

Health & Living

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Ask the therapist

My good friend's boy bites and kicks my son and I need help to sort it out...

Psychologist

Allison Keating on your dilemmas *Page 33*



+ **Nina Byrnes** Is perimenopause real, or just a marketing gimmick? *Page 31*

David Coleman
My three-year-old
is having huge
meltdowns

Audrey Kane is happy
with her progress so far
PICTURE: DAMIEN EAGERS

'I've lost nearly 10kg — but can I keep it going after spinal surgery?'

ALITTLE over a month into my new plan and I was feeling great! Now don't get me wrong, my passage to improved health had been far from been plain sailing — sure where would the fun be in that? Like any big change, it came with challenges and heading into surgery was definitely the one that loomed largest.

You may recall in my last update, I was congratulating myself, perhaps a little prematurely, on my 'gin and sparkling water loophole'. Turns out, like most things, if it seems too good to be true, well, it usually is. God I hate it when the professionals are right and you're wrong.

The problem with looking for an escape clause when changing your attitude to food and alcohol is that reality always catches up on you. And besides, this is something I signed up for — *willingly* — so why would I self-sabotage? I guess that just the human in me and it'll take time to unlearn years of bad habits.

Now while I was no longer craving sugar, I still found

As she continues her midlife fitness column, journalist **Audrey Kane** (47) is delighted with her weight loss and the spinal countdown is finally over. But as she heads into week seven, there are still plenty of challenges ahead

myself yearning for something to snack on when having my weekend tittle — celery sticks just weren't cutting it, especially as my other half sat happily munching away on his crisps — *insert evil side-eye emoji*. So in order to get complete control over my food decisions, I said goodbye to alcohol, to allow myself to focus fully on the task ahead.

In any event, I had bigger things to be concerned with; my spinal fusion operation was imminent and I was determined to hit the target I had set myself — which was to lose a stone. I wanted to go into the operation in as good a shape as possible and to be mentally prepared for coming out on the other side. Six weeks at home recovering would be no joke — I find it hard to sit still at the best of times, so this was going to be the big daddy of tests.

Alongside cultivating a healthier me both mentally and

physically, I was also preparing our home for my impending house arrest. Grass was cut, beds were changed, bins emptied, dog walked (lots), handy grab stick purchased and of course I absolutely had to finish painting the wooden fence panels in the garden... and I wonder why I have a painful bulging disc requiring surgery.

The two weeks leading up to the operation went by quickly. I started my exercise programme three times a week at home. My nutritional therapist and personal trainer, Daniel Meany, devised a plan based on my back problems; he sends videos of the exercises via an app called *Trainerize*, which will track all my progress in real time.

To be honest, I was slightly concerned about my fat and weight loss results going forward. I wouldn't be able to

MIDLIFE HEALTH FROM PAGE ONE

‘The change in just six weeks is simply amazing’

exercise for the six-weeks post-surgery and beyond, with the exception of a little walking. But the Elate team reassured me that plenty of clients cannot exercise for various reasons and still manage to achieve great fat loss results.

Encouraged by that news, I got the wobbly bits out and uploaded my pictures to *Trainerize*. It compares the snaps side-by-side from previous weeks and it's then you realise the point of this necessary evil. You start to see even the smallest difference in body fat. It's also great motivation to keep

‘The operation went really well and a small deviation involving post-op tea and buttery toast (delicious) did not throw me completely off track’

going. While some weeks you don't lose weight (explained in the panel), you lose inches and this is something that struck me. I can see myself shrinking little-by-little. At the start of the process, you try on a 'goal' item that no longer fits you (choices, choices)

and at the end of six weeks mine fitted, along with the other rascals tucked down the back of the wardrobe.

At the same time that I started the exercise programme I was also feeling a lot better about my food choices and expanding my meal menu. With dark chocolate also on the approved plan (anything above 80pc cocoa) I'd been allowing myself two squares every evening and it definitely helped to keep me off the ledge. Also for the sake of a decent cuppa I gave up on the almond milk and reverted to slimline — some things you just don't mess with.

As I was now a few weeks into the programme I was partak-



The difference from week one (above right) to week six

ing in group challenges, where I aimed for 'lean days' which will help the fat come off quicker. On these days the fats are under 20g which initially proved to be quite tricky. But I found opting for lean choices like prawns or chicken, with a small amount of fat and a lot of protein, meant I could still have my two squares of dark chocolate a night... this is not a loophole, honest.

Intermittent fasting was also going on in the group — this terrified me — in my head it simply translated as hunger and I get angry when I'm hungry. When I chatted to the team about it, we decided it was best not to start anything new until after I got home from the operation. Music to my ears and stomach, as I knew it would take all my willpower to just stay on track being at home all day during recovery.

