a glass or two and it seemed strange to think that this would result in the opposite effect. I had loads to say. Life seemed sharper and I seemed to have a heightened awareness of my surroundings. I felt different too. I was actively living in each moment that passed.”

**Review**

Sober is the New Black is a doctor’s account of learning to live without alcohol. Rachel describes how wine can go from being an enjoyable treat, to a means of coping and finally to a necessity which took over every area of her life. After many attempts at restricting and controlling, she realised and eventually accepted that she had to stop completely.

A turning point came when Rachel decided that she would not drink that night but promised herself if she really wanted to drink the following night then she could reconsider it then. This is similar to the AA philosophy of ‘one day at a time’. She attended some AA meetings, but didn’t join a particular group. Rather than view it as a disease over which we are powerless, or a question of ‘giving up’ and deprivation, Rachel came to see it as a positive choice to live without alcohol. She found support on the social networking site [www.soberistas.com](http://www.soberistas.com) and was encouraged to write to express the emotions that come to the fore without the damping effect of alcohol.

Much of the book is in the format of then and now, a comparison of dealing with everyday life with and without alcohol; for instance socialising, stress, and home life.

Rachel is surprised to find her priorities and personality changing and that she likes herself better without the booze.
Useful Resources

Sources Of Support

GENERAL:

Doctors.net.uk
www.doctors.net.uk
UKs largest and most active on-line medical community. Contains _the couch_ providing emotional and professional support through on-line discussion forum and peer-to-peer support

BMA Counselling Service
Tel: 08459 200169
24-hour support with immediate access to trained counsellors.

Support4Doctors
www.support4doctors.org
Website run by the RMBF – aims to put doctors and their families in touch with a range of organisations who can help. Covers: Work & career; Money & finance;
Health & well-being; Family & home

BMA Doctors for Doctors
www.bma.org.uk (click on doctors health & well-being)
Web based resource pack intended as a self-help tool to aid doctors in accessing appropriate help for any difficulties in which they may find themselves. Also contact with doctor-advisers through BMA Counselling service. For BMA members only.

The Sick Doctors Trust
Tel: 0870 444 5163
www.sick-doctors-trust.co.uk
Undertake to provide early intervention and treatment for doctors suffering from addiction to alcohol or other drugs, thus protecting patients while offering hope, recovery and rehabilitation to affected colleagues and their families.

The British Doctors and Dentists Group
Tel: 0870 444 5163.
Monthly group meetings for doctors recovering from chemical dependency.

Independent Career Assessment
www.medicalforum.com

HOPE for Disabled Doctors
www.hope4medics.co.uk
Help in obtaining professional equality for those with a disability or chronic illness.

SPECIFIC GROUPS:

Medical Womens Federation
www.medicalwomensfederation.org.uk
Aims to advance the personal and professional development of women in medicine, to change discriminatory attitudes and practices and to work on behalf of patients.

Psychiatrists Support Service
http://www.rcpsych.ac.uk/member/psychiatristssupportservice.aspx
A confidential telephone advice line for members of the Royal College of Psychiatrists covering all subjects including health, career and problems at work
Telephone 020 7245 0412
psychiatristssupportservice@rcpsych.ac.uk

Anaesthetists
Tel: 020 7631 1650
www.aagbi.org
An alternative contact for anaesthetists seeking help

NON-MEDICAL

Mind Tel: 0845 766 0163
www.mind.org.uk
The leading mental health charity in England and Wales. Work to create a better life for everyone with experience of mental distress

Samaritans
Tel: 08457 90 90 90
www.samaritans.org.uk

Financial Help

BMA Charities Tel: 020 7387 4499
Including the Cameron Fund
Royal Medical Benevolent Fund
Tel: 020 8540 9194 www.rmbf.org
The Royal Medical Foundation
01372 821011
www.royalmedicalfoundation.org
How to save money on your professional subscriptions while unemployed / on long-term sick leave / working reduced

**General Medical Council (GMC)**

If your total gross income (from all sources) is below a set threshold for the relevant year, you can apply for a 50% discount on the annual GMC retention fee - see link below:

GMC lower incomes

**Defence organisations (MDU, MDDUS & MPS)**

The Medical Defence Union, the Medical and Dental Defence Union of Scotland and the Medical Protection Society all offer deferred membership for members who are having a career break. This is offered at no cost but each organisation has slightly different rules on what they are able to offer.

