

BRISTOL & DISTRICT TRANQUILLISER PROJECT

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ANNUAL REPORT

2018 - 2019

INTRODUCTION

BRISTOL & DISTRICT TRANQUILLISER PROJECT ANNUAL REPORT 2018 - 2019

PROBLEMS WITH BENZODIAZEPINES

- Benzodiazepines are the most commonly prescribed minor tranquilisers and sleeping pills.
- The main ones are Diazepam (Valium), Temazepam, Nitrazepam (Mogadon) and Lorazepam (Ativan).
- They are highly addictive drugs, and their side-effects and withdrawal symptoms can lead to breakdown and temporary mental illness.
- There were nearly 10 million prescriptions of benzodiazepines by community pharmacists in 2017 in England alone.

Benzodiazepines were prescribed by doctors from the early 1960's, when they were unaware of the dependence potential. In January 1988 the Committee on Safety of Medicines issued an advice note to all doctors, stating that benzodiazepines were indicated only for 2-4 weeks and only for severe anxiety or insomnia. The message has been reinforced by regular warnings from Chief Medical Officers since then.

There are estimated to be around 1 million people in England taking benzodiazepines regularly on prescription, most of whom are undoubtedly addicted. Around a third of patients are still being prescribed benzodiazepines for longer than the 2-4 week guideline, despite continued warnings from the Department of Health. A new problem has arisen recently from young people taking Xanax, obtained online, for recreation and to combat stress.

No effective national campaign has ever been undertaken to help people withdraw from these drugs. Bristol is one of the few areas in the country to acknowledge and try to remedy the situation and deserves huge credit for this.

PROBLEMS WITH OTHER PRESCRIBED PSYCHOTROPIC MEDICATION

There has been a rapid increase in recent years in the prescribing of psychotropic medication other than benzodiazepines, especially of antidepressants:

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- Prescribing of antidepressants has risen eightfold over the past 25 years
- In 2018 over 70 million prescriptions for antidepressants were issued by community pharmacists in England. This is over double the number prescribed in 2005.
- It has been estimated that over 5 million people in England are taking antidepressants regularly. The Health and Social Care Information Centre published its Health Survey for England in 2013. This showed that 11% of women and 6% of men were taking antidepressants.
- The cost to the NHS of antidepressants was £285 million in 2015.
- The Uppsala Monitoring Centre database has listed 3 SSRI antidepressants – Prozac, Seroxat and Sertraline – amongst the 30 highest-rating drugs for dependency.
- There has also been a big increase over the past 25 years in the prescribing of the newer sleeping pills such as Zopiclone, Zolpidem and Zaleplon. GP's issue around 15 million prescriptions for sleeping pills a year. Roughly half of these were for the 'Z' drugs and half for benzodiazepines.

These newer drugs can cause side-effects and withdrawal symptoms that are every bit as bad as those caused by benzodiazepines. New guidelines for the prescribing of antidepressants were issued by the National Institute of Clinical Excellence (NICE) in December 2004. These urged GP's not to prescribe antidepressants to people with mild to moderate depression unless all other treatments failed.

OBJECTIVES OF THE PROJECT

1. To assist those involuntarily addicted to benzodiazepines to understand and cope with their addiction, to plan and make a safe withdrawal where appropriate and to lead normal lives without recourse to any psychotropic medication.
2. To help those taking other prescribed psychotropic medication to come off this medication where appropriate.
3. To inform, advise and support the families and friends of those affected.

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4. To inform and advise those professionally involved in the problems of prescribed psychotropic medication addiction.

SERVICES PROVIDED BY THE PROJECT

1. One-to-one prescribed drugs counselling especially for those new to the Project and those undergoing particular difficulty.
2. Withdrawal groups at the Project led by counsellors but with a strong user involvement.
3. Outreach withdrawal groups in Knowle and Southmead.
4. Drop-in availability at the Project for those in particular need.
5. A help-line open 4 days a week.
6. A programme of visits, talks, workshops, seminars, etc, for doctors and other professionals within the Bristol area.

THE WAY THE PROJECT WORKS

The Project provides a safe, supportive atmosphere where people can discuss the problems caused by involuntary benzodiazepine addiction or by other prescribed psychotropic medication with our prescribed drugs counselling staff and volunteers.

