

# zerb



## Mental Health Supplement



## When you need some support...

**CALM**  
 (Campaign Against Living Miserably)  
 Helpline: 5pm to midnight daily  
 0800 585858

**CTBF**  
 Freephone: 0800 138 2522  
[www.ctbf.co.uk](http://www.ctbf.co.uk)

**Find a psychotherapist**  
 in your area  
[www.psychotherapy.org.uk/  
 find-a-therapist](http://www.psychotherapy.org.uk/find-a-therapist)

**MIND**  
 0300 123 3393  
[www.mind.org.uk](http://www.mind.org.uk)

**Rory Peck Trust**  
 0203 219 7860  
[www.rorypecktrust.org](http://www.rorypecktrust.org)

**Samaritans**  
 24 hours daily  
 116 123  
[www.samaritans.org](http://www.samaritans.org)

**SANE**  
 SANEline 0300 304 7000

**Urgent medical advice**  
 NHS 111 or NHS Direct (Wales)  
 0845 46 47

The Zerb 'Mental Health' supplement was commissioned by the Guild of Television Camera Professionals (GTC). © Zerb 2018. Contact: zerb.production@gtc.org.uk



No one should have to face a mental health problem alone



Mind Infoline: 0300 123 3393  
[info@mind.org.uk](mailto:info@mind.org.uk)  
[mind.org.uk](http://mind.org.uk)

Registered charity number 219830



## Why have we produced this Zerb supplement?

**F**or a lot of my friends and colleagues, Thursday 4 May 2017 is a day we will never forget. We all woke up the following day to the extremely sad news that a beloved friend from the camera department had taken his own life the night before.

On the back of the order of service for his funeral, it read: "The funny thing is nobody ever really knows how much someone is hurting. We could be standing next to someone who is completely broken and we wouldn't even know it."

### Industry stresses

Many people think that working in the media is a glamorous job, hobnobbing with celebrities, attending lush after-show parties and flitting about doing arty-farty stuff – and to a certain degree it is. But it also entails hard, long hours, last-minute changes, long commutes, living in hotels, no social life, long periods away from your loved ones, not to mention the constant pressure to be the best and be liked, so that you will get your next job.

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Mental health problems MUST be talked about and people going through them need to know there are people there to support them... Mental health still carries a stigma and I had to think long and hard about telling you my story.

Sally Garrett

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Depression looks different to everyone. Pain is felt in different ways, to different degrees and provokes different responses. That said, if books had to replicate our exact experience of the world to be useful, the only books worth reading would be written by ourselves. There is no right or wrong way to have depression or to have a panic attack or to feel suicidal.

**Matt Haig, 'Reasons To Stay Alive',**  
Canongate Books Ltd

So it's no surprise that mental health issues and working in the media go hand in hand. Now, of course I'm not saying this is limited to people working in this field as mental health is as unbiased as the common cold, but since I work in the media and have suffered with depression myself, then that's what I am going to talk about.

I have read a few books and articles recently to try and understand depression, anxiety and stress a little better and the quotes and statistics reproduced on these pages are gleaned from these resources.

I am by no means in any way, shape or form a specialist on mental health problems but I do know that it is something that MUST be talked about and that people going through it need to know there are people there to support them, even if they don't understand it. Mental health still carries a stigma and I had to think long and hard about telling you my story in case it had any repercussions – but I'm not embarrassed or ashamed about this and I've always been very open.

### My story

Growing up, I had a 'normal' upbringing (normal – there are over 7 billion people in the world, each with their own normal, so what is my normal will certainly not be yours). My mum and sister have a degenerative eye condition that will make them go blind (they both use guide dogs now) but that never hindered my childhood; if anything, it only made me more aware of others' needs. I wasn't bullied in school and I enjoyed having a large circle of friends, although I did always feel I was the ugly one of the group – the one the boys would befriend merely to get to the prettier girls.

I first started to feel 'sad' when I moved to London to work at the BBC. I had worked in TV before, so I knew about the long hours in dark rooms and I wasn't afraid of hard work. But I felt a sadness growing inside me; I was tired all the time, stressed about money, stressed about trying to fit in, stressed about becoming an adult. I am a Scouser, so I had to endure all the usual jokes like "Mind your wallet and your car keys" but actually that didn't really bother me – if anything, I played up to being the loud-mouth stereotype. Certain people wouldn't have me on their crew because I was too loud and, even now, I know I will not get some bookings because of this. But being the loud-mouth clown allowed me to hide what I felt inside. I recently read that: "You can be a depressive and be happy, just as you can be a sober alcoholic."

I used to tell myself myself, "I am a good camera operator – and, even if I'm not, I can always practise to get better". So, when I perceived that other people were getting work over me, I reasoned that it must be because I wasn't a nice person. It's taken me a long time not to take it personally when my friends get booked and I don't.

### Trying different treatments

This sadness started to get worse, so I went to my doctor, who wanted to put me on anti-depressants. I didn't want this, so I started a course of counselling. I was given 12 weeks on the NHS. The sessions were on Thursday mornings and then I would go to work in the afternoon. I was extremely lucky to have an understanding camera supervisor, who said I was not to come in straight after the counselling but instead to miss the rig for the show and go to the local gym to swim for an hour instead. He had experienced

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One in five people will suffer from depression at some point in their lives and it affects twice as many women as men. But women are more likely to seek help and that is one of the reasons why suicide is the single biggest killer of men under 45 in the UK. Worldwide, men are three times more likely to kill themselves than women.

**Source: CALM**

depression first-hand and I will forever be grateful that he gave me the space and understanding to clear my head. Unfortunately, the counselling didn't work for me. I think this was because, at the time, I believed that people only really suffered from depression when something traumatic had happened to them and it hadn't to me, so I probably didn't really believe in it and give the counselling a chance to help. I stopped halfway through the course and went onto the anti-depressants, which was the situation for the next 7 or 8 years.

I still don't know what caused my depression, and I may never know, but through speaking to my family I found out that there were various family members on both sides who had experienced moments of 'unwellness' and mental health issues.

About 6 months before I came off the tablets, I went to see a mental health nurse, who swapped my medication (I was undergoing back surgery so was also on a lot of painkillers). I had a reaction to the new medication and felt like I was drunk every day, I couldn't walk in a straight line, my head felt foggy, I couldn't tell what was real or was a dream and went to the doctors three or four days in a row to tell them how unwell I felt.

### The lowest point

On the last day, when I was walking over the railway bridge to the surgery, I had a strong feeling that if I just went under the next passing train at least this feeling would stop.

