

# **BRISTOL & DISTRICT TRANQUILLISER PROJECT**

Company Limited by Guarantee No: 5126531  
Registered in England and Wales

Registered Charity No: 1104033



## **ANNUAL REPORT**

### **2019 - 2020**

## **REVIEW OF THE YEAR 2019 - 2020**

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Registered in England and Wales

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**Founder:** Valerie Stevens in 1985

#### **EXECUTIVE COMMITTEE/DIRECTORS:**

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Maureen O'Connor  
Anthony R Burton MBE  
Victoria Greenhouse  
Polly Matthias  
Valerie Stevens

Chairman  
Treasurer

#### **STAFF MEMBERS:**

Jayne Hoyle BSc, MSc, CPsychol  
Ian Singleton, BA (Oxon)  
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Patrick Winch LLB (Hons)  
Bianca Edwards

Project Manager  
Senior Project Worker  
Project Worker  
Project Worker  
Administrator  
Administrator

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## **Chairman's Report**

Last year I announced that I would be handing over the baton of Chairman to someone else but I am still here. I am not complaining – it is still a privilege to be supporting the Project.

Once again it has been a challenging year with sickness of staff, and our Administrator leaving. The Covid-19 Virus has also not helped with restrictions on how many members of staff can be in the office at one time, staff member over 70 years having to isolate and work from home of course, with face-to-face assessments and drop-ins being suspended. The outreach Groups in Southmead and Knowle have also been suspended for the time being. The helpline has remained available but with Jayne only in the office to manage it. Roy is also responding to helpline calls at home.

Jayne has been holding the fort in the office, doing administrative work, Company Secretary work, answering helpline calls and doing extra work at home. Jayne has also been responsible for obtaining funding for Helping Older People (HOP).

Bianca has continued to look after our financial affairs and liaise with our landlord and utility companies, whilst working from home. She is also an expert in sorting out problems with the telephone and computer systems.

On a good note we now have two more members of staff, Patrick who has replaced our former administrator, Janice, and is very experienced in this position and Rachel, who is our new Project worker who will help manage the helpline and apply for HOP funding.

I would like to thank Jayne for holding it all together during this very trying time. She has not only managed her own job but that of our Senior Project worker, Ian, together with sorting the requirements of Covid-19 and employing two further staff. Also my thanks also goes to Roy and Bianca for continuing with their work at home.

Jacquie Jones

Chairman

## **Our Organisation**

### ***Objectives***

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

### ***How we work***

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 and antidepressants 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 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 and antidepressants 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 and antidepressants 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.

### ***Our committee, staff & 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, antidepressants 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 Services**

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

# The Issues with Psychotropic Medications

## ***Benzodiazepines & Z-drugs***

- 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 2018 in England alone roughly just under half of these prescriptions were for z-drugs.
- Rates of prescribing are higher for women (1.5 times those of men) and rates generally increased with age.
- There has been a decrease in the prescribing rates for benzodiazepines and z-drugs (compared to an estimated 16 million in 2015).

Benzodiazepines were prescribed by doctors from the early 1960s, when they were unaware of the dependence potential. In 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 just over 2 million people in England taking benzodiazepines/z-drugs 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.

## ***Antidepressants***

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

- In 2018 70.9 million prescriptions for antidepressants were issued by community pharmacists in England. The number has been steadily increasing year on year with 64.7 million given out in 2016 and 67.5 million prescribed in 2017.
- Public Health England medicines review 2017-2018 report that 7.3 million people are taking antidepressants regularly.

- The cost to the NHS of antidepressants was £266.6 million in 2016.
- The Uppsala Monitoring Centre database has listed 3 selective serotonin reuptake inhibitors (SSRIs) antidepressants – Prozac, Seroxat and Sertraline – amongst the 30 highest-rating drugs for dependency.

These medications can cause side-effects and withdrawal symptoms that are as bad as those caused by benzodiazepines. 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.



