

# MENTAL HEALTH CHARTER: #TIME4CHANGE

## **We support the Mental Health Charter for the Arts**

We aim to create a safe, supportive, inclusive and positive environment for everyone

### **WHY DO WE NEED ONE?**

Mental health problems are more common among performers than the general population. Every year one in three of us will experience mental health problems. And yet it still continues to be something that we avoid talking about or admitting to ourselves. It is time for this to change for good.

We intend using the collective potency of educational and training institutions, theatres, producers and agencies to make the performing arts inclusive for all, reduce morbidity, promote mental health and well being and remove the pervasive, culturally constructed stigma that surrounds issues of mental health.

The Charter outlines actions that we can take in order to make mental health and wellbeing a priority and to improve the day-to-day lives of those in the performing arts and to improve outcomes for those who experience mental health difficulties. We want to actively encourage people to discuss issues of mental health and well-being and also to access high quality help and support when it is necessary.

To enable us to achieve these aims we will:

- Publicly promote and adopt evidence-based policies and best practices
- Actively challenge discrimination and foster a culture of dignity and respect for all
- Promote positive mental health messages, underpinned by diverse industry role-models and ambassadors
- Support the development of a pan-performing arts network to actively develop and share resources and best practices
- Regularly peer-monitor and review our progress against agreed standards and take positive action on mental health issues, as indicated

By signing the charter you are committing to promoting robust mental health policies and protocols that will contribute to positive mental health and ensure that your organisation is transparent and operates within an anti-discriminatory paradigm to remove the stigma of mental illness and psychological distress.



**Status:** On-Going

**Current Progress:**

Raising awareness and developing action plans. Many agencies have already agreed to distribute the plan. The Theatre Royal Stratford East are the first 'building' to have agreed to sign up.

**Join the debate:**

The Time For Change Group is a professional, peer-support forum to help us better meet our own pledges by reflecting on practice together and sharing our expertise. The MTA has committed to supporting Charter signatories to develop action plans, where this is required. If you would like peer feedback please send your completed plans to The MTA. Please note that we are not responsible for checking the validity of your plan so please ensure that it is appropriate for what you need.

**How to talk about the Charter**

We should be proud of signing up to the Charter and committing to taking positive action around mental health, to support good mental wellbeing and challenge stigma.

We are looking for ambassadors to help advocate and support our work around mental health – please join the Time for Change Facebook group



## **THE CHARTER IN ACTION:**

### **Training Institutions**

- Foster a culture of openness, through dialogue
- Commit to delivering an annual presentation, addressing issues Mental Health and Wellbeing. Ideally, this should take place elsewhere in the program rather than during Fresher's Week.
- The sessions should address issues of mental health and wellbeing, health maintenance, building resilience, recognising signs and symptoms of mental distress and illness and what to do if difficulties and concerns arise and how to raise concerns about others. It should also reference local and national resources and how these can be accessed.
- To provide annual mental health awareness training for staff, with an emphasis on building resilience, recognising students potentially experiencing mental health difficulties and how to sign-post/refer
- Put mechanisms in place to ensure access to debrief and supervision for staff working with students with mental health issues
- Provide annual peer assessment of another organisation and feedback on areas of good practice and recommendations for improvement of mental health care provision.

### **Theatres:**

- To provide Mental Health support networks within the locality to all visiting companies e.g. Include contact details for local Mental Health crisis intervention team, General Practitioner with a specialist interest in mental health, Buddhist centre providing mindfulness and meditation, national organisations such as The Samaritans and Mind contact to the general information pack (this is not an exhaustive list).

### **Agents:**

- A hard and electronic copy of The Charter's Fact Sheet to be included with the initial client contract
- In time, it is anticipated that this will be a continuation of the information they have previously been given and the open, respectful culture they have trained in
- To signpost mental health and wellbeing resources, both generic and specific to performers

### **Production Companies:**

- To add the Charter's Fact Sheet to all contracts, and to ensure that resources for help are clearly signposted.

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## Fact Sheet

To help you to know how to talk about mental health here is a fact sheet on symptoms and common language and terminology

### Mental Health and Wellbeing

It is important to remember that, like physical health, we all have mental health too.