**British Medical Association (BMA)**

The BMA offers a salary link scheme to allow members with limited professional income to pay a reduced subscription fee - see link below:

BMA subscription rates

**Colleges**

All of the medical colleges should consider an application to their treasurer for either deferred membership or a reduced subscription rate due to straightened financial circumstances of whatever cause. It is worth addressing this as early as possible as fee reductions are unlikely to be applied retrospectively.

**Tax allowances for professional subscriptions**

Professional subscriptions are allowable against tax if you are still working as a doctor. Unless you normally receive a significant untaxed (and taxable) income from other sources such as cremation form fees, it is likely that you will profit overall from declaring your professional fees against tax. If you wish to claim professional subscriptions against tax, you will need to provide the Inland Revenue with the relevant details via a Self Assessment tax return.

The advice on this page is offered in good faith but it is the reader’s responsibility to assess whether it is appropriate to follow the advice in their own situation. Neither the Doctors Support Network or the author can be held responsible for any consequences of following this advice.

If You have received this newsletter via email, simply click the logo. If you have received a paper copy, then please visit Facebook, sign in, and search for us.
Some ideas of where to start with your own CPD:

**Journal reading**
Obvious, but where most of us begin if only to reduce the mountain of unread journals awaiting our return to work.

**Internal teaching sessions**
For employed doctors: If feeling well enough, it is possible to ask if you may attend relevant formal teaching sessions at your place of work.

**External paid for courses**
For employed doctors: If your medical advisers agree that you are well enough to undertake some CPD while on long term sick leave, then it may be worth asking your employer if they will consider funding relevant course fees.

**Deanery**
Your local deanery may offer a variety of learning opportunities for doctors within the region. If you are on long-term sick leave from an NHS post, you are likely to be able to access some valuable learning sessions for free or at reasonable cost.

**BMA library**
The BMA has a full medical library service for members with access to books and journals. Books are posted out to you by the library and returned at your expense. It is also possible to request copies of journal articles.

**IT training**
If you are not working and in receipt of a government benefit such as Jobseekers Allowance (JSA) or Employment Support Allowance (ESA) you should be able to access relevant IT training without cost. There are many different providers, each with their own specific funding criteria in this field. One example of the type of IT training available is the European Computer Driving Licence (ECDL) which is widely recognised by the NHS as a badge of proficiency in the use of Microsoft Office. The ECDL qualification counts as 40 hours of CPD and, depending on the provider, may often be followed online at home. Your local Jobcentre Plus may be able to provide you with suggestions of appropriate local IT training providers.

**Tax allowances for CPD expenses**
If you are still employed or working as a doctor in some capacity, expenses incurred for CPD events may be allowable against tax. You will need to inform the Inland Revenue of your claim for adjustment of your tax allowance.

**FREE for MPS members**

**FREE courses and workshops**

**FREE for BMA members**

**Ex-BMJ Learning excellent website**
with hundreds of online modules on clinical and relevant non-clinical career development topics

**BMJ learning**

**FREE for BMA members**

**Colleges**
E-learning: Your college may offer free e-learning modules via their website. N.B. The Royal College of General Practice has some excellent free (for anyone) modules including the e-learning session for the Health for Healthcare Practitioners course.

**Courses & conferences**: Colleges may offer a reduced rate for retired members and it is worth asking if you could be treated as retired for the purpose of paying conference fees if you are on a career break due to ill health.

**FREE for MPS members**

**FREE** for JSA or ESA claimants

**FREE** for BMA members

**FREE for MPS members**

**MPS courses and workshops**

**FREE** for BMA members

**IT training**

**Tax allowances for CPD expenses**

**FREE** for MPS members

**FREE** for BMA members

**FREE for MPS members**
DSN is a thriving community of doctors with mental health problems. We offer a range of services from regional support meetings and social events to the more involved such as our flagship service the doctors support line (DSL) - doctors for doctors and entirely confidential. We would love to offer this for free but due to running costs and lack of funds, that would not be sustainable. Free online support can always be reached via our website.