## **Review of the Year 2019 – 2020**

This was another busy year for the Project with helpline clients once again phoning us in very high numbers. There were several changes with staffing, our administrator retired in March 2020 and we welcomed two new members of staff for administration (in April) and project work (in May). In March, in response to Covid-19, there were many changes to our services and our working practices.

### ***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. During lockdown we were able to continue with our meetings via Zoom. This was new to us so we would like to thank them for continuing to be available.

Jacquie continued as our Chair, expertly guiding us through Committee meetings and the AGM and we are delighted that she has agreed to continue as our Chair in these unprecedented times. Once again we would like to thank Mo for her good work as Treasurer and for all her support and advice. We would also like to thank particularly Tony and Polly for coming so regularly to meetings and for their helpful contributions.

### ***Staff and volunteers***

There have been many changes regarding staff this year. Most of these changes began from March.

Jayne continued as manager and undertook general management duties and 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, our senior project worker, has been on long term sick since January and all of his duties have been taken up by the manager, these are: continuing to run the Knowle outreach group, provide the annual statistical report for the CCG and working on the Annual Report with Patrick our administrator.

Roy has continued to be responsible for the Southmead group and was the designated worker for the HOP scheme.

Janice retired in March 2020. She will be greatly missed, and we wish her well in her retirement. She has since become a lifetime member of the Project and we continue to be in touch.

Patrick is our new administrator who began working with us in April. Our new Project Worker, Rachel, began working with us in May and will help manage the HOP programme with Roy, assist Jayne with fundraising, as well as manning the helpline.

### ***BTP response to Covid-19***

As of the 16<sup>th</sup> March, in adherence to Government guidelines regarding Covid-19, Bristol Tranquilliser Project had to suspend its groups, 1:1 crisis management, face-to-face assessments, and drop-ins. The only service that continued to run was our helpline.

Due to lockdown most staff were required to work from home.

- Roy (HOP Project Worker) commenced working from home manning the helpline for older adults from 1<sup>st</sup> April.
- Rachel began to look for funding for our HOP programme.
- Patrick started updating our databases and distributing information to relevant organisations and arranging the AGM.
- Bianca continued to look 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.
- Jayne continued to manage the helpline from the office, kept up to date with funder's reports and conference meetings and was also set up at home for any additional work.
- Tom our volunteer continued to do his duties at home and we thank him for his continued support.

In response to the pandemic and its effect on mental health services, NHS Bristol, North Somerset & South Gloucestershire CCG and Public Health created a Mental Health Cell focussing on assessing demand for mental health services, capacity to deliver and identifying risks. These have been divided into sub-groups and the Bristol Tranquilliser Project was invited to join the steering group at level 2 ('Moderate Mental Health needs in primary care'). The steering group met fortnightly via Zoom. The key role was to understand demand and capacity to deliver services, track and monitor changes, risks and issues, update, and report to the mental health cell. The outcome from these meetings was that service use had decreased across the board in mental health, however it was predicted that in the mid to long term there will be a spike in services in Bristol and the surrounding areas. This group put together a business plan to be submitted and reviewed by NHS England.

## ***Our Services & Outcomes***

### **(a) General**

- over the past 12 months we helped 248 clients by helpline, 20 at the Project, 6 at the Knowle group, and 5 at the Southmead group, a total of 279
- 17 of those seen at the Project commenced withdrawal (85%), as did all 11 of those in the outreach groups (100%) and 206 who were in touch via our helpline (74%). In total, 234 out of 279 clients commenced withdrawal (84%).
- 32% of clients seen face-to-face were referred by their GP, 65% were self-referred and 3% were referred by mental health teams.
- we had a total of 166 new clients during the year April 2019 to March 2020.

### **(b) Medication**

- 90 clients came off benzodiazepines completely
- 40 clients came off antidepressants
- 6 clients came off z-drugs
- 107 clients came off all their medication.

