



Welcome to our Autumn 2008 Newsletter



Welcome to our Autumn HUG Newsletter.

With the weather getting colder and the leaves turning from green to gold, Autumn truly is a season of change.

But it's not just the Scottish flora and fauna changing; here at HUG HQ we have a new communications worker. That means a new newsletter editor too!

Happy Reading from all at HUG

HUG is the Highland Users Group, a network of users of mental health services across the Highlands

Membership of HUG is open to anyone who has experienced a mental health problem. *Just write to, phone, or email us and leave your name and address – it's as easy as that!*

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Note: The views expressed by our members in this newsletter are not necessarily the views of HUG.

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Feature on our new team member

What is your name and tell us something funny about yourself?

I'm Heidi Tweedie and I'm the new communications worker at HUG. I was once voted the 47th most eligible bachelorette in Scotland in a national newspaper, but am glad to have retired!

How long have you been involved in HUG, and what kind of things do you do?

I used to be a HUG volunteer many moons ago (seven-ish years?) assisting with media communication. I recently moved back up to the Highlands and was very excited when I was selected to cover Karen's career break. In-between times I have been busy working in mental health communication as a trainer and consultant.

Outside from working with HUG I'm continuing freelance work doing bits and bobs for the Scottish Recovery Network, providing training in WRAP (Wellness Recovery Action Plan) & SMHFA, as well as doing the odd radio job here and there. I love to keep busy!

Who has had the biggest influence on you?

I think the biggest influence on me has been those people, mostly whom I have never met again, who have shared their personal stories with me and inspired my own recovery, my choice of career and given me motivation to go forward in sticky times.

What is your favourite food?

I love calamari, avocados, taramasalata, dark chocolate, oatcakes, roast beef, bacon, egg and tattie scone butties....there are tonnes of food I love but my favourite is homemade chicken noodle soup made from scratch with fresh chicken stock. I can eat a whole pot full while still convincing myself I'm being healthy!

Who would you most like to meet?

Johnny Ball (80's TV presenter)! He inspired me to take an interest in science (my original degree was in marine and freshwater science!) and was an excellent and entertaining communicator. I can only hope that I am half the communicator he is, and perhaps I can inspire some people to think a bit more about mental health but at the same time enjoying themselves.

Update from Graham

Many of you will know that I was admitted to New Craigs recently. Some people suspect it was just a particularly dedicated way of researching how our Mental Health Act works !

I am happy to say that I am being very well treated and hope to be back with you all soon. A few of you worried that the pressure of working with members of HUG was the reason that I became unwell. Don't worry about this its all you HUG members who keep me busy and happy. You constantly inspire and invigorate me. It was more about changes in medication and the general stress of life that caused this blip. I may try to work more reasonable hours in the future but still love and enjoy every day I spends working with you all.

OUR FUNDING

Many of you have been asking about our funding situation since the crisis we faced earlier in the year (and once again thanks to all of you for your great support at the time).

HUG is a project of HCCF and they have now signed a contract that will guarantee our funding for the next two and half years. This includes some of our stigma and awareness raising work which is now partially funded by NHS Highland and the Highland Council (our training and young people's work). We have also passed the first stage of an application to Comic Relief for the rest of that funding, so here's hoping for the future.

MEN'S HEALTH CONFERENCE

In the summer I and a group of HUG members attended a conference on the health of 'marginalised' men. It's a bit strange to think that I am a marginalised man! We had a display at the conference that was visited by lots of people and gave us a lot of new contacts. We heard presentations on among others about men from black and ethnic minorities, men who have sex with each other, travellers, homeless people and prisoners.

My talk is available from the office or we can email it to you. Unfortunately it's not on the website yet.

FOOD AND NEW CRAIGS

A day-long event was held recently looking at the food that is provided at New Craigs. For some time there have been concerns about the standard of the food provided so this was a welcome chance to discuss the issue.

Chris gave a presentation at the day on her views about the food and the notes of this are available to anyone who wants to see them.

Since then some people have said that the food has got better and others say the opposite so let's hope we all soon agree that the food is better soon.

Other members have also been active in trying to get healthier food provided in other mental health facilities – well done to them –whilst we don't all need to eat lettuce and raw carrots it is good to know that efforts are being made in many places (and have been already in others for some years) to provide healthy and nutritious meals.

THE MENTAL HEALTH ACT FIVE YEARS ON

Holyrood events held a national conference in September on the progress of the mental health act since it was implemented a few years ago.

It was attended by around 250 people at Dynamic earth in Edinburgh and consisted of lots of presentations followed by electronic voting on key aspects of the act that are being reviewed by the mental health act review group.