### What is mental wellbeing?

Mental wellbeing describes your mental state - how you are feeling and how well you can cope with day-to-day life. If you have good mental wellbeing, or good mental health, you are able to:

- Feel relatively confident in yourself - you value and accept yourself and judge yourself against realistic standards
- Feel and express a range of emotions, appropriately and proportionately
- Feel engaged with the world around you – you can build and maintain positive relationships with other people and feel you can contribute to the community around you
- Live and work productively
- Cope with the stresses of daily living and manage times of change and uncertainty

### Mental health problems and wellbeing

If you experience low mental wellbeing over long period of time, you are more at risk of developing a mental health problem.

If you already have a mental health problem you are more likely to experience periods of low mental wellbeing than someone who hasn't. However, you can still have sustained periods of good wellbeing where you can manage your life without becoming unwell.

### Getting help if you are struggling

If you feel persistently down, for a duration of two weeks or more, or feel that you can no longer cope, it is really important that you don't struggle on alone. Often, just naming that you're having difficulties can bring a sense of relief and make your circumstances feel much more manageable.



Many mild mental health difficulties can be resolved simply by talking to a friend, member of your family or staff. Often mild problems will resolve of their own accord or respond well to talking therapies.

### **Signs of mental health problems**

It is important to evaluate these in terms of duration and severity of symptoms, having a cluster of symptoms and the impact it has on social function.

### **Sleep**

Sleep can have an impact on mental health, as well as being a possible early indicator of the onset of mental health difficulties.

There are clinically effective self-help apps to address sleep problems and these can often be more useful than medication. Google 'sleep hygiene' for advice on steps to take to prepare for a good night's sleep. NHS Choices also provides information and self-help advice. Your GP can discuss specialist treatment options with you.

### **Depression**

Symptoms of depression may include:

- Persistent low mood, often worse in the evening
- Loss of interest in life and a lack of enjoyment of things you'd usually get pleasure from
- Feeling alone, even when surrounded by people
- Tiredness and a lack of energy
- Feelings of emptiness and worthlessness
- Feeling disconnected and unmotivated
- Loss of interest in sex
- Problems getting off to sleep, early morning waking with an inability to get back to sleep, problems getting out of bed in the morning
- Failing aspects of training or over-working
- Problems concentrating and remembering things
- Self-doubt
- Feelings of guilt and despair
- Suicidal thoughts

## **Bipolar disorder**

Bipolar disorder, sometimes referred to as manic depression, is characterised by extreme mood swings. These can range from extreme highs (mania), to extreme lows (depression). Mood swings also have associated changes in sleep, energy levels, rate of speech and the ability to think clearly.

### **Mania**

Symptoms of mania may include:

- Feeling very happy, elated or over-joyed
- Talking very quickly
- Feeling full of energy
- Feeling self-important
- Feeling full of great new ideas, schemes or plans
- Inability to concentrate
- Easily irritated or agitated
- Being delusional, perhaps believing things that seem irrational to other people, having hallucinations and disturbed or illogical thoughts,
- Not feeling the need to sleep
- Not eating
- Poor impulse control and an inability to consider consequences of actions - for example, spending large amounts of money on unnecessary and often unaffordable items
- Risky or harmful behaviours that are out of character

### **Depression**

Please refer to the previous section for a description of possible symptoms

### **Self harm**

About 8% of the population engages in current, chronic non-suicidal self-injury. Of these, 80% do so for emotional regulation.

Self-harming behaviours may involve:

- Taking too many tablets
- Cutting yourself
- Burning yourself
- Banging your head, punching walls or throwing yourself against something hard
- Punching yourself
- Sticking things into your body
- Swallowing things

Incidents of deliberate self-harm are greatest amongst women, LGBT+ people and those who have experienced physical, emotional or sexual abuse during childhood.

Taking drugs recklessly, engaging in unsafe sex or binge drinking are examples of less obviously but still serious self-harming behaviours.

Someone who self-harms is usually in a state of heightened emotion, distress and unbearable inner turmoil. About 3 in 100 who self-harm over more than 15 years will kill themselves. That's more than 50 times the rate for those that don't self-harm.

Cutting can leave you with permanent scarring and is a route for infection. If you damage nerves and tendons this can lead to a reduction in sensation and function.

Self-harm is not necessarily a sign that you have a mental illness, though often people will have an underlying clinical depression.