At initial meetings or helpline consultations clients come to understand better the symptoms caused by long-term dependence on benzodiazepines or other prescribed drugs and usually start to consider withdrawing from the medication. No-one is pressurised to withdraw, but they are encouraged to do so, and the majority of the counselling staff and volunteers are living proof that such withdrawal is possible. The doctor's permission is always sought before embarking on a withdrawal programme.

New clients are also encouraged to participate in withdrawal groups where they can share experiences and information with those who are undergoing the same withdrawal process. Once the clients have started to withdraw they are encouraged

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to take control of their own withdrawal programme by deciding when and how much to withdraw. Our counselling staff are always on hand to discuss and advise on their withdrawal programme

The Project's philosophy is that withdrawal from benzodiazepines or other prescribed psychotropic medication should be gradual and clients are advised initially on how to plan a sustainable programme which does not overload them.

Clients are supported throughout the withdrawal process, and also for a considerable length of time after withdrawal. Many clients have taken benzodiazepines or other psychotropic medication for much of their adult lives. Recovery is usually gradual and many life skills need to be learned or relearned. In some cases clients may participate in the work of the Project as volunteers after withdrawal. This often assists those who have been out of work for some time to develop the skills and discipline needed for a return to full-time work outside the Project.

COMMITTEE, STAFF AND VOLUNTEERS

The Project puts the highest emphasis on personal experience of the side effects of psychotropic medication. The majority of our staff, volunteers and Committee have considerable first-hand experience of the effects of benzodiazepines and other psychotropic drugs. Most of our staff have worked in the field of prescribed drug addiction for over 20 years and they have built up considerable expertise on a wide variety of prescribed psychotropic drugs. Our patron, Professor Ashton, is an internationally respected expert on both benzodiazepines and antidepressants and she has provided the Project with invaluable professional advice on these drugs.

REVIEW OF THE YEAR 2018-2019

CHAIRMAN'S REPORT

This is my final report as Chairman of the Bristol Tranquilliser Project as it is my intention to pass the baton on to someone else.

Having been involved with the Project since 1996 I was elected as Chairman on 22 August 2011 following two years as vice Chairman and was also a member of the Committee prior to that. It is not a position I have taken lightly and not having done anything like this before it has been a steep learning curve but all in all I have found it very rewarding.

The staff have made me feel very welcome and have helped me no end. The strength of the Project is wholly attributed to the Staff and their hard work, their loyalty and their experience and understanding of the clients they deal with.

As mentioned in previous Annual reports, there have been instances of illness among the staff, staff shortages, telephone problems, IT problems and wondering if and when we might get funding. In recent years we have transferred the offices from Henleaze to Westbury-on-Trym and as you all probably know, moving homes/buildings for any reason is not straight forward. But the team have an attitude of 'bite the bullet and carry on regardless' and I applaud them for being who they are and bringing their various skills to the Project to make it a success. This last year has again been quite challenging due to sickness, but it would appear that everyone is back up to strength. We are still looking for further funding particularly for the HOP Project.

The number of clients phoning in is very high with Ian and Roy taking the majority of the calls which can be very stressful. Ian also still runs the Knowle outreach group with Roy responsible for the Southmead ground and also the raising of funds for HOP.

Jayne and Ian have the task of completing the necessary paperwork for presentation to the Clinical Commissioning Group, which is complicated and time consuming due to the amount of stats and paperwork involved. Jayne is also responsible for obtaining funding for our HOP scheme.

Janice has continued to provide Admin backing for the team doing E-mails, reports and distributing details to doctors, mental health teams and pharmacists and organising the AGM.

Bianca continues to look after our financial affairs and liaise with our landlord and utility companies. She is also an expert at sorting out problems with the telephone and computer systems.

It only leaves me to say thank you for allowing me the privilege of being part of a much needed organisation.

Thank you.

Jacquie Jones
Chairman

REVIEW OF THE YEAR 2018 - 2019

PROJECT REPORT

INTRODUCTION

This was another busy year for the Project with helpline clients once again phoning us in very high numbers. There were however once again no changes in staff or Committee, which was a big help in dealing with the client workload.

EXECUTIVE COMMITTEE

Our usual thanks are due to our Committee members for their attendance at meetings, and their good advice and assistance with all matters of concern.