This thought frightened me so much that I rang the doctor and he came to visit me at home. He said it was a reaction to the new medication and put me back on my original tablets. But it was there and then that I decided to try slowly to come off all the tablets and see if I could face the real world again. And I could. I had the support of a loving boyfriend (some days I don't know how he managed when all I did was stay in bed all day, eat and get very moody and cry, but he did and I love him for that). I also knew that I had friends and family who would be there for me at the drop of a hat.

That was a few years ago and I still have sad days and worries that the depression will come back, and I question whether I will be more prone to postnatal depression if I have children, but I take one day at a time and that works for me.

### Freelance pressures

For me an extra trigger to my depression was getting made redundant after being staff at the BBC for 11 years. I went from having regular work and income, with a close network of friends and colleagues, to constantly worrying about where the next rent cheque would come from and why everyone else seemed to be getting work before me. It seems I am far from alone in these feelings of vulnerability induced by freelance work (see also page 18).

In an online article for The Guardian, author Thea de Gallier says: "I am one of the estimated 4.6 million freelancers in the UK and, like many who dream of a career as a self-employed writer, I was seduced by the idea of working in rustic coffee shops, or from bed, with a cute fluffy dog by my side. The only thing I hadn't bargained for was the reality".

The article goes on to say how Thea de Gallier struggled with the lack of routine that freelancing brought: "As a depression sufferer, this was doubly hard to deal with. What was meant to be my dream job was collapsing around me in a vicious cycle of sleeping in late, scrolling through Twitter only to see other young freelancers seemingly having more

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Depression is an illness. Yet it doesn't come with a rash or a cough. It's hard to see, as it is generally invisible. Even though it is a serious illness it is also surprisingly hard for many sufferers to recognise it at first.

**Matt Haig, 'Reasons To Stay Alive',**  
Canongate Books Ltd

success than me, neglecting my diet as a result of my drop in confidence, and struggling to find pitchable ideas in the mire of my gloom."

Social media, although a brilliant tool, doesn't help either and can play a major part in adding extra stresses to our lives. Someone recently said to me that people only ever post the A-sides, never their B-sides! But when you are sitting at home for the third week running while others are checking in to various locations and studios, and posting photos of their wonderful lives, you can quite easily forget that all that social media has been put through an Instagram filter!

### 'Little Zerb' is born

At the time when I agreed to help Zerb Managing Editor, Alison Chapman, by guest editing issue 87 of 'Big Zerb', I was still coming to terms with the tragic loss of my cameraman friend and so wanted to dedicate my edition of the magazine to him. At first it was just going to be a couple of articles within the main magazine – but conversations with colleagues and our friends at the CTBF, and then our GTC Mental Health Survey (see pages 9–11), soon began to reveal the scale of this problem amongst those working in our industry, which seems to bring with it a wide range of work-related stresses. For anyone already suffering problems in other areas of their life, or generally prone to depression or other mental health issues through genetic or any other reasons, this can begin to build to an intolerable pressure.

So we decided to produce a whole supplement bringing together resources that we hope will help people to know that they are not alone in feeling the way they do, to explore some of the particular industry-related stress factors, and to reassure that there is help and support out there. And so, the Zerb Mental Health supplement (or 'Little Zerb' as we nicknamed it) was born. If producing this little Zerb extra helps even one GTC member to find some appropriate help, we will know we have done something useful.

“ Men in general are three times more likely to take their own lives than women. Things that rock confidence in early years can play a role, such as having been bullied or traumatised.

The Barber Shop ([www.thelionsbarbercollective.com](http://www.thelionsbarbercollective.com)) and Men’s Sheds ([www.menssheds.org.uk](http://www.menssheds.org.uk)) movements recognise men’s difference, providing spaces where men can talk with less pressure. Such initiatives are vital to suicide prevention.

Relationship breakdown and bereavement are well-known triggers for male suicide. The average age for divorce is 45, with middle-aged men more likely to live alone than ever before. Research suggests women tend to do better after divorce because they have acted as social glue in the relationship, and thus find it easier to maintain contact with friends and family. Without this glue, men can find they have fallen off the social radar at a time of loss and often perceived failure. Men’s same-sex friendships are more likely to wane after the age of 30, and men are often reluctant to reach out to old mates for support. Finding ways to help men maintain social bonds across the lifespan is vital.

**Jay Watts, July 2017,**  
writing about the suicide of Chester Bennington,  
lead singer of Linkin Park



# GTC Mental Health Survey results

To get some idea of the scale of the problem of mental health concerns in the camera department, **Sally Garrett** conducted an anonymous, entirely voluntary online survey of GTC members, which was later also opened up to a wider sector of colleagues through the GTC Facebook page.

206 people answered 8 questions

## The questions

1. What is your gender?
2. What is your age?
3. Do you know the signs of depression to look out for, in yourself or a friend/colleague/family member?
4. Have you ever felt depressed?
5. Have you ever sought help for your depression? If so where from?
6. Do you think the industry we work in contributes to your mental health wellbeing? If so, how?
7. Do you feel comfortable talking about mental health issues with your work peers?
8. To break the stigma surrounding mental health issues, would you be willing to write an anonymous account of your experiences with mental health? If so would you write a brief account below.

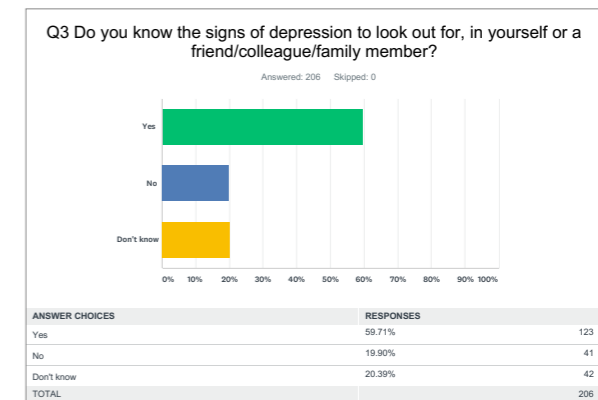
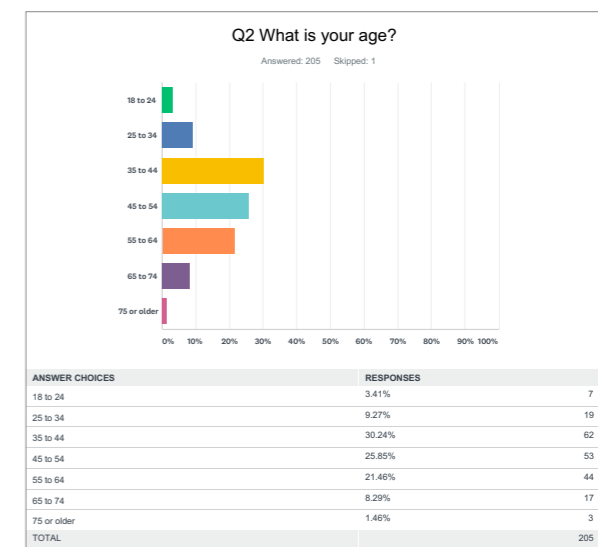
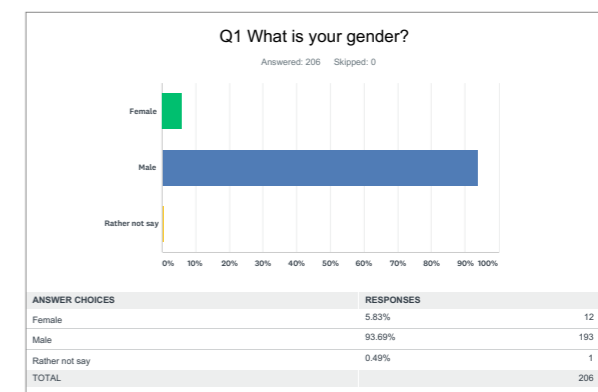
## The results