Hug gave a presentation from a users point of view that was very well received and is also available from the hug office or by email. Special thanks are due to Shaun from VOX who helped make sure that the presentation went well.

There is a consultation document on the act available and Hug has already made a response. If some of you would like to provide your own individual views please contact us.

LATEST HUG REPORTS:

A response to the mental health act.

This series of meetings involved 86 people across the Highlands and the final response has now been sent in to the mental health act review group.

We are not sending copies out to everyone but anyone can get a copy sent to them or emailed to them by contacting the office.

Mental Health and Physical Health

This report looked at the ways we feel that our mental health and physical health problems are picked up on as well as ways in which we might become more physically healthy and what stops this happening sometimes.

84 of our members were involved and we had a good response:

"Thank you very much for sending me this extremely relevant and interesting report. I fully agree with the link (both ways) between mental and physical health problems and the problems that people experience in improving health care are well described"

Dr. Chris MacGregor clinical lead for mental health services

"I was very impressed with the [report] would you mind if I forwarded it to the Royal College of Psychiatrists Editorial Group. We are developing something on exercise and the information in here is brilliant... as usual you have come up with some excellent work"
Consultant Psychiatrist

The report was also placed on the viewpoint section of the Royal college of Psychiatrists website.

We haven't been able to put it on our website yet but it can be obtained by contacting the office.

Mental health and peer support

This report looked at the support that we offer each other and ways in which this could be further developed. 82 of our members were involved and we had a good response again:

"...which I found extremely interesting. I am a consultant psychiatristand am part of the peer support group led by the Scottish Government ...may I take the report to the next meeting and quote from it in future publications?"

"It's a really valuable document ... I will definitely use this as a reference in any help I give."
Service user involvement support worker

"As always with your work this report provides honest dialogue in giving freely to promote insight and self direction. You and Hug have great integrity."
Larry Fricks USA

The report can be seen on the Scottish Recovery Network website and is of course available from the office.

LOCAL ISSUES

At each round of meetings we look at the issues we are facing locally in each area and produce a report on this our latest report had the following response from Ken Proctor (associate medical director primary care)

"What a rich mix of points statements opinions facts ideas hopes wishes and fears. It gives something for each localities current thinking."

Future reports that will be coming to you soon are on the police and mental health, and on what makes for a mentally healthy workplace.

We are currently discussing GP services and the ways in which we are referred to (user / consumer / survivor?) your opinions on these subjects or any other will always be welcome.

A COUNCIL RESPONSE TO HUG REPORTS

We recently met with the director of social work and the chair of the Housing and Social Work committee to discuss the reports that HUG produces.

At this meeting they committed themselves to trying to provide a much broader formal response from the council to relevant reports. This is a great step and means that your voice through our reports may have an even greater impact.

A first example may be seen when a hug gave a presentation on our 'Young People and Mental Health' report to the Joint Committee on Children and Young People. A key part of this presentation was a talk by Kenny one of our younger members which is available on our website.

HUG Communication Workers Update

Quick update on the work we have been doing since the last newsletter.

Heidi

HUG Meetings:

I have been visiting the various HUG groups with Graham, trying to meet as many HUG members as I can since starting this August. Unfortunately, Graham's illness has slowed this down but I hope to be out and about very soon recruiting people in person for all the exciting work and projects we have planned.

DVD Projects:

The majority of my role is about creating DVD resources to challenge stigma and provide a voice for HUG members.

I have three projects currently requiring interested HUG members to be involved by;

- Providing ideas and guidance in focus groups on what to include in the DVD and support materials.
- Providing personal experiences through creative means (artwork, photography, poetry etc) or via personal testimony, either anonymously or named.

If the topic sounds interesting, **but you don't want to appear on camera, please don't be put off getting in touch. There are lots of ways you can be involved** indirectly and I need your help to create resources that will change the way people think.

Please get in contact with me if you are interested in any of these or just fancy hearing more about my role and the DVD work at HUG.

Social Inclusion DVD

A new DVD resource on social inclusion/exclusion with the aim of producing a training resource that ties with nurses training at the University of Stirling, Highland campus. Aiming to educate undergraduate nursing and social care students on some of the barriers to inclusion and to give examples of what was helpful in feeling included so they can develop best practice. One particular theme is accessing mental and physical health services – What were the barriers? What helped? How could professional have done a better job?

Recovery DVD

I was very excited when I heard Birchwood Highland were looking for training resources on recovery to ensure that their staff understand the key concepts as this is a strong topic for many HUG members (me included). For this project we are looking for HUG members who wish to share their recovery thoughts, experiences and also insights into what helped them recover to develop a DVD resource that can be shared with these staff members and with the wider community. We aim to challenge thinking surrounding recovery and give anti-stigma messages at the same time.