Jacque continued as our Chair, expertly guiding us through Committee meetings and the AGM. It has been such an advantage for the Project to have a safe pair of hands in charge for the past 5 years or so. At our Committee meeting in February Jacque indicated that she would step down as Chair after this year's AGM. Jacque will be sorely missed for her calmness and good sense over the past few years. Once again we would like to thank Mo for her good work as Treasurer and the excellent advice she gave throughout the year.

We would also like to thank particularly Tony and Polly for coming so regularly to meetings and for their helpful contributions.

STAFF AND VOLUNTEERS

We are very glad to say that once again there were again no changes to staff this year.

Jayne continued as Project Manager. We were very pleased that she was able to return on a phased basis and gradually resume her full duties after her operation in November 2017. She continued to undertake general management duties and also provided the monitoring and evaluation report for the Clinical Commissioning Group (CCG) and to write to potential funders to finance the separate 'Helping Older People' (HOP) scheme.

Ian continued to run the Knowle outreach group, provided the annual statistical report for the CCG and drafted the Annual Report. He and Roy continued to take the majority of the helpline calls, which could be stressful and demanding at times. Roy continued to be responsible for the Southmead group and was the designated worker for the HOP scheme. Janice continued to keep the office work flowing

smoothly, and distributed information to doctors, practice managers, nurse practitioners, pharmacists, mental health teams, and voluntary sector organisations. She also organised the AGM as expertly as always, ran the membership scheme and sent out regular newsletters. Bianca also did an outstanding job of looking after our day-to-day financial affairs and liaising with our auditors over the year-end accounts. She also continued to look after our interests with the utility companies and our landlords. The Project is truly lucky in the quality of our 2 admin workers.

A big thank you is due once again to Tom, our volunteer, for his loyalty and willingness to help with any task that needed doing in the office. In particular he collated our monthly telephone helpline information and helped to put together reports and information for clients. The Project would just not be the same without him.

CLIENTS

(a) General

- over the past 12 months we helped 241 clients by helpline, 19 at the Project, 6 at the Knowle group, and 5 at the Southmead group, a total of 271
- 193 of those in touch by helpline commenced withdrawal (80%), as did 18 of those at the Project (95%) and all 11 of those in the outreach groups (100%). In all 222 out of 271 clients commenced withdrawal (82%)
- of the 30 clients seen face to face, 8 were referred by their GP, one was referred by Bristol Drugs Project and the remainder were self-referred
- we had a total of 174 new clients during the year

(b) Medication

- 93 clients came off benzodiazepines completely
- 37 clients came off antidepressants
- 6 clients came off Zopiclone
- 103 clients came off all their medication

(c) Gender and Age

- of the 241 helpline clients 149 were female and 92 male
- of the 30 clients seen face to face 19 were female and 11 male
- of the face to face clients 2 were between 20 and 40, 5 were between 40 and 60, and 23 were over 60.

HELPLINE

The number of helpline clients was slightly less this year (241 as against 251 last year). The overall number of calls remained about the same, at around 3800. This is now at a sustainable level and gives us the opportunity to devote slightly more time to each client, and to discuss problems in slightly greater depth than before.

KNOWLE OUTREACH GROUP

Ian continued to run this group, which is held on Tuesday afternoons at the Community Health Park in Downton Road, Knowle. The group is intended for the benefit of all the people of South Bristol. Once again the spirit was very positive and the interaction between clients very beneficial. As usual, we wish more local GP's would be more involved in the group and that they would refer more clients to it.

SOUTHMEAD OUTREACH GROUP

Roy continued to run this group which is held on Thursday mornings in the New Brunswick Church Hall in Southmead. It is intended to help the people of North Bristol. This continues to be a very supportive group with good progress towards withdrawal by its clients and good interaction between them. Again, we wish local GP's would refer more clients to the group.

MONITORING AND EVALUATION

Once again we provided detailed outcome measures to the CCG, based on the year-end questionnaires sent out to clients. We would like to thank all clients who responded to this exercise. We know this can be both demanding and time-consuming for clients, many of whom have real problems in focussing on some really difficult questions.

Comments once again showed that the Project is playing a vital role in helping clients getting through the nightmare that withdrawal often is. Gratitude was shown for our expertise and the reassurance that we bring as a result of many years accumulated experience. It is heartening to hear how valuable our contribution is to clients' wellbeing and their ability to continue a long and exhausting process.