As expected, the majority of the survey answers were from men (Q1); after all this is still a very male-dominated industry but, as mentioned in the supplement introduction, this is also important as it is predominantly men who find it harder to talk about mental health issues. Hopefully, the results will help you see that, although a lot of people try not to show it, they may be in the same boat as you if you are struggling with a mental health issue.

The biggest killer of men under 45 is suicide. Coincidentally, the age range with the most respondents in the survey was 35–44-year-olds, closely followed by those aged 45–54 (Q2). The average age for divorce is also 45!

When asked if they know the signs of depression to look out for, a majority (59.71%) answered yes, but if you add the ‘no’s’ and ‘don’t know’s’, together, it is an alarmingly high percentage (40.29%).

Over 76% of the people who took part in the survey said they had felt some kind of depression (Q4). When asked what help they had sought (Q5), many said their doctor, a counsellor or talked to their friends, but the highest figure (over 40%)

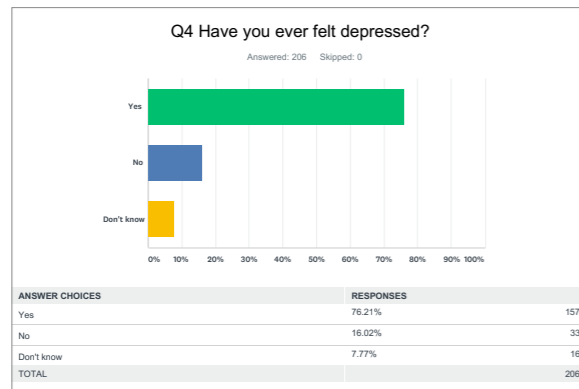


**BE IN YOUR MATE'S CORNER**

1 in 4 of us will fight mental health problems this year. So if your mate's acting differently, step in. #inyourcorner

Time to Change is run by Mind and Rethink Mental Illness, and funded by the Department of Health, Comic Relief and the Big Lottery Fund.

**time to change**  
let's end mental health discrimination



said they had done nothing, some even replying that they had resorted to self-medication with alcohol or drugs (which in turn might cause the depression to get worse).

I also asked what aspects of work people thought contributed to their lack of wellbeing (Q6) and, unsurprisingly, this was most commonly pressure to find work, long unsociable hours, working away from home, and long periods of not working. People also included the unstable, unpredictable lifestyle and competitive environment.

When asked if people felt comfortable talking to colleagues about their problems, nearly 50% said no, which surprised me and is worrying. As mentioned earlier, women typically tend to find it easier to talk their problems through.

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Losing or not having a job can be a factor. Eighty per cent of middle-aged men consider their job to be ‘very important’ or ‘important’ to their self-esteem. Being the breadwinner is central to masculine identity for this age group, connected with deep-seated beliefs about social rank, the capacity to find a partner and an idea that middle age should be the prime of life.

**Jay Watts, July 2017,**  
writing about the suicide of Chester Bennington,  
lead singer of Linkin Park

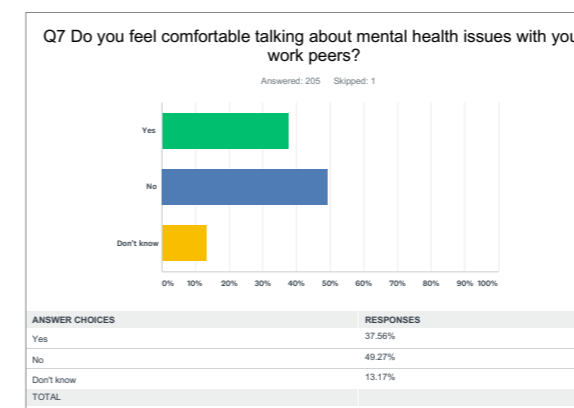
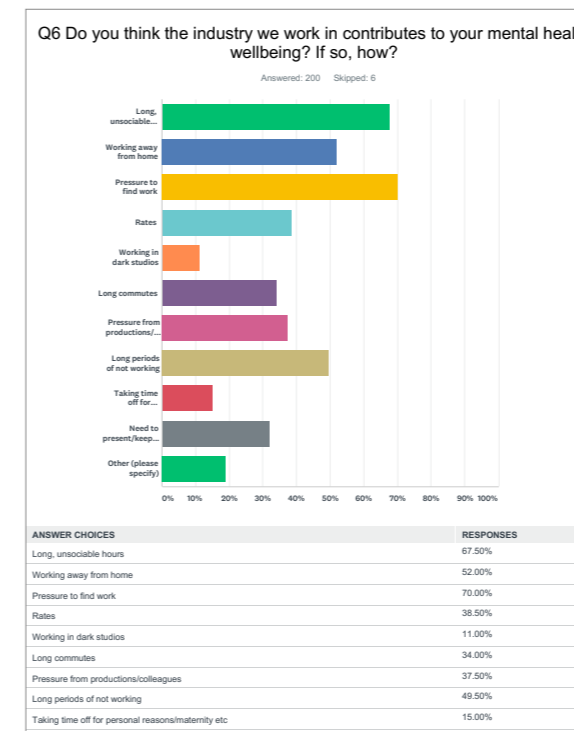
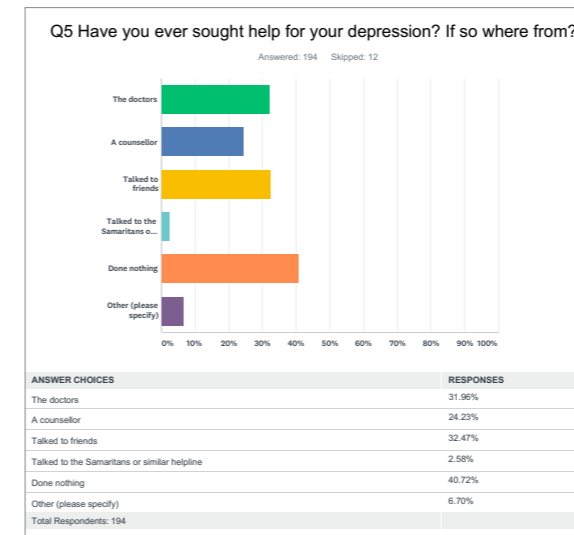
Finally I asked people to tell me their personal accounts if they wanted to (Q8). As this survey is totally anonymous, I am not using any of the stories but I wanted to look for any trends and themes that would emerge.