### **(c) Gender and Age**

- of the 248 helpline clients, 63% were female and 37% male
- of the 31 clients seen face-to-face, 65% were female and 35% male
- of the face-to-face clients, 23% were aged between 40 and 60, and 77% were 60 or over.

## ***Helpline***

The number of helpline clients was slightly less this year at 248. There was a marked change in the helpline as the country went into lockdown due to Covid-19. At this time, some clients did not continue their reductions and there was also a decline in new clients at this time. The helpline continued to run its normal hours and was manned by one member of staff in the office. Roy worked from home taking helpline calls from our older adults.

It is predicted that after the pandemic there could be a 30% upsurge in the use of our service once the crisis abates.

## ***Outreach Groups***

Ian ran an outreach group in Knowle until January at which point Jayne covered the group meetings 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. Roy continued to run the group in Southmead which is held on Thursday mornings in the New Brunswick Church Hall. It is intended to help the people of North Bristol. Both groups are very supportive group making good progress towards withdrawal by its clients and the interaction between clients is very beneficial. As usual, we wish more local GPs would make more referrals to these groups.

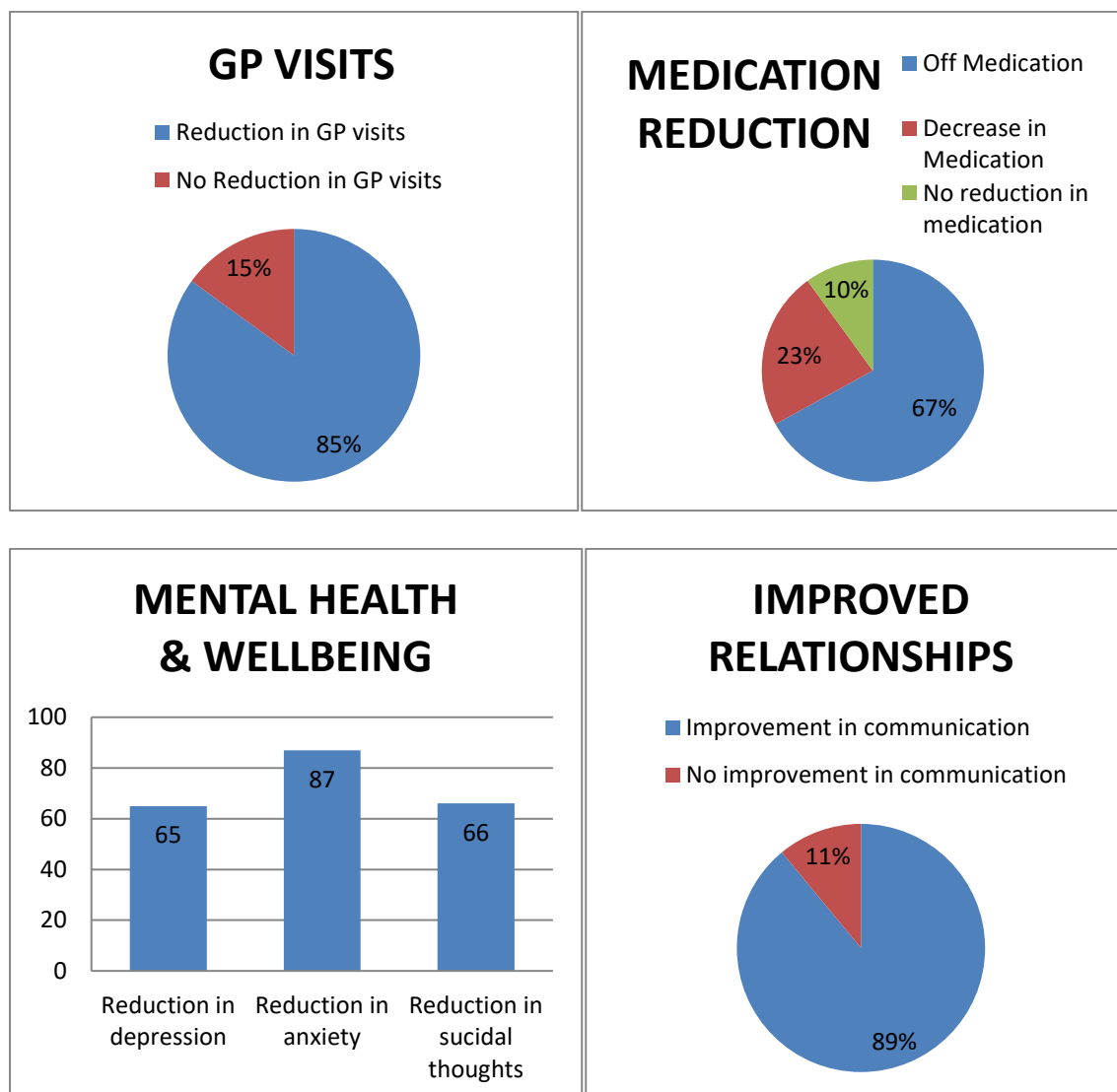
Due to Covid-19 groups were suspended, although group members remain supported by their group facilitator via the helpline.