HELPING OLDER PEOPLE (HOP) SCHEME

Once again this scheme for older people continued to provide a vital adjunct to the work we do helping all clients to withdraw safely from prescribed psychotropic medication. During the year we helped 68 clients, 6 face to face and 62 by helpline. 51 were female and 17 male. The percentage of clients commencing withdrawal was just over 80%. We would like to thank the following individuals and organisations that helped to fund the HOP scheme during the year: -

Mrs Polly Matthias
Joe and Nora Commons
The Needham Cooper Charitable Trust
John James (Bristol) Foundation
James Tudor Foundation
The Rotary Club of Bristol
Sir Jules Thorn Charitable Trust

These provided a total of around £16,800 for the year. We would particularly like to thank the James Tudor Foundation and the John James (Bristol) Foundation, for maintaining their donations at the higher levels of last year. Once again we have unfortunately failed to reach our target of around £25,000 for the year and will need to redouble our funding efforts over the year ahead.

Visits were paid to the following organisations under the auspices of the scheme, to advertise our services and distribute leaflets and posters:-

Downend Folk Centre
Vassall Centre – Main Office
James Tudor Spur
Care Forum
Lockleaze Community Centre
North Bristol Advice Centre
Upper Horfield Advice Centre
Filton Community Centre
Southmead Community Centre
SCART Southmead
Southmead Drugs Project
Greenway Centre Southmead

EDUCATION/VISITS

1. We wrote to all GP's, Practice Managers, Nurse Prescribers, Pharmacists, Mental Health Teams and Voluntary sector organisations in the Bristol area with details of our services. We also sent leaflets and flyers to every library in Bristol.
2. We provided assistance to 5 GP's on withdrawal from benzodiazepines, other sleeping pills and antidepressants.
3. In March we received a visit from Dr Bryan McElroy, an Irish GP currently working in Taunton. He will be part-time in Bristol later in the year and was interested in working at the Project one day a week. His views on the use and overuse of prescribed psychotropic medication very much chimed with our own and we said we were very much looking forward to seeing him then.

VISIT FROM ROYAL COLLEGE OF PSYCHIATRISTS

In February 2019 we received a visit from the President of the Royal College of Psychiatrists, Professor Wendy Burn, and two of her colleagues. We discussed the services provided by the Project and the Royal College, and also our respective attitudes to the prescribing of benzodiazepines and antidepressants. A fair measure of agreement was reached on the prescribing of benzodiazepines but less so with antidepressants, where the Royal College continues to stick to the NICE guidelines for withdrawal. It was a useful meeting and we agreed to help with the production of information leaflets for the college and to keep in touch on all matters of concern.

MAIN PROJECT FUNDING

Our core funding continued to come from the local Clinical Commissioning Group (CCG). This year we had a new Link Officer, Jackie Shortman, and we look forward to working with her in future. We would like to express our continued thanks to the CCG for supporting so generously the work we do to help clients in Bristol and surrounding areas.

We would like to thank all those other individuals and organisations that helped to fund the Project's main activities over the past year. Details of main funders are included on the back cover of the Report. We are also grateful to all those others who gave smaller sums during the year. Each and every one was valuable to us.

Once again we have the Linnet Trust to thank for giving us the bulk of our additional funding. They been generous backers of the Project over the past nine years and we can hardly begin to express adequately our gratitude for this invaluable support. We would also like to thank the Lloyd Robinson Fund, Wessex Water, Helen Keen and the estate of Eileen Holbrook for their particularly generous donations.

MEMBERSHIP

Rates for the year were unchanged at £35 for life membership, £10 for full membership and £5 for unwaged or low waged clients. At the end of the year we had 102 members, of which 75 were lifetime members, 11 full and associate members and 16 honorary members. In all, this raised £1,710 for Project funds during the year - £275 from membership fees and £1,435 from donations. We would like to thank all these members for their backing and financial support for the work of the Project.

ADVICE FROM HEALTH SECRETARY

Doctors should consider prescribing fewer pills and more visits to the library or the concert hall, said Health Secretary Matt Hancock in November 2018.