As it turned out, I could split most of the answers into two categories, the first being those suffering from Post Traumatic Stress Disorder (or PTSD – for more on this, see pages 14–15). It seems that quite a few of our colleagues have seen, or been part of, some very stressful events, whether through filming news or just being in the wrong place at the wrong time. I am not sure how fully news stations and productions appreciate that if you put someone on the frontline in a reporting capacity, then those images that are filmed will not only be printed for life on whatever recording medium is being used but also in the mind of the person behind the camera. I don't personally work in the news arena so don't have personal experience, but I can only hope that productions do look after their crews and offer counselling for those who are in the field. If not, then this is something that really needs to be looked in to.

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Women are more likely to interiorise their feelings, talk about problems, and seek support from friends and professionals. They are also less likely to attempt suicide using violent means.

**Jay Watts, July 2017,**  
writing about the suicide of Chester Bennington,  
lead singer of Linkin Park



The second category, although encompassing many different stories, does tend to keep coming back to the same underlying repeated stresses: long unsociable hours and working away from home undeniably can cause many problems with family and friends, particularly those outside our industry, whether this be divorce or not being there for

important family events or illnesses. In turn, this can lead to loneliness. Even when surrounded by other members of a crew, people feel that significant friendships cannot be formed in the short breaks between working. BECTU is currently looking into the problem of long hours for TV and film crews in its campaign #eyeshalfshut (see more at: [www.bectu.org.uk/get-involved/campaigns/Eyes-HalfShut](http://www.bectu.org.uk/get-involved/campaigns/Eyes-HalfShut)). The unpredictable nature of the job is also a big factor, including jobs being cancelled or booked at the last minute.

Long periods without work also have a knock-on effect on confidence levels, especially when seeing others constantly posting on social media about how busy they are. A few even likened this to being part of a ‘popularity contest’.

Many also feel that external pressures from productions to make do with shoddy equipment, work unsafely, and on impossibly small budgets contribute to the problem. The constant fear that there is someone cheaper and better than you out there doesn't help. One person mentioned that crews are viewed as just another piece of equipment to be used with no thought for the human being struggling to meet the demands. There was also mention of bullying from both peers and management. When people have told bosses they are struggling, they are often met with prejudice and feel as if they have been given no help.

Quite a few responses mentioned suffering from Seasonal Affective Disorder (SAD – see page 13).

It is no wonder that mental health is such a big issue in our industry, with all the pressures intrinsic to its typical ways of working only adding to all the ‘normal’ stresses and strains in our day-to-day lives.

# PROPAMANDA

NOUN. / THE CATALOGUE OF STEREOTYPES AIMED AT MAKING YOU A MANLY MAN, PROPER BLOKE, TOP LAD.

#MANDICTIONARY

**KEEPING MEN ALIVE BY TALKING**

76% of all UK suicides are male. You can talk to us.  
[www.thecalmzone.net](http://www.thecalmzone.net)

CALM is a registered charity in England & Wales no 1110621 & Scotland no SC044347

It's time to give a [redacted] about mental illness in young people.

Melanie C | Singer

WE SWEAR TO TAKE ON MENTAL ILLNESS. IF YOU SWEAR TO HELP.

Search MQ Mental Health to find out more.

MQ Transforming mental health is a company registered in England and Wales (Co number 7450051) and a charity registered in England and Wales (Charity number 1139110) and Scotland (SC044071)

## What can you expect if you go to see a counsellor/psychotherapist/psychologist?

The first stage in getting the support you need in order to cope with a mental health problem is recognising the need in the first place. Even then, many who are aware that they are suffering with such a problem, for which they really need some professional help, are unsure or even afraid of what this might entail. So, how do you recognise that you might be suffering from depression? What steps should you take next? And what kinds of therapy might be able to help, either within the NHS system or privately? Counselling Psychologist Dr Deborah Samson has kindly provided this overview.

### What is depression?

Causes of depression include life events (such as difficulties at work, lack of work, bereavement, separation) as well as poor sleep, diet and lack of exercise. It can also be experienced in conjunction with anxiety. Freelance media work entails irregular hours, often grabbing whatever food is available, a lack of structure that makes factoring in diet/exercise work-life balance more difficult, as well as anxieties around chasing, obtaining and keeping open enough work opportunities.

### What are the symptoms of depression?

These may include:

- Fatigue
- Sleep disturbance – too much or too little
- Anhedonia (loss of pleasure)
- Lack of libido
- Withdrawing from friends and family – a sense of isolation and being alone with your problems is an integral part of depression
- Tearful
- Feeling overwhelmed
- Inability to concentrate
- Agitated
- Self-critical
- Drop in confidence
- Suicidal/self-harm
- Unreal
- Unexplained physical symptoms
- Drinking/smoking/drugs/eating too much

**Severe depression** can lead to:

- Psychotic elements, i.e. paranoia or hearing voices
- Panicky feelings
- Tension
- Dread – the need to DO something to avoid something bad happening
- Worry about worry
- Reassurance-seeking behaviour/loss of confidence
- Ruminating
- Disassociating

### Useful links relating to depression

[www.nhs.uk/conditions/clinical-depression](http://www.nhs.uk/conditions/clinical-depression)  
[www.mind.org.uk](http://www.mind.org.uk)  
[www.getselfhelp.co.uk](http://www.getselfhelp.co.uk)

### What advice and medication are given for depression?

Talking therapies, in conjunction with anti-depressants, have been identified as the most efficacious route for depression, depending on how depressed you are. There are several types of anti-depressant – they do not take effect immediately and you may need to adjust the dosage type if you find it difficult to manage the side effects. Some people feel comfortable with medication whilst others do not – however, if you are seriously depressed, a finite course may offer an opportunity to lift your mood to the point where you feel able to engage in talking therapies and/or aspects of your life again. You may also be advised to engage in some form of physical activity every day, even if it is just leaving the house and walking around the block.

### Finding the right kind of therapy

Think about how you like to process things. If you are curious about understanding more about how you ended up feeling and reacting in the way you do, it may be that a psychodynamic or humanistic, interpersonal or existential approach will be best for you. If, however, you have more of a problem-solving nature and prefer to deal with more concrete issues, then CBT may seem a better fit for you.