Self Harm DVD

Emma's education work on self-harm has highlighted a need for a resource to assist her training, both for professionals and in the wider community. This DVD resource will be created to support HUG Communication Work and will be created to share with a variety of audiences.

Library of Personal Testimony

We are still working on growing our DVD library of personal testimony that could be used in our training. If you would be interested in sharing your testimony on film for our training let us know.

Events: NHS Highland Annual Review 27th August

Two HUG members attended this event and kindly took me along. We were invited to meet with the Minister for Public Health, Shona Robison, prior to the main event as part of NHS Highland showcasing some of projects that work toward reducing alcohol misuse. When the minister came to speak to us she was very positive about HUG's work and said she had see our name mentioned many times in documents and reports. She was also interested to hear the HUG members views regarding alcohol and the Relationship between how people are treated under mental health legislation verses their treatment when using alcohol.

The review itself lasted the full afternoon and there were a few key points that I felt HUG members would be particularly interested in. The Minister felt that the goals for decreasing antidepressant prescriptions was still an issue. Although Gary Coutts, chair of NHS Highland, said it was, "early days for working with GP's".

The issues of offering 24-hour access to crisis services in a remote and rural setting were highlighted, with GPs suggested as key in provision of crisis services in remote areas. I have a copy of the full review available at the office.

Recovery event at Birchwood Highland

Birchwood Highland hosted a recovery event in Inches Church on the 25th of September. The day was organised around a central aim - exploring the hopes and aims of creating a local recovery network here in the highlands. The Scottish Recovery Network facilitated the discussion and shared information on what was happening in other local networks. Action happening elsewhere included producing a recovery DVD (Lanarkshire), having Council budget assigned to recovery activity (Lothian) and having community outreach (Ayrshire and Arran).

It was a really positive event with professionals and service users ready to move the network forward. I gave a short talk on our recovery video project and on WRAP (see Denise Eadie's article later in the newsletter). People felt HUG members were key to the network and ensuring that we use our experiences to help guide any resources or planning.

I will keep HUG members up to date on the progress of the network but if you would like to be involved in the local recovery network or are interested in talking more about recovery please contact me.

HUG's European Work - Grundtvig 1

The aim of the pan-European Grundtvig project is to empower individuals to become trainers and activists around two topics—Leadership and Empowerment, and also How to set up a user association.

1st event: Romania (June 1st-6th) Training For Trainers

Emma and Graham went out to Romania as part of six 'expert trainers' to share their knowledge in setting up user associations to 20 service users and professionals from Romania, Spain, Poland and Portugal. They delivered three full days of training, overcoming many obstacles of language and cultural differences.

The first day focused on why people need user involvement. The second on aims, objective, rules and membership to help structure such an organisation. The last day focused on recruiting, supporting and involving people.

It was a huge learning curve for all involved, Emma said she felt, "terrified, excited and privileged to be there". The days were long as work continued from 7am to 9pm (working over a good beer and yummy pizza!). Emma felt the group made things all worthwhile as, "they were all sweet, very engaged...but never on time!"

The group constantly asked about HUG members and it was a real shame that they could not have met up. After the training the separate countries went back to make small steps toward change before practicing their training skills for the second part in Lisbon in September.

2nd event: Lisbon (September 15th –23rd) Feedback and Project Management

As Graham was ill for this second stage in the project I was sent to Lisbon in his place. My role was as part of the management group for the project and, as part of this, we were able to create a useful leaflet resource which will be translated in to five languages to share the message that service users have a voice and that sharing with carers, supporters and professionals is important.

Emma was also in Lisbon to give feedback to the 20 trainees from the first part of the training in Romania. They all gave presentations on leadership and empowerment or setting up users' associations.

Although the days were long and exhausting, and sometimes the food challenging for vegetarian Emma and wheat intolerant me, we both had a great time sharing and learning with our European cousins. The feedback from participants was very Positive and made all the travelling and preparation worth while.

The next stage is for us to help develop a pack to support creating user associations. We will also have to go to a couple more management meetings in Easter and next September, to ensure that the project is running to course.

Emma

Hello folks. Hope you are all doing well and have had a great summer– I'm not sure if I'm ready for autumn yet!

As always we have been really busy with the mental health awareness training and over the last few month we have delivered some great sessions, including to:

- o TAG Unit on issues around employment
- o Two sessions with students at Alness College
- o Training programme for trainee Mental Health Officers, to complete their final module on the subject of being a parent with a mental illness and young people's mental health.
- o Advocacy Highland staff on personality disorder and schizophrenia
- o Managers and staff at Dounreay in Thurso on employment and creating a mentally healthy workplace.
- o Staff from Dingwall Medical Practice on self-harm and Borderline Personality Disorder