In a speech to the King's Fund healthcare thinktank, Mr Hancock argued that access to the arts can be an antidote to a range of conditions, including mental health problems, ageing and loneliness. He announced plans for the creation of a national academy for 'social prescribing' to spread the benefits of 'person-centred' remedies.

'We've been fostering a culture that is popping pills and Prozac when what we should be doing is more prevention and perspiration', he said. The announcement came after he had set out plans for a radical shift in the NHS towards preventing disease and illness. The NHS would not be sustainable without that 'radical shift', he warned. He promised that a greater proportion of the £20 billion a year increase for the NHS in England would go to primary and community care.

NEW STUDY INTO WITHDRAWAL FROM ANTIDEPRESSANTS

Millions of people face severe side-effects when trying to come off antidepressants, a major review has concluded.

For years health officials have played down the difficulty of withdrawing from antidepressants, insisting that the effects of this are 'mild' and last no more than a week or two. However, a new study in the 'Journal of Addictive Behaviours' suggests

that, of the 7 million people taking antidepressants in England alone, 4 million are at risk of withdrawal symptoms if they try to come off the pills.

Some 1.8 million are at risk of severe symptoms and for 1.7 million the withdrawal effects would last at least 3 months.

The worst-hit experience nausea, anxiety, insomnia and agitation, with many people put back on antidepressants as doctors mistake the symptoms for a relapse of depression. Experts believe this has helped to drive up antidepressant use to levels that are amongst the highest in the western world.

Dr James Davies of Roehampton University said:-

‘This new review of the research reveals what many patients have known for years – that withdrawal from antidepressants often causes severe debilitating symptoms which can last for weeks, months or longer. Existing NICE guidelines fail to acknowledge how common withdrawal is and wrongly suggests that it usually resolves within one week. This leads many doctors to misdiagnose withdrawal symptoms, often as relapse, resulting in much unnecessary and harmful long-term prescribing.’

The review involved evidence from 24 existing studies, including 5,300 patients. The findings have been submitted to Public Health England, which is conducting a review into prescription pill dependence.

APPG REPORTS ON ANTIDEPRESSANTS

The All-Party Parliamentary Group for Prescribed Drug Dependence (APPG) published in October 2018 two new pieces of research by members of the Council for Evidence-Based Psychiatry (CEP). These indicated that many doctors and psychiatrists may be failing to warn patients about the potential risks of antidepressants, and subsequently fail to recognise withdrawal symptoms.

The first report ‘Antidepressant Withdrawal: A Survey of Patients’ Experience’ is based on the results of a survey of 319 UK patients affected by antidepressant withdrawals.

64% of patients surveyed claim not to have received any information from their doctors on the risks or side-effects of antidepressants, while only 2.5% of patients found NHS 111 to be a helpful source of support during withdrawal. Responses made clear that the impact of antidepressant withdrawal can be devastating for some individuals, with 30% of respondents reporting being off work indefinitely due to the severity of their symptoms.

The second report 'Voice of the Patient: Petition Analysis Report' identifies failure points in the healthcare system based on the testimony of 158 individuals impacted by prescribed drug withdrawal who responded to two petitions lodged with parliamentary Petitions Committees in Scotland and Wales in 2017. The report concludes that the failures encountered by the respondents will require systematic change.

Both reports will be submitted to Public Health England as part of its review into prescribed drug dependency and withdrawal, due for publication in Spring 2019. Dr James Davies of the University of Roehampton commented:-

'The majority of the people we surveyed and who responded to the petitions indicated that they were never properly informed about the risks associated with antidepressants, including withdrawal. This undermines the principle of informed consent which is essential if patients are to make a proper assessment of the harms and benefits. This is very concerning, particularly as the survey shows, that severe antidepressant withdrawal can have a devastating effect on patients' lives, including long-term disability.'

Sir Oliver Letwin, Chair of the APPG, said:-

'These reports indicate that many doctors are unaware of the potential harms of antidepressants, and fail to communicate the risks to their patients. This highlights the need for additional guidance and training in this area, and we hope that Public Health England will consider this as part of their current review into prescribed drug dependence. Furthermore, it suggests that existing NHS sources of support are inadequate, and new dedicated services, including a 24 hour national prescribed drug withdrawal helpline, are therefore urgently needed'.