The day of the operation finally arrived and after years of battling excruciating back pain, I was ready. I was anxious, but mentally and physically prepared. Not only had I managed to hit the weight target I had set myself pre-surgery, I'd surpassed it.

And the weight-loss is not just superficial either. To help you recover from the operation and reduce the risk of complications, it helps if you're as fit and healthy as possible before surgery. Even getting out of bed requires a special technique — known as log-rolling — to avoid twisting the spine. So not having the extra weight really helped.

My surgeon, Prof Joseph S Butler at the Mater Private Hospital Dublin also advised weight-loss during one of our early consultations. The Mater is the only hospital in Ireland to offer the latest in robotic-assisted surgery to patients with spinal stenosis (compression) or spinal instability — so I

knew I was in good hands and happy to heed any advice that came my way.

The operation went really well and a small deviation involving post-op tea and buttery toast (delicious) did not throw me completely off track. I'm home now and I know this is where the real challenges will start. For the next few weeks the rules include; no bending — hence the grab stick, no twisting, no lifting, no driving, no dog-walking and absolutely *NO COMFORT EATING*.

Back surgery I can do, staying away from the fridge while at home recovering — well, let's just hope my new mindset will still be with me by the next installment!

PROGRESS REPORT: ● **STATS:** I have lost 1 ½ stone (9.5kg) and 34 inches (86cm)

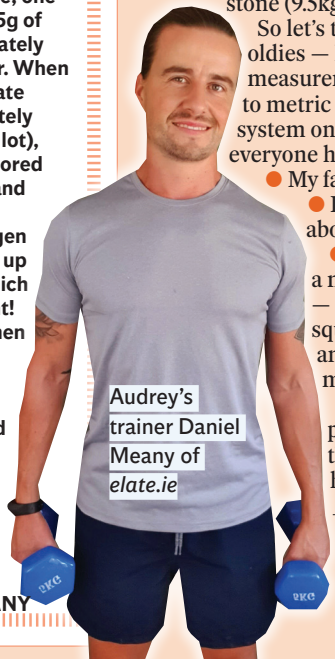
So let's talk stats. Apparently only oldies — like me — still use imperial measurements. I know we've switched to metric so I've popped this 'new' system on there and that should keep everyone happy.

● My face is a hell of a lot slimmer. ● I'm feeling more confident about my post-op recovery.

● My progress pictures show a massive difference in my back — no more bits of flab trying to squeeze out under the bra straps and I'm beginning to see the makings of a waist again.

● I'm thrilled my original picture is no longer gracing the front page — besides I have cheekbones now.

Before you start any diet, it's always advisable to get checked out by your GP first, especially if you have any health issues



Audrey's trainer Daniel Meany of elate.ie



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Next week in Midlife Health, Barbara Scully's diabetes diary. Catch up with Audrey on October 21

IN advance of World Mental Health Day on Thursday, **Emily Hourican** looks at the work of voluntary housing association HAIL

‘Seventy per cent of the people we work with have enduring mental health difficulties,’ says Martina Smith, CEO of the Housing Association for Integrated Living (HAIL). “They are at the serious end of the spectrum, including schizophrenia, paranoid schizophrenia and bi-polar disorder. Many wouldn't have a huge amount of family support, and in some cases there will be a history of addiction issues, which adds more complexity.”

Their clients are referred to them by the HSE and local authorities, people who are high risk of becoming homeless without the kind of support HAIL offer, something that, in a vicious cycle, will hugely contribute to the stress they are under, and the further breakdown of their mental health. It is, says Martina, “a basic human right to have the key to your own home, and that in turn will assist in recovery.”

These clients can come from homeless services, hospitals or be in existing tenancies with the HSE where they have been identified as being at risk. In other cases, families of someone with a serious mental illness may contact HAIL directly — for example, aging parents caring for an adult son or daughter, who are worried about what will happen to that person in the event of their death. HAIL give advice where necessary about how to be referred, which usually will involve getting onto a local authority housing list, and linking in with the HSE for medical services.

“We have to be strict about the parameters of who exactly we work with, because demand is so great,” says Martina. Essentially, that means “we work with some of the most vulnerable people in society.”

HAIL underpin recovery by providing homes for life, security of tenure, along with the necessary emotional and practical support. “Even if they go back into hospital, we work with the HSE to protect the tenancy so they have a place to go, a home to go to, when they get out.”

They do this by buying, and increasingly building, predominantly one-bedroom apartments. “Our client group mostly need one-bedroom units as they are single people, and shared accommodation isn't ideal for them,” Martina says. HAIL also provide some ‘general need’ housing along with the supported housing, and ensure a careful mix of tenants in their properties. “In 2018 we supported 242 tenants in our own properties, of which 10pc were medium-high support and the rest are low support.”