### CBT

The National Institute for Health and Care Excellence (NICE) guidelines recommend CBT for depression and anxiety as this technique not only promotes awareness of what is happening to you but teaches you tools and tricks to help you manage the condition when you are no longer receiving professional help. CBT is a therapy that acknowledges where your struggles may have sprung from, but which concentrates on how you can manage the symptoms. You may also be interested in versions of CBT that use mindfulness, such as MBCT (Mindful-based Cognitive Therapy) or ACT (Acceptance and Commitment Therapy).

### How are you referred?

Your GP should always ideally be your first port of call – some symptoms of depression/anxiety may be an indicator of something physically wrong. The GP may refer you to the Improving Access to Psychological Therapies (IAPT) service, where you will be assessed. There are long waiting lists but the usual procedures are an online therapeutic cognitive behavioural therapy (CBT) course, group sessions and individual face-to-face therapy. Wait times can be long (years in some cases) and individual therapy is usually only available to the more serious cases and after group attendance. The GP may (and I stress *may*) have an in-house counselling team – this will be time-limited and may be free or relatively low cost.

### Private therapy

If these options are not available to you, or the IAPT wait is too long, you could seek private therapy. The safest way to find a counsellor/psychotherapist/psychologist is to use the registers on the websites of the professional bodies that represent them:

- **BABCP** (British Association of Behavioral and Cognitive Psychotherapies): [www.babcp.com](http://www.babcp.com)
- **BACP** (British Association for Counselling and Psychotherapy): [www.bacp.co.uk](http://www.bacp.co.uk)
- **BPS** (British Psychological Society): [www.bps.org.uk](http://www.bps.org.uk)
- **HPC** (Health & Care Professions Council – qualified psychologists need to be on this list to practice): [www.hpc-uk.org](http://www.hpc-uk.org)
- **UKCP** (UK Council for Psychotherapy): [www.psychotherapy.org.uk](http://www.psychotherapy.org.uk)

Word of mouth is also helpful, but do check the accreditation.

Things to consider are: whether the gender of the practitioner is important to you; if they are accessible to you; how often you want to see someone; and what type of therapy might be most helpful to you.

Of course, **affordability** will also be a consideration. Is the therapy covered by any health insurance you might have (most have lists of the kinds of therapy they approve)? If so, check that your provider acknowledges the particular therapist you wish to attend. Free/low-cost options such as MIND may involve seeing trainees, but these will be closely supervised by qualified and experienced therapists.

### What should you expect when you see a counsellor?

- **Some form of assessment** – this could either be a written questionnaire or verbal. If verbal, it should feel like a conversation rather than a stark Q & A session.
- **Clarity** – around e.g. the number of sessions, cost, how to pay, cancellation policies, how the therapist works, boundaries around meetings and contact. If you are often away from home for periods of time and will not be able to meet weekly/fortnightly etc., flag this up and explore how it could work. If not, they may know of someone who will be able to work in this way.
- **Privacy and confidentiality** – you should be made to feel confident early on that both privacy and confidentiality are priorities for the service/practitioner you are seeing.
- **Surroundings** – do you feel comfortable?
- **Availability** – is there a waiting list? Can you get appointments at short notice? How long will you have to wait? Long-term or short-term commitments.
- **How do you feel about them?** Be honest about how you are experiencing the session; if you really don't feel you can work with the therapist, tell them. Your discomfort may be around the fact that you are talking about difficult feelings and experiences, but you should feel safe and, if you do not, you need to allow the therapist to address this with you.
- **Understand what they can offer you and whether this is what you are seeking** – you may not know what you need but do recognize that this is not it. Do not be afraid to ask for recommendations – they will know other therapists and are ethically bound to help you.

# How can the Samaritans help?

Of the people who answered the GTC Mental Health Survey, 2.58% said they had sought help from a helpline such as Samaritans (see Question 5). Samaritans and similar helplines are mostly run by volunteers and **Sally Garrett** wanted to find out from someone who works there what is involved in becoming a Samaritan and what kind of advice they can offer.

**S**arah is a full-time teacher but has volunteered with the Samaritans for the past 18 months. "I'd been thinking about volunteering for a while and wanted to 'give something back'. As a family we have been personally affected by people taking their own lives and it was important for me to do something to support people emotionally, especially as so many people find it difficult to speak to loved ones."

Sarah described the training given to become a qualified volunteer: "The initial training was six weeks, involving lots of theory and role play around the different aspects of being a Samaritan. By the end of this period, we had been allocated a mentor who is a current Samaritan and I completed a number of joint shifts with my mentor. Initially, I listened to calls and

then took them with my mentor listening in. After each call we would debrief and discuss how I felt it went and whether there were things I would change about the call. After this we undertook shifts on our own but remained on a probationary period until we had completed the hours required. Training at Samaritans is ongoing and there are various things that you can sign up to depending on your particular interests and developmental needs. All the training is led by current Samaritans and all newcomers undergo the same rigorous training programme."

Samaritans deal with phone calls, text and email messages, and some centres offer a face-to-face service as well. Sarah explains how covering these services as a volunteer works: "I do on average four to five shifts a month. The Ealing branch of Samaritans currently has over 100 volunteers. There are always two people answering the phones when the branch is open, and on written-word shifts there are an additional two volunteers to answer emails and text messages. A normal shift consists of 3 hours and this could involve listening on the phone, answering emails or text messages, or speaking to people who have dropped into the centre. The number of calls answered depends on the nature and length of each one. The calls typically range from 5 minutes to one hour. On average, I would say I deal with three to four calls per shift. Every day of the week is extremely busy... the phones never stop ringing, although there is a higher volume of calls at the weekend, especially in the early hours."

Sally asked Sarah what advice she would give someone who rings saying they are depressed. "Samaritans never offer people advice. We offer emotional support and will encourage people to explore their feelings and their options with us, but we can never tell them what we think they should do. We are able to signpost to certain support agencies, but only if the caller says they would like the number."

Finally, Sally asked Sarah about how she copes with talking to people when they are at the lowest point in their lives. "In the moment I'm glad that I can be there to listen to the caller, as they need us. Debriefing at the end of a call is very important though; this might be with the volunteer you are working with or the shift leader. It's an opportunity to offload after a particularly difficult call – as Samaritans we never discuss calls outside the branch or with non-Samaritans. The emotional support that I have received after difficult calls has always been excellent – it's a very supportive community. Volunteering here has made me more considerate of the things that people might be going through that you cannot see, as well as helping with de-escalating the stress/anxiety levels of individuals."

If you need to speak to someone at the Samaritans, please see: [www.samaritans.org/how-we-can-help-you/contact-us](http://www.samaritans.org/how-we-can-help-you/contact-us)



**FOR ONCE, I COULD BE MYSELF**

Talk to us any time you like, in your own way – about whatever's getting to you.

