

HAVE YOU GOT EXPERIENCE OF AN EATING DISORDER?

WHAT YOU SAY...

HELP US TO...



WE NEED YOU!

DO YOU LIVE IN CARDIFF AND VALE?

THEN TAKE AN ACTIVE PART IN YOUR SERVICES!

"IF I AM RECEIVING TREATMENT FOR MY EATING DISORDER, I WANT SOME SAY IN HOW IT IS DELIVERED."

EATING DISORDER SERVICE USER

"IT REALLY MATTERS TO ME THAT HEALTH CARE PROFESSIONALS UNDERSTAND EATING DISORDERS - BECAUSE SO MANY DON'T."

EATING DISORDER SERVICE USER

"I WOULD LIKE TO BE ABLE TO CONTRIBUTE MY OWN EXPERIENCES TO HELP OTHERS IN THE SAME SITUATION."

EATING DISORDER SERVICE USER

RECRUIT & TRAIN STAFF

DEVELOP & IMPROVE SERVICES

MONITOR THE QUALITY OF SERVICES

BY...

BEING INVOLVED IN PROJECTS

SERVING ON COMMITTEES

DON'T MISS THIS OPPORTUNITY TO GET YOUR VOICE HEARD & TO MAKE A DIFFERENCE

WHAT'S IN IT FOR ME?

SUPPORT & EXPENSES PROVIDED BY SEFYLL

WORK RELATED SKILLS & TRAINING

GAIN VALUABLE EXPERIENCE

DEVELOP NEW SKILLS

MEET OTHER PEOPLE

RAISE AWARENESS OF EATING DISORDERS

CHALLENGE STIGMA OF MENTAL ILLNESS

BOOST YOUR CONFIDENCE

KNOW THAT YOU'RE MAKING A DIFFERENCE

HOW DO I JOIN IN?

FEEDBACK OVER THE INTERNET:

YOU CAN SHARE YOUR EXPERIENCES OF MENTAL HEALTH SERVICES ON THE INTERNET. ALL YOU NEED TO DO IS VISIT WWW.PATIENTOPINION.ORG.UK AND CLICK *TELL YOUR STORY*.

YOU CAN ALSO CALL 0845 113 0012 {LOCAL RATES APPLY} TO TELL YOUR STORY OVER THE PHONE.

FOR MORE INFORMATION, CONTACT:

SEFYLL -
TEL NO: 02920 222000
EMAIL: SEFYLL@CAVAMH.ORG.UK

SUPPORTED BY



I AM INTERESTED - HERE ARE MY DETAILS

NAME:

ADDRESS:

.....

.....

POST CODE:

TEL. NO:

EMAIL:

I AM A:

SERVICE USER

CARER

PROVIDER

OTHER

PLEASE RETURN YOUR FORM TO:

SEFYLL {CAVAMH}
UNIT 11, WILLIAMS COURT,
TRADE STREET,
CARDIFF,
CF10 5DQ