## **Eating disorders and compulsive exercising**

### **Anorexia Nervosa**

Anorexia Nervosa is a serious mental illness

#### **What are the signs?**

You may find that you:

- Think more and more about your weight
- Eat less and less - calorie counting
- Exercise more and more, to burn off calories
- Can't stop yourself from wanting to lose weight, even when you are well below a
- safe weight for your age and height
- Smoke more or chew gum to keep your weight down
- Obsessively check your weight, shape or reflection in mirrors
- Withdraw from social situations which may involve eating
- Wearing baggy clothes to hide one's body
- Water loading before being weighed
- Excluding certain food groups and making foods "good" and "bad"
- Avoiding mealtimes, especially at school
- Lose interest in sex

#### **What happens?**

- You take in very few calories every day. You eat "healthily" - fruit, vegetables and salads - but they don't give your body enough energy.
- You may also exercise, use slimming pills, or smoke more to keep your weight down.
- You don't want to allow yourself to eat, but you buy food and cook for other people.
- You still get as hungry as ever, in fact you find you can't stop thinking about

food.

- You become more afraid of putting on weight, and more determined to keep your weight well below what is normal.
- Your family may be the first to notice your thinness and weight loss.
- You may find yourself not able to tell other people the true amount you are eating and how much weight you are losing.
- You may also make yourself sick if you eat anything you did not plan to allow yourself, particularly if you lose control of your eating and find yourself bingeing. However, this is known as 'anorexia, binge-purge subtype' rather than bulimia nervosa. Bulimia nervosa sufferers are by definition in the normal weight range.

## **Bulimia**

People with bulimia attempt to control their weight by severely restricting the amount of food they eat, then binge eating and purging the food from their body by making themselves vomit or with the excessive use of laxatives. Such binge-purge cycles can be triggered by hunger or stress or a way to attempt to regulate emotional anxiety

## **Binge Eating Disorder**

This is characterised by binge eating without subsequent purging episodes. It is one of the most prevalent eating disorders. The binge eating episodes are associated with three, or more, of the following:

- Eating much more rapidly than normal
- Eating until uncomfortably full
- Eating large amounts of food when not physically hungry
- Eating alone because of feeling embarrassed by the amount being eaten
- Feeling self-disgust, guilty or depressed afterward
- Marked distress regarding binge eating
- Binge eating occurs at least once a week for three months

Some people will binge eat occasionally, without experiencing many of the negative physical, psychological and social effects of binge eating disorder. This example may be considered an eating problem (or not), rather than a disorder.

## **Compulsive Exercising**

Compulsive exercising, or anorexia athletica, as another way to purge calories can be as serious as bulimia and anorexia

Signs and symptoms may include:

- Working out with an injury or when unwell
- Feeling seriously guilty or depressed when not able to exercise
- Not taking rest or recovery days
- Working out for hours, beyond what could be considered usual or safe



Serious side effects may include:

- Dehydration
- Fatigue
- Injury
- Loss of bone density
- Osteoporosis
- Fracture
- Amenorrhea
- Reproductive problems
- Degenerative arthritis

## **Substance misuse and addiction**

*“In rehab you’re an addict; on a stage you’re a tortured genius”*

(Mohr, 1999)

Using and abusing alcohol, drugs or other substances, such as aerosols, is not simply a ‘choice’, but a complex response, driven by many internal and external factors. Those who abuse substances have also been shown to demonstrate impaired inhibitory control – this may be due to drug-induced changes in the brain. This can result in higher levels of impulsivity and more risky choices. Your attitude about using/abusing can be critical to what you do, or don’t do about it.

## **Anxiety**

Some anxiety is good for you and will help you to remain alert and perform well. However, about 1 in 10 people will experience problematic anxiety, that is too intense or goes on for too long, at some point in their life. Problematic anxiety, if not addressed, can adversely affect physical and mental health as well as performance in all domains of life.

### **Signs and symptoms of anxiety**

- Fast or irregular heart beat (palpitations)
- Sweating
- Shaking
- Blushing or looking pale
- Dry mouth
- Short of breath
- Pressure of speech or breathy speech
- Dizziness/fainting
- Gastrointestinal disturbance - nausea, vomiting, abdominal cramps, constipation, diarrhoea
- Increased frequency of passing urine
- Physical pains with no obvious cause

- Muscle tension
- Headaches
- Tingling in hands and feet and possibly lips
- Sleep disturbance
- Nightmares
- Low tolerance for stressors - outbursts of anger, road rage or avoidance of conflict
- Irritability
- Difficulties concentrating
- Poor memory, forgetfulness, difficulty recalling names or numbers
- Feeling worried
- Lethargy

## **Panic Attack**

This is intense anxiety that is unpredictable and sudden in onset. The experience can be very frightening and people can think they are about to die. Of all the patients who present to A and E with severe chest pain, thinking they are having a heart attack, 25% are actually having a panic attack.