**116 123** This number is FREE to call

**jo@samaritans.org**

**samaritans.org**

**visit us** – find your nearest branch on our website

**SAMARITANS**  
A registered charity

# Do you work long days in dark studios?

**Sally Garrett** explains the link between Vitamin D deficiency and depression.

**I**f the long days, pressure to find work and unsociable hours aren't enough, people who work in dark studios are also more susceptible to Vitamin D3 deficiency.

Vitamin D is also known as the 'sunshine vitamin' and is essential for keeping bones strong and healthy, helping cells to grow and our immune system to function.

Lack of Vitamin D has also been linked to depression. Researchers have found that the Vitamin D receptors in the brain are in the same areas associated with depression. A research article published in The British Journal of Psychiatry in 2013 noticed that, in a study, participants with depression also had low Vitamin D levels and the same analysis found that, statistically, people with low Vitamin D were at a much greater risk of depression.

D3 is mainly absorbed through exposure to sunlight, so for those of us that regularly do 10 hours a day in dark studios this is not great news. It can, however, also be absorbed through certain foods, such as fish and animal fats.

I was diagnosed with Vitamin D deficiency at the tail end of my depression and was told by my doctors I should take supplements from Autumn to Spring in order to compensate for the lack of sunshine during the darker months and also to make up for the amount of time spent in the studios.

“Lack of Vitamin D has also been linked to depression. Researchers have found that the Vitamin D receptors in the brain are in the same areas associated with depression.”



Symptoms of Vitamin D deficiency include achy bones, muscle and joint weakness or pain, drowsiness and fatigue, as well as some of the symptoms of depression such as sadness, insomnia, lethargy, forgetfulness, anxiety and lack of concentration. If you feel any of these symptoms, it is important that you make an appointment to see your doctor.



**SANE's three main aims are:**

- 1 Raise awareness and understanding, combat the stigma surrounding mental ill-health, and fight persistently to improve mental health services.
- 2 Provide emotional support and specialist services through its helpline, SANEline, Caller Care, Textcare and Support Forum.
- 3 Promote and facilitate research into the causes of mental illness, thereby maximising the effectiveness of treatments and therapies.

The charity campaigns to promote greater understanding and acceptance of mental illness and give a voice to those affected by it.

**SANEline 0300 304 7000 (4.30pm to 10.30pm)**  
[www.sane.org.uk](http://www.sane.org.uk)

# The loneliness of Post Traumatic Stress



Former news/documentary sound recordist **Andy Cottom** knows first-hand the problems of PTSD and now works as a psychotherapist and trauma counsellor.

The T-shirts used to read “PTSD – Don’t leave ‘Nam without it”. In the 1960s, PTSD was the newly coined acronym that described the mental health problems shared by thousands of young men who were coming back from their year of combat in Southeast Asia. Intended or not, the irony was that Post Traumatic Stress Disorder or PTSD, meant that it was impossible for them to leave Vietnam. Decades later, through flashbacks and nightmares, those men, now in their 60s and 70s, are still living the same experiences they went through 50 years ago.

I worked as a sound recordist, first in television news and then on documentaries covering conflicts from Beirut to Bosnia, Nicaragua to Iraq, before retraining as a psychotherapist specialising in PTSD and the trauma caused by war and violent crime. The people seeking out my assistance are often ex-military (usually frontline infantry), police officers, aid workers, reporters and camera professionals. Those of us who witness the chaos of war are always susceptible to the wounds it can inflict – damage to the body and/or to the mind. The word ‘trauma’ is derived from the Greek word

for ‘wound’ and my work involves an investigation of how a mind has been wounded and, more importantly, why.

### Is this normal?

PTSD is a way of looking at the similarities in the behaviour of people who have experienced extraordinary events but it considers the symptoms exhibited by them rather than what might have caused those symptoms. It is also an attempt to validate each individual’s reaction to what he or she has been through: if someone else has the same symptoms as me, then at least I feel reassured that I am not on my own.

One of the most prolific symptoms of PTSD is the profound sense of isolation. The statistics on the number of suicides in ex-service people suffering from abject loneliness is truly harrowing. The most common question I hear in my consulting rooms is “Is it normal?” – although the question may be variously wrapped up as: “Is it normal that I can’t stop thinking about..?” or “My partner thinks I am behaving strangely.” These people want to share what they have been through with someone – it’s just a matter of finding the right person.

### Keeping it to yourself

I remember returning home after a few months in the Middle East and feeling unable to talk about what I had seen, heard and smelt in the suburbs of Beirut. I worried about interrupting my friends’ conversations about mortgages and the latest movies they’d seen by talking about death and dismemberment. I censored myself for fear of destroying my loved ones’ faith that the horrors I had witnessed didn’t really exist.

So there is a tendency only to speak of your experiences with those who have stood next to you when they happened. It feels bizarrely good to know that other witnesses have intrusive dreams and also wake up each and every night screaming, that they too always walk down a street checking for sniper positions or IEDs, and that they duck down under cover at any loud noise as well. It was comforting to know that I was not alone in my incessant churning over of memories and that my colleagues could also still smell the stench of that mass grave when they put their heads down on their pillows.

### Stop ‘manning up’

But even when we talk with our colleagues, there is a tendency not to admit to just how scared we actually were. Although there is a taboo in many of the elite military units and even in the press corps not to discuss emotions, this is not just machismo. It is hard to shoot a rifle or a news story with tears in your eyes. So we find ways to keep the emotions at bay until it is safe not to do so any more, defending against being overwhelmed by them while getting on with the job in hand – or by ordering another bottle of wine. Only too often this deferment goes on for years, so I have clients who are veterans from the battle of Goose Green opening up about it for the first time, 35 years later.

And with ‘mental health’ frequently stigmatised as ‘mental ill health’, there is a danger that you have to think you are mentally ill or ‘mad’ before reaching out to a ‘mental health care professional’. The medical approach by which symptoms are assessed, a diagnosis given and a cure hoped for can support the idea that there is something wrong with you or that you have somehow ‘caught’ PTSD because you are in some way different from all the people who didn’t. Being different can feel shameful and shame can lead to isolation.

### Looking for causes not just symptoms

The client of a colleague of mine once commented: “Why does everybody always ask what’s wrong with me? Why don’t they ask what’s happened to me?” Psychotherapists and counsellors like to ask this second question. It isn’t enough for us to know how you are feeling; we want to find out why you feel like that. Why are you affected by what you have just seen in South Sudan, or what you witnessed in Syria five years ago when no one else seems to remember?