The initial moving-in phase is one of “high level support”, with visits from HAIL several times a week. The work with their clients on many levels, including setting up steady bill and rent payment systems, by standing order, that will survive the disruption that can occur to clients lives and mental health. Over around nine months, the support reduces gradually, until people are coping alone, with, perhaps, monthly

Providing housing for the most vulnerable people in society



Bernie Feirtéar at her home, supported through HAIL PHOTO: DOUGLAS O'CONNOR

WHAT IS HAIL?

■ The Housing Association for Integrated Living (HAIL) was founded in 1985 as a non-profit voluntary organisation. It has developed into a successful voluntary housing association providing exceptional quality social and affordable rented accommodation for people from local authority housing waiting lists, primarily those with mental health difficulties. ■ Funding comes from a mix of capital grants and loans from the Department of Housing, Planning and local Government through the relevant local authority and private finance from Bank of Ireland, The Housing Finance Agency. ■ For more information visit hail.ie

visits. They are by then connected to a network of other support systems, including community projects in their area, and peer volunteer mentorship from others who have been through similar experiences, and have been trained to provide support.

“Independent living is the plan,” says Martina, “along with community integration. Our aim is to get in, provide the necessary support, and get out. We don't want to be providing the services forever. But, if they ever need us, we are there.”

And that, combined with the security of knowing that they have somewhere to live that will not be lost to them, even if their mental health needs escalate to the point where they require hospitalisation, is the key to HAIL's considerable success.

“When people are referred to us, we do a full assessment of needs,” explains Sandra Fox, HAIL Head of Services. “Meaning the physical and the psychological needs, and we tailor an individual plan. We look at every aspect of their lives. For example, some will wish to return to employment, others will feel they are not socially contributing and will want to address that because it can have a negative effect on self-esteem. We look at all that. If they don't have family support around them, we concentrate on social links.”

Recently, Sandra has seen changes to the typical age profile, which has been early-40s to mid-60s. “We're beginning to see an increasing number of younger people,” she says. “We work with those over 18, but we are aware now of younger people in need.” In fact, such is the success of the HAIL model that there is “a never-ending demand,” she says.

CASE STUDY: BERNIE FEIRTÉAR

Bernie Feirtéar, a native Irish speaker, came to Dublin from Co Kerry to study teacher training, and, after what she describes as ‘a breakdown’ at the age of 25, was diagnosed with bi-polar disorder. Now 51, she has been hospitalised seven times, usually for six weeks or so, although her last in-patient stay was four months.

Each time, she says, stress has been the trigger factor.

“I was working as a substitute teacher, and that was erratic and stressful. Maybe if I had done less of it, I wouldn't have had the breakdown?”

Stress would lead her to a manic phase, which would then be followed by debilitating lows. Both aspects made it very difficult to sustain any kind of regular working life.

She gave up teaching and worked as a care assistant for a year, as part of a CE scheme, and later did a diploma in Irish-English translation in a bid to find employment that suited her better.

However, the bi-polar episodes continued, and after each spell in hospital, Bernie would find herself starting over in terms of her living accommodation.

“If you get another hospital admission, that could be anything from six weeks to five years.

“So you will lose your home while you are in the hospital.”

Sometimes, she would return to the family home in Kerry, but that was only ever temporary.

“It was difficult, problematic and stressful,” she says, of the entire process

She first came across HAIL when she was referred to them in 2017.

At that time, Bernie, who had been on the housing list for “years”, was living in a HSE-run hostel in Dublin with an on-site rehab team.

By the time she was referred to HAIL, Bernie no longer needed the on-site care.

She was managing independently, although still in need of support.

After an interview with Bernie, HAIL moved her into a bright one-bedroom apartment in a complex of seven one-bedroom units, all owned by HAIL, and all carefully assessed in terms of support requirements.

What did Bernie think of the apartment when she first saw it?

“I thought it was lovely. I was very pleased with it,” she says.

Together with her care worker, Bernie set up payment paths for her utility bills and rent (the way it works is that her rent allowance goes straight to HAIL, while the proportion Bernie pays herself comes out of her bank account on a standing order), meaning that should another hospital stay be required, the bills will continue to be paid, and Bernie will have a home to return to.

“If I have difficulties, if I'm feeling down, I know the support is there. I know I can ring and ask for help.”

There are also peer mentors, those who have been through the system and have been trained to give back, who organise weekly activities including walks, cinema and theatre visits.

Bernie's last hospital stay was 10 years ago. These days, she manages her medication well, lives a full, independent life and says, “I'm happy here. I'm well here.”

‘If I have difficulties, if I'm feeling down, I know I can ring and ask for help’