### **Assessments, 1:1s and Drop-ins**

These continued to be available to clients who live within our catchment area and are held at our offices in Westbury-on-Trym. Clients are able to see any of our project workers or the manager for all these services. Due to Covid-19, all the above services were suspended, and these clients continued to be supported via the helpline.

### **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. From these graphs it is evident what a difference our service makes to the lives of our clients. There are less GP visits, most of our clients commence a reduction programme and come off their medication in this process, depression and anxiety decrease, there is an improvement in relationships and a decrease in isolation most will make a full recovery.



### **Feedback from clients**

Most of our clients feel that the advice and support provided by Bristol Tranquilliser Project has been life changing. Many do not believe they would be able to come off their medication without our support. This would mean more visits to the GP, continuing on medication and being unable to live full, independent and healthy lives. Feedback from clients include the following statements:

- *“There would be no-one to talk to at all if your service had not been available”*
- *“Without this service I would have stayed on medication with no hope of getting better”*
- *“There are hardly any services of this type in the UK and they are doing an excellent job with limited resources - their helpline is always busy!”*
- *“I would not have been able to understand my condition and how to cope with it”*
- *“I may have ended my life, not being validated or taken seriously is frightening and causes helplessness”*
- *“I may not have discovered the cause of my debilitating symptoms. I also experienced a lot of suicidal thoughts and feelings, the staff at Bristol Tranquilliser Project helped me to work through these and kept me safe and alive”*

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.

## **Funding & Donations**

### ***Main Project Funding***

Our core funding continued to come from the local Clinical Commissioning Group (CCG). This year we had a new Link Officer, Lindsay Cox, 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. Every donation is 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 decade and we remain hugely grateful for this invaluable support. We would also like to thank the Lloyd Robinson Fund and Wessex Water.

### ***Helping Older People Scheme Funding***

This scheme for older people continues 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 69 clients, 10 face-to-face and 59 by helpline. 75% were female and 25% 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: -

- Needham Cooper Charitable Trust
- John James (Bristol) Foundation
- James Tudor Foundation
- The Society of Merchant Venturers
- The Truemark Trust

These provided a total of around £25,600 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 previous years. We were extremely close to reaching our target of £26,104.

We are aware that raising funds for the HOP Project in this financial year will be harder to secure due to the current climate. We have found that a lot of funds that we would have been eligible for have been redirected for emergency use in the older adult sector due to the crisis.

### ***Funding Through Membership***

In addition to funding, we raise money from our membership scheme. Rates for the year were £35 for life membership and £10 for annual membership. At the end of the year we had 71 members, of which 44 were lifetime members, 11 annual members and 16 honorary members. In all, this raised £785 for Project funds during the year - £155 from membership fees and £630 from donations. We would like to thank all these members for their backing and financial support for the work of the Project.