ANTIDEPRESSANTS PRESCRIPTIONS HIT 70 MILLION A YEAR

Prescriptions of antidepressants in the community in England have doubled in a decade, with about 71 million issued last year, according to NHS Digital. Experts have raised fears that patients are being handed pills too readily because of difficulty in accessing alternative treatments such as talking therapies.

Professor Wendy Burn, President of the Royal College of Psychiatrists, said antidepressants should not become a default medication for milder forms of illness. She said: - 'for many people antidepressants can be life-saving, but they should not be the 'go-to' for first instances of mild depression. The National Institute for Clinical Excellence recommends only using antidepressants for patients who have moderate

to severe depression or for patients whose depression lasts a long time. We need to ensure there is investment in alternative treatments such as talking therapies.'

Marjorie Wallace, chief executive of the mental health charity SANE said:
'The increase in antidepressant prescriptions is reflected in the number of callers to SANE, who say they are experiencing more frequent and acute periods of depression and anxiety. Some of the rise may be due to more people feeling unsafe and uncertain due to social and political change, the impact of social media and fragmentation of relationships with family, friends and the wider community.'

A NHS England spokesman said:-

'While antidepressants play an important role for some patients, an attitude of 'a pill for every ill' can mean not only do some people end up taking medicine they don't need to, but taxpayer funding is spent on avoidable prescriptions.'

COUNCIL FOR EVIDENCE BASED PSYCHIATRY (CEP) COMMENTS ON INCREASE IN ANTIDEPRESSANT PRESCRIBING

CEP commented on the rise in antidepressant prescribing as follows:-

'The research clearly shows that the rise in antidepressant prescribing is in fact primarily the consequence of more people taking the drugs for longer, with prescriptions per patient doubling over the past ten years. This is partly due to the underestimation of the incidence, severity and duration of adverse reactions to antidepressant withdrawal. Many withdrawal reactions are being misdiagnosed as relapse (with drugs being reinstated as a consequence) or as failure to respond to treatment (with either new drugs being prescribed or dosages increased). But it is also because many people find themselves being dependent on these drugs, and are unable to come off without debilitating symptoms, leading to long-term use.

We also know that rates of antidepressant prescription are highest in socially deprived areas, strongly suggesting that people are being given antidepressants for social problems. This is particularly worrying, because antidepressants, for most people, work no better than placebos, and long-term antidepressant use is associated with increased severe side-effects.

Research shows that most people consulting a GP for help do not want antidepressants, but some kind of psychological or social support. In the absence of alternatives, prescriptions fill the gap. Pressure on NHS services, short GP appointments (which allow little time for exploration of people's difficulties and the discussion of solutions), shortages of psychological therapies and cuts to local

authority budgets (restricting the availability of social and community services) all mean that inappropriate medical solutions are more likely to be used.

We therefore call for:

- Urgent revision of clinical guidelines, especially NICE guidelines, to take account of research showing withdrawal is more common, long-lasting and severe than previously indicated
- A focus on alternatives to antidepressant medication, including social prescribing and greater investment in social and psychological alternatives
- Changes to doctor training and medical syllabi, including greater awareness of the severity and duration of antidepressant withdrawal reactions
- Support for people wishing to withdraw from antidepressants, including a national telephone helpline and website, and specialist withdrawal support services
- Research into long-term outcomes and harms of antidepressant use.'

LANCET REPORT ON ANTIDEPRESSANTS

A report in the Lancet of March 2019 reviewed brain-imaging studies that found that even very small doses of antidepressants have a significant effect on brain chemistry. The report was written by Dr Mark Horowitz, a researcher at University College London, and David Taylor, a professor of psychopharmacology at King's College London.

They also highlighted a recent Dutch study where patients were successfully able to come off their medication using tapering strips. Based on this analysis the authors' suggested slowly reducing antidepressant doses over several months to minute amounts can help avoid distressing withdrawal symptoms.

The authors said 'most doctors mistakenly think that half or a quarter of the dose is small enough to stop. We argue that when patients stop their drug from half or even a quarter of their original dose they are still "jumping off" from a relatively high level of the brain to nothing. This is why we recommend reducing the dose so slowly.'