## **Generalised Anxiety Disorder**

This is where symptoms of anxiety are experienced much of the time in most or all settings.

## **Treatment Options**

### **Self-help**

#### **Learning to relax**

This can help to alleviate symptoms of anxiety and tension and something like guided meditation apps or yoga classes can be really useful ways of developing the more specialised skills required. It is important to use these practices regularly and not just in times of crisis, if they are to be of most benefit.

#### **Self-help books**

There are a number of useful self-help books, based on cognitive behavioural therapy principles, on the market.

### **Cognitive Behavioural Therapy**

Cognitive behavioural therapy (CBT) is the most widely-used therapy for anxiety disorders. Research has shown it to be effective in the treatment of panic disorder, phobias, social anxiety disorder, and generalised anxiety disorder, as well as a number of other conditions.

Cognitive behavioural therapy addresses negative patterns and distortions in the way we look at the world and ourselves. As the name suggests, this involves two main components: **Cognitive therapy** examines how negative thoughts, or *cognitions*, contribute to anxiety. **Behaviour therapy** examines how you behave and react in situations that trigger anxiety.

The basic premise of cognitive behavioural therapy is that our thoughts—not external events—affect the way we feel. In other words, it's not the situation you're

in that determines how you feel, but your perception of the situation.

### **Medication**

Medication can be an important aspect of treatment for some people with anxiety.

#### **Antidepressants**

Although originally approved for the treatment of depression, the newer Selective Serotonin Re-uptake Inhibitors are also useful for treating anxiety. They usually take 4 to 6 weeks to work and may need to be continued for some months after symptoms have resolved.

#### **Benzodiazepines**

Common tranquillisers, like diazepam, are very effective at treating anxiety but they are also very addictive and so only for very short-term use of less than four weeks duration. They must also never be used in panic disorder because of possible paradoxical reactions

#### **Beta-blockers**

Beta-blockers, such as propranolol, do not treat the anxiety itself but can effectively treat some of the physical symptoms of anxiety, including a rapid heartbeat, palpitations and a tremor (shaking) by blocking the effects of the stress hormones adrenalin and noradrenalin. They are short-acting and can be used just before anticipated anxiety-provoking situations such as auditions. They are contraindicated in asthmatics and those with low blood pressure.

**As with any mental health symptoms, it is advisable to have a discussion with your GP to exclude any underlying medical causes for your symptoms. For example, thyroid disease or certain vitamin deficiencies can make you feel anxious or depressed.**

## **Getting help**

### **Serious Concerns**

If you, or someone you know is at imminent risk of harming themselves or others, go straight to your local Accident and Emergency department. You can call 999 and ask for assistance. Some areas have mental health crisis intervention teams or urgent assessment centres – contact details will be available online or through your local A and E department

### **Doctor**

See your GP if you are struggling with mental health problems, but not in immediate danger. They will be able to discuss treatment options with you. Medication is not always necessary, but individuals can often benefit from a psychological therapy, such as Cognitive Behavioural Therapy(CBT), alongside any self-help resources you might use. Your GP can refer you to other services and assess you to exclude any underlying medical health condition that may be giving rise to your mental health symptoms.

If you have a college counselor or a mental health professional you see regularly, contact them and make them aware of the situation as they may be able to offer increased support to help you to manage over the crisis or sign-post other services

### **BAPAM**

Delivers specialist health support and medical advice to help over-come work-relate health problems for professional and student performing artists, plus crew  
Call 020 7404 8444

### **Mind Info Line**

Call 0300 123 3393 or text 86463

Lines are open 9am to 6pm, Monday to Friday (except bank holidays)

Provides information on a range of topics including:

- Types of mental health problems
- Where to get help
- Medication and other therapeutic treatments
- Advocacy

The info line can also signpost other sources of support in your area

Mind has free webinars and resources that show you simple, inexpensive and practical ways to mental wellbeing. You can find the information on their website [mind.org.uk](http://mind.org.uk)

### **Samaritans**

If you are feeling distressed and would like to talk to someone, you could call the Samaritans 24 hour service on 116 123