## Education & visits

During the year, we have contacted all health centres (general practitioners, nurse prescribers and practice managers). We have also contacted all Mental Health Teams and Pharmacists in Bristol with our information and how they can refer their patients to our services. We also distributed our information to voluntary organisations. We were unable to do our usual distribution of leaflets to Bristol libraries due to temporary closure during the Covid-19.

We provided assistance to 6 GPs on withdrawal from benzodiazepines, other sleeping tablets and antidepressants.

In February 2020, we received a visit from two psychiatrists, Rani Bora (Somerset Partnership NHS Trust) and Pratima Singh (Hertfordshire Partnership NHS Trust), who were extremely interested in the work that we do. Rani is currently looking at conducting a study in safe prescribing and de-prescribing. Somerset CCG representatives are due to meet our Project later in 2020.

We visited the following organisations to advertise our services and distribute leaflets and posters in relation to our HOP scheme:

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
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## **Latest Developments & Reports for Psychotropic Medication**

### **Royal College of Psychiatrists change position**

In May 2019, the Royal College of Psychiatrists changed its position on antidepressant withdrawal. It issued a revised policy statement updating its guidance to doctors, and called upon the National Institute for Health and Care Excellence (NICE) to update its guidelines. Specifically, the College is calling for the following changes:

- There should be greater recognition of the potential for severe and long-lasting withdrawal symptoms on and after stopping antidepressants in NICE guidelines and patient information
- NICE should develop clear evidence-based and pharmacologically-informed recommendations to help guide gradual withdrawal from antidepressant use
- The use of antidepressants should always be underpinned by a discussion with the patient about the potential level of benefits and harms, including withdrawal
- Discontinuation of antidepressants should involve the dosage being tapered, which may occur over several months, and at a reduction rate that is tolerable for the patient
- Monitoring is needed to distinguish the features of antidepressant withdrawal from emerging symptoms
- Adequate support services should be commissioned for people affected by severe and prolonged antidepressant withdrawal, modelled on existing best practice
- There should be routine monitoring on when and why patients are prescribed antidepressants
- Training for doctors should be provided on appropriate withdrawal management
- Research is needed into the benefits and harms of long-term antidepressant use.

The Council for Evidence based Psychiatry (CEP) exists to communicate evidence of the potentially harmful effects of psychiatric drugs to the people and institutions in the UK that can make a difference. CEP provides the secretariat for the All-Party Parliamentary Group (APPG) for Prescribed Drug Dependence.

Dr James Davies, co-founder of CEP, says, “We welcome these changes in policy which, if acted upon, will help reduce the harm that is being caused to huge numbers of patients through overprescribing, inadequate doctor training and often disastrous withdrawal management. CEP calls upon the College to follow through with these demands, and help ensure that NICE guidelines in particular are updated to reflect the latest evidence”.

### **Public Health England report published**

In September 2019, Public Health England published ‘Dependence and withdrawal associated with some prescribed medicines: An evidence review’. The report



assessed the scale and distribution of prescribed medicines and made recommendations for better monitoring, treatment and support for patients. It used prescriptions data, literature review and reports of patients' experiences. A total of five classes of medicines were included in the review:

- benzodiazepines (mainly prescribed for anxiety and insomnia)
- Z-drugs (insomnia)
- gabapentinoids (neuropathic pain)
- opioid pain medications (for chronic non-cancer pain such as low back pain and injury-related and degenerative joint disease)
- antidepressants (depression)

The main findings include one in four adults had been prescribed at least one of these classes of medicines in the year ending March 2018; in March 2018 half of those receiving a prescription (of these classes of medicine) had been continuously prescribed for at least the previous 12 months. Between 22% and 32% (depending on the medicine class) had received a prescription for at least the previous 3 years; long-term prescribing of opioid pain medicines and benzodiazepines is falling but still occurs frequently – which is not in line with the guidelines or evidence on effectiveness.