Each individual has their own unique story. What might be shocking for one person could be considered an everyday occurrence for another. It all depends on your past experiences – not just how many times you have worked in a hostile environment but your upbringing, your parenting, your schooling, your relationship with your loved ones, your sense of self-worth and a myriad of other influences.

Trauma therapy helps you speak your own individual narrative, helping you understand why you are susceptible to certain emotional wounds when others are affected by different ones. We cannot promise that your experiences will

fit into a neatly ordered teleology – after all, chaos thrives in war. But perhaps talking to someone like me might help you to accept that some things happen for no logical reason and to stop trying to make sense of them.

### Contact

**Andy Cottom** is a psychodynamic psychotherapist and trauma counsellor working at Westminster Therapy Associates, the group practice he founded in 2010. He is the Chair of the Council of Psychoanalysis and Jungian Analysis, and a Trustee of the UK Council for Psychotherapy.

For more information, please visit:  
[www.westminstertherapyassociates.co.uk](http://www.westminstertherapyassociates.co.uk)  
 or search for a therapist in your own area through:  
[www.psychotherapy.org.uk/find-a-therapist](http://www.psychotherapy.org.uk/find-a-therapist)

The **Rory Peck Trust** provides assistance grants for freelancers in need of counselling for trauma and PTSD-related issues. For more information see: <https://rorypecktrust.org/freelance-assistance/Assistance-Grants>

Contact: [assistance@rorypecktrust.org](mailto:assistance@rorypecktrust.org)  
 Tel: 44 (0)203 219 7867  
 Website: [www.rorypecktrust.org](http://www.rorypecktrust.org)

## SUPPORTING FREELANCERS BEHIND THE CAMERA

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# Looking after your mental health

The GTC has been pleased to collaborate with the **Cinema and Television Benefit Fund (CTBF)** in recent years, by supporting the charity with donations from GTC Awards Day raffles and publicising their many great fundraising events throughout the year. We know that many GTC members have benefited over the years from the appropriate and caring support this industry charity offers. To date this assistance has focused mainly on helping those working in the industry who are already suffering hardship due to a variety of reasons, with a growing number of these cases relating to mental health issues. Now, in an inspired initiative, they are setting out to try and help before the problem gets too bad rather than picking up the pieces. This spring, they will launch a new Film & TV Support Line, which will offer support on many industry-related stress factors that can, in turn, lead to mental health problems developing or being exacerbated. **Tracey Mullins** explains the problem and the new initiative.

In recent times the subject of mental health has repeatedly hit the headlines. Over the past year, celebrities, royalty and politicians have been tripping over each other to 'come out' with their experiences of everything from depression and anxiety, to addiction and panic attacks.

The positive impact of these 'celebrity revelations' cannot be overstated. Barriers are coming down and prejudices about mental health issues are being challenged. Most notably, perhaps because we're not used to members of the Royal Family speaking about their feelings in this way, Princes William and Harry have both spoken movingly about their struggles with bereavement and the devastating impact the loss of their mother had on their lives. Prince Harry described how bottling up his feelings of anger and sadness, for almost two decades, resulted in chaos in both his professional and personal life and how this left him with feelings of anxiety. It was only when he finally sought counselling, almost two decades later, that he started to deal with his grief.

## Talk to someone

When you're struggling to cope with major events in your life, such as death, divorce, redundancy or financial difficulties, which may be causing you mental health problems, talking to someone sympathetic is the key to finding appropriate help. Or, it could be that none of these events has happened to you but you still feel sad and unable to find joy in life. You may be suffering from anxiety and not know the cause, or perhaps you are unable to sleep or feel you just can't face the world. Feelings of sadness may have taken over your life to such an extent that you are in a state of despair. But who do you talk to? Who can you trust? Those closest to you: husband, wife, partner, adult children, or friends, may be your best first port of call as these are likely to be the people with whom you feel 'safe' – but equally they may be the hardest to talk to about such feelings.

“

I am a person.  
See me, not  
the illness.

## Respect and support

Revealing your feelings to another person may give you some relief and help you to feel that you are not alone and that you have someone to support you on the road to recovery or management of your condition. Just the act of admitting out loud to another person that you're not feeling fine and that you need help, may move you forward.

But perhaps you can't even contemplate sharing your issues with those closest to you for fear of being judged, shunned or not taken seriously.

Anyone suffering with a mental health problem is entitled to respect and has a right to expect their illness to be taken seriously. If, however, you are unlucky enough not to get the support and respect you need from the first person you tell,

don't give up. Never forget that you are entitled to speak to people who are not going to belittle your feelings and fears, and are ready to listen and respect your right to acknowledge your feelings.

## Make an appointment with your GP

Your next step is to make an appointment to see your GP as soon as possible. Even if you are able to share your feelings with someone close, you should also consult your doctor for advice on what to do next. Friends and family can be a first great response in helping you to feel that you're not alone, but they may not know how to help you move forward or where to seek professional help. Your GP may:

- Make a diagnosis.
- Offer you support and treatments.
- Refer you to a specialist service.

## Find out what help is available

You could also go online and check out MIND ([www.mind.org.uk](http://www.mind.org.uk)), the leading mental health charity, or call their free helpline for advice: 0300 123 3393. MIND has a comprehensive website, which describes the various symptoms of mental health illnesses and this could help you identify your particular problem(s). The website gives details of the characteristics of such things as anxiety and depression, drug and alcohol addiction, self-harm, dementia and schizophrenia. Make a list of the symptoms with which you identify, so that you can take it with you when you see your GP. Be as open as you can with your doctor and try not to make light of your suffering. MIND also provides guidance about taking those first steps to get help; where to go and who to call.

## Finding help when it's an emergency

If you ever feel that you've reached a crisis point and you need to see someone urgently because you may do harm either to yourself or others, or have suicidal thoughts that you think you are likely to act upon, then you are experiencing a mental health emergency. Treat this as seriously as you would a physical health problem. The quickest route to receiving help is to go to a hospital Accident & Emergency department. If need be, call 999 and ask for an ambulance to take you there. It is a good idea to take someone with you for support, if you can, as you may have to wait a while to be seen once you arrive. If, however, you need urgent support, but there's no immediate danger to your safety or the safety of others, an emergency GP appointment is an alternative option which you should be able to arrange by calling your local GP surgery. If you need urgent medical advice, you can call: NHS 111 or NHS Direct (Wales) 0845 46 47.

## Listening service

It may be that having immediate access to someone who can listen to you talking about your feelings is the best course of action for you. If this is the case, you could call the Samaritans on: Freephone 116 123 as they are available every day of the year for 24 hours a day. Listeners may be able to help you make sense of your situation and work out possible solutions and provide you with non-judgemental support.