PO BOX 360, STEVENAGE, HERTS, SG1 9AS

WEB: www.dsn.org.uk (login: members@dsn.org / password: bluesky)
DOCTORS SUPPORT LINE: 0844 395 3010 4p/min

**SUPPORT MEETINGS**

<table>
<thead>
<tr>
<th>Location</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>London &amp; SE</td>
<td>Support meetings are at Sally’s house in Ealing, West London. Contact <a href="mailto:membership@dsn.org.uk">membership@dsn.org.uk</a></td>
</tr>
<tr>
<td>York</td>
<td>Please contact Rosemary on either 01142305537 or <a href="mailto:lethem@doctors.org.uk">lethem@doctors.org.uk</a> for details</td>
</tr>
<tr>
<td>North West</td>
<td>Regular support meetings or day trips run on an ad-hoc basis. Please contact <a href="mailto:astrid@dsn.org.uk">astrid@dsn.org.uk</a> to attend.</td>
</tr>
<tr>
<td>North East</td>
<td>First Monday of the month (except BH) at 18.00 near Haymarket in Newcastle. Contact <a href="mailto:Louise@ffzzz.plus.com">Louise@ffzzz.plus.com</a></td>
</tr>
<tr>
<td>South</td>
<td>Take place in Southampton; please call Helen on 07811 360 880 or email <a href="mailto:hj.plowman@googlemail.com">hj.plowman@googlemail.com</a></td>
</tr>
<tr>
<td>Midlands</td>
<td>Please contact either Ruth at <a href="mailto:ruth@dsn.org.uk">ruth@dsn.org.uk</a> or Joy at <a href="mailto:joykdz@yahoo.co.uk">joykdz@yahoo.co.uk</a></td>
</tr>
<tr>
<td>Scotland</td>
<td>Often take place at Malcolm's flat; contact <a href="mailto:malcolmh@doctors.org.uk">malcolmh@doctors.org.uk</a></td>
</tr>
<tr>
<td>Wales</td>
<td>Take place in Cardiff; contact Clive at <a href="mailto:wales@dsn.org.uk">wales@dsn.org.uk</a></td>
</tr>
</tbody>
</table>

**IF YOU ARE INTERESTED IN SETTING UP A SUPPORT GROUP IN YOUR OWN AREA, OR YOU WOULD LIKE TO ATTEND ANY OF THE EXISTING MEETINGS PLEASE CONTACT US AS ABOVE**

**THE DSN COMMITTEE**

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Howard</td>
<td>Treasurer</td>
</tr>
<tr>
<td>Ajay</td>
<td>Secretary</td>
</tr>
<tr>
<td>Sally</td>
<td>Membership Secretary</td>
</tr>
<tr>
<td>Rob</td>
<td>Chief Editor (Newsletter &amp; Website)</td>
</tr>
<tr>
<td>Fiona</td>
<td>GMC Liaison</td>
</tr>
<tr>
<td>Matilda</td>
<td>Conference co-ordinator</td>
</tr>
<tr>
<td>Alison</td>
<td>Committee Member</td>
</tr>
<tr>
<td>Helen</td>
<td>Committee Member</td>
</tr>
<tr>
<td>Clive</td>
<td>DSN Wales</td>
</tr>
<tr>
<td>Malcolm</td>
<td>DSN Scotland</td>
</tr>
<tr>
<td>Declan</td>
<td>Forums</td>
</tr>
<tr>
<td>Richard</td>
<td>Fundraising</td>
</tr>
<tr>
<td>Tanya</td>
<td>DSL</td>
</tr>
</tbody>
</table>

*The committee has changed slightly for 2013, with Fiona stepping down as chair at the 2012 AGM. We would particularly like to thank the volunteers of the Doctors’ Support Line, who are not mentioned here. The committee is now as follows: Angelika: Chair Louise: Vice Chair & Senior Editor*
THE DOCTORS SUPPORT NET-

WWW.DSN.ORG.UK
Contact us at info@dsn.org.uk

We offer:
✓ Campaigning to reduce the stigma of mental illness
✓ Liaising with the GMC, NCAS and PHP
✓ Expert advice to those undergoing GMC procedures on health grounds
✓ Anonymous email forum
✓ Social outings and support meetings
✓ The Confidential Doctors Support Helpline (see below)

Support Line: 0844 395 3010
Mon, Tues: 8pm - 11pm / Wed, Thurs, Fri: 8pm - 10pm / Sunday: 4pm - 10pm