CEP welcomed the report and highlighted the following recommendations:

- A 24 hour national helpline and associated website to provide expert advice and support, also acting as a resource for patients and doctors to support shared decision-making
- Updated clinical guidance as well as new guidance on management of dependence and withdrawal, and improved training to ensure clinicians adhere to this guidance
- Provision of better information to patients about risks and benefits of these medicines, as well as alternatives such as social prescribing
- Further research into the nature and severity of withdrawal, and the treatment of dependence and withdrawal, caused by prescribed drugs
- Appropriate support from the NHS for patients experiencing dependence and withdrawal problems, including dedicated support services
- Review of the training and educational resources for practitioners in relation to prescribed drug dependence and withdrawal

CEP and the APPG continue to work to ensure the implementation of these recommendations.

In November 2019, the government issued a press release committing it to a new addiction strategy including 'considering measures from the PHE review such as a new 24/7 support line for addiction advice on prescription medicines'.

### **What do experts say?**

Experts highlight the importance of these medicines, but balance this against the difficulties of withdrawal and the need to find alternatives. They also note the importance of addressing inequality.

The Chief Pharmaceutical Officer at NHS England, Keith Ridge, said: "As PHE rightly say, these medicines have many vital clinical uses and can make a big difference to people's quality of life. For some, their long-term use is clinically necessary, particularly antidepressants, which can take longer to have their full effect. But for many patients they may not be the best option, with talking therapies and social prescribing often more appropriate".

Meanwhile the Director of Alcohol, Drugs, Tobacco and Justice at PHE, Rosanna O'Connor, said: "We know that GPs in some of the more deprived areas are under great pressure but, as this review highlights, more needs to be done to educate and support patients, as well as looking closely at prescribing practice and what alternative treatments are available locally".

### **New guidance published**

In December 2019, in partnership with the leading psychology and therapy organisations, the APPG launched 'Guidance for Psychological Therapists: Enabling conversations with clients taking or withdrawing from prescribed psychiatric drugs'.

In February 2020, a team from University of East London (UEL) and Liverpool University launched a GP survey on patient's antidepressant withdrawal. John Read, professor of clinical psychology at UEL leading the survey, explained it attempts to better understand GPs current thinking about depressions, antidepressants and withdrawal. By understanding current practice, the survey seeks to understand what GPs may need – in the form of information, training or support services.

## **Annual General Meeting**

Our AGM was held on Thursday 3rd October 2019 at the British Aerospace Welfare Association (BAWA) centre in Southmead, Bristol. Once again BAWA waived the fee for our use of the wonderful premises. We would like to express our thanks to BAWA once again for this kind gesture.

The guest speaker was Dr John Read. He is Professor of Clinical Psychology at the University of East London. He worked for nearly 20 years as a Clinical Psychologist and Manager of Mental Health Services in the UK and USA, before joining the University of Auckland, New Zealand in 1994, where he worked until 2013. He is currently on the board of the Hearing Voices network, England, the International Institute for Psychiatric Drug Withdrawal and the UK branch of the International Society for Psychological and Social Approaches to Psychosis. He has published over 40 papers in research journals, and researches the opinions and experiences of recipients of anti-psychotic and antidepressant medicines. The title of his speech was 'Antidepressants: an Evidence Based Approach to Withdrawal.' This was very well received by the audience, and was followed by an interesting question and answer session from the floor. At the end of his speech, Janice presented him with a gift of Bristol Blue Glass to thank him.

## **BTP Targets for 2020-21**

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.
5. To work with other colleagues in the UK to highlight the need for services across the board and looking towards national support.

Jayne Hoyle  
Project Manager

## **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

### **HELPING OLDER PEOPLE (HOP) SCHEME**

Needham Cooper Charitable Trust  
John James (Bristol) Foundation  
James Tudor Foundation  
The Merchant Venturers  
The Truemark Trust

### **MAIN PROJECT INDIVIDUALS**

We would also like to thank all our clients who made donations to the Charity for their generous support.