Both authors took and withdrew from antidepressants. Dr Horowitz, who has a PHD in the effects of antidepressants on the brain, has been tapering off Escitalopram (Lexapine) over the past 12 months after initially being prescribed it 15 years ago. He said: 'It wasn't until I experienced the additional symptoms that I realised how severe they can be. I had a hard time trying to come off Lexapine last year. I halved the dose but suffered dizziness, insomnia, anxiety and was very irritable'.

He added: 'There wasn't much in the clinical literature except the NICE guidelines. When I went online for guidance, I found sensible advice from patient forums. I would have been lost without this.'

The new report was welcomed by Professor Carmine Pariante, a spokesman for the Royal College of Psychiatry at King's College London. He said: 'This is a significant paper as it puts together for the first time the evidence on the pharmacology of antidepressants. Increasingly we recognise that for some people the four week recommendation is not enough. They need to have a progressive reduction of the dose of their antidepressants to a small dose, and over a much longer period.'

The College was always clear there was a problem with antidepressant withdrawal, but the evidence was that most patients could come off over four weeks. Now we know that the number who can't do this in four weeks is larger than we thought.'

Dr James Davies said the new paper is significant:-

'We know half of people who come off antidepressants will experience some withdrawal symptoms, and that in half of those cases the symptoms will be severe. Our view is that the current NICE guidelines are outdated, misleading, unsupported by evidence and dangerous.'

He said there would be 'uproar in the patient and clinical community' if the NICE guidelines don't change in the light of the new evidence. For now, Professor Pariante said the implications of the paper are that some patients may need to have their drug dispensed in a liquid form during withdrawal, as it is difficult to break up tablets to minute doses. He said: 'Training for four-week withdrawal and for those who need longer to come off with a slower reduction in dosage has to become part of the skills of all mental health professionals, including GP's.'

ANNUAL GENERAL MEETING

Our AGM was held on Wednesday 3rd October at our usual venue, the British Aerospace Welfare Association (BWA) leisure centre in Southmead. Once again BWA waived the fee for our use of the wonderful premises. We would like to express our thanks to BWA once again for this kind gesture.

The guest speaker was Peter Kinderman. He is Professor of Clinical Psychology at the University of Liverpool, honorary Consultant Psychologist with Mersey Care NHS Trust, and is a former President of the British Psychological Society. He is the author of 'A Prescription for Psychiatry' and argues for radical change in how we think about mental health. He believes that mental health problems are fundamentally caused by social and psychological issues. He also believes that we should replace 'diagnoses'

with straightforward descriptions of our problems and shift away from the use of medication towards psychological and social solutions.

The title of his speech was 'A Manifesto for Mental Health' as he delivered a strong message that mental health was now an important political issue. Medication was not the main answer to these problems but we should look at the underlying causes and give appropriate alternative responses. The talk was powerful and thought provoking and was followed by a lively question and answer session.

TARGETS FOR 2019-20

1. To work towards securing long-term NHS funding for the Project
2. To raise £26,000 for the HOP scheme
3. To continue our existing helpline, withdrawal groups and counselling sessions and to try to increase client numbers in the outreach groups
4. To advertise our services to health professionals, mental health teams, pharmacists and voluntary sector organisations in the Bristol area.

Jayne Hoyle
Project Manager

Ian Singleton
Senior Project Development Worker

ACKNOWLEDGEMENTS

The Committee and Staff would like to acknowledge with gratitude the financial assistance to the Project of these organisations and individuals during the past year.

MAIN PROJECT CORPORATE FUNDING

Clinical Commissioning Group (Core Funding)
Linnet Trust
Lloyd Robinson Fund
Wessex Water

MAIN PROJECT INDIVIDUALS

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Christine Whiteman	Nicola Morris
Helen Keen	Victor Britton
John Caradas	Yvonne Steadman
Howard Kettle	Judy Clements
Margaret Young	Sue Roseff
Rob Mellors	Colin Payne
Annie Johnson	Helen Maxwell
Ursula Stickland	Estate of Eileen Holbrook
Dr Peter Beck	Angela Clayton

HELPING OLDER PEOPLE (HOP) SCHEME

Needham Cooper Charitable Trust
James Tudor Foundation
John James (Bristol) Foundation
Rotary Club of Bristol
Mr & Mrs P Drew
Polly Matthias
Sir Jules Thorn Charitable Trust

REVIEW OF THE YEAR 2018 - 2019

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Registered in England and Wales

Registered Charity No: 1104033

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