## Film & TV Support Line

Easier access to people who can give you immediate advice and support, or who can signpost you to the help you need, is the idea behind the Cinema and Television Benevolent Fund's proposed launch of its new Film & TV Support Line this spring (2018). This Freephone support line will be available to those working in the Film and Television industries. The service will offer counselling and legal support, and give follow-up advice on: debt, money management, harassment, bullying, and so on – all events and experiences in life which may trigger or exacerbate mental health problems. We can offer financial support too if criteria are met for a variety of situations. For instance, if you are unable to work due to health problems, including mental health issues, we may be able to provide financial support until you get back on your feet.

Jane (*name changed for privacy*), a writer and producer, suffered from mental health problems after a series of events led her into a downward spiral. Commenting on the support she received from us she said, "The CTBF were there for me when I was facing some of my darkest days. They helped me get back on track and allowed me time to piece my life back together again... If you are facing mental health issues, and need support or advice, please contact the CTBF."

To meet our criteria for receiving funds and/or additional support, you need to have worked in the Film and/or Television industries for at least two years (not necessarily consecutively). Contact us on Freephone: 0800 138 2522.

# Surviving self-employment

## – key points on managing your health

For over 90 years, the CTBF has been the leading charity for the Film and Television industries. As such, we are only too aware of the challenges that people face as self-employed operators, who may experience frequent periods of being 'in between' projects, and the stresses and strains of the work involved. It is important to protect yourself from the pressures you may face and to look after your mental health.

### Areas that may trigger stress

**Managing your time** – Being able to say 'no' helps you manage your workload. If you never know where your next job is coming from, you may feel under pressure to accept all the work that comes your way. Bear in mind that it is important not to become overwhelmed by too many projects. You may have to turn some work down in order to manage your time.

**Uncertainty** – When you first become self-employed you need to be prepared to cope with things being more uncertain. There may be more work at certain times of the year and less at others. It may be that you are offered work and then for some reason it doesn't go ahead.

**Financial pressure** – It's all down to you to earn the money. If work isn't coming in, then stress levels can rise if there's a problem with paying the bills. You also need to keep on top of your accounting if you don't have an accountant.

**Potential burnout** – There is so much to do when you first start a business you may find that you overwork and become susceptible to 'burnout'. Burnout is a state of emotional, mental and physical exhaustion caused by excessive and prolonged stress. It may occur when you feel overwhelmed, emotionally drained, and are unable to meet constant demands.

### How to deal with stress when you're self-employed

**Learn how to manage your time** – Using 'to do' lists and planning your day the night before can help you manage your workload. Using time management software/apps, which allocate a certain amount of time daily to each project can also be useful. Try and plan your week. Don't forget to find time to relax. Take breaks when you can and make sure you have a slot available for lunch.

**Work/life balance, prioritise self-care** – You may feel at first that you have to work all hours to make your business

a success. Make sure you build in time to look after yourself by spending time away from your business doing things you enjoy: exercise, meditation, pursuing a hobby, and spending time with family and friends. If you become physically and mentally exhausted, you will not be so effective at managing your business.

**Get outside** – During those periods when you have less work, or a gap between projects or assignments, make sure you get out of the house, even if this means taking your laptop with you and sitting with it in a coffee shop. Build some exercise into your day. Go for a walk. Being at home alone for long periods of time can make you look inwards and your worries may get out of perspective.

**Get on top of your accounts** – Ideally, hire an accountant to do your tax return. When you first become self-employed you may not have the money to do this, so make sure you keep all your receipts for your expenses (travel, supplies, etc.) and also keep on top of printing out your invoices. Keep a spreadsheet and make sure you record your income and expenses each month instead of leaving it all until the end of the year, which may cause you more stress.

**Delegate** – When you're self-employed, you're the Jack or Jill of all trades: marketing, accounts, HR (if you have employees), IT, branding, etc. You may not be good at everything, so try to outsource tasks you don't enjoy or aren't particularly good at. Hire a social media manager to help you build your social media presence at the beginning and then learn how to do it effectively yourself. Don't waste a lot of time creating a website if it's not your area of expertise. Having a website designed for you needn't break the bank.



THE UK CHARITY FOR CINEMA | TELEVISION | FILM

Your mental health is as important as your physical health. If you think you are experiencing a mental health problem, make 2018 the year you seek help.

The CTBF can be contacted on:  
welfare@ctbf.co.uk  
0800 138 2522



## Did you know the GTC has a Welfare Officer?

A message from **Chris Yacoubian**, GTC Welfare Officer

I wanted to take this opportunity to introduce myself to any of you who don't know me, in this brilliant Zerb supplement put together by Sally Garrett.

My name is Chris Yacoubian, and I am the volunteer Welfare Officer for the GTC. I also serve on the Penlee RNLI Lifeboat in Cornwall and am a trustee of a local Charitable Community Youth Centre where I live, as well as being a busy DoP.

I have a large amount of experience in many areas of our complicated and sometimes very stressful business and feel blessed to be a part of it – however, I have also had a very difficult time in my past, losing close friends and family to disease, whether that be of the mind or body, plus I am thankful on a daily basis for the fact I survived a very aggressive cancer, which wiped me out for a number of years.

During those pitch-black times, many fears raised their ugly head: the possibility of losing my fight with cancer, or of losing my darling partner Camilla, who never wavered for a second in keeping me alive and positive; never working again if I did make it through; how to pay the bills when unable to work; the fear that no one would use me after cancer as they might feel I was too weak or out of touch.

I was lucky enough to have a huge amount of family support,

plus the incredible care I received from the medical team in Cornwall and Macmillan charity. Lastly, and very importantly to us all in this industry, the CTBF came to our rescue and helped us through financially. I cannot stress enough how important the CTBF is to us all – the way they treated me and understand our odd lives as freelancers, is beyond incredible: a very human and sensitive approach. Their plans to create a new hotline where we will all be able to turn are inspired – and I want to be a part of that process if I can possibly help.

As I have witnessed myself through my medical history, and also through experiences on the lifeboat, especially "shouts" for missing vulnerable persons, not everyone is as lucky as I was to have these levels of support to get them through the dark times. As Sally says, we are perceived to have a glamorous job, leading enviable lives, but in fact it can be excruciatingly lonely for some, leaving many feeling unwanted or vulnerable. Sally also reminds us: "It's OK not to be OK". We all need to hear that – so please do talk to someone if you need to.

My email is [chris.yacoubian@gtc.org.uk](mailto:chris.yacoubian@gtc.org.uk). I am here for you all if I can be of any help in any way. I promise to listen, help if I can, point you in the right direction if not – and always in total confidence.

The UK's film & TV industries charity,  
providing you with support, advice and  
financial assistance.

Get in touch:

Freephone 0800 138 2522

[welfare@ctbf.co.uk](mailto:welfare@ctbf.co.uk) | [www.ctbf.co.uk](http://www.ctbf.co.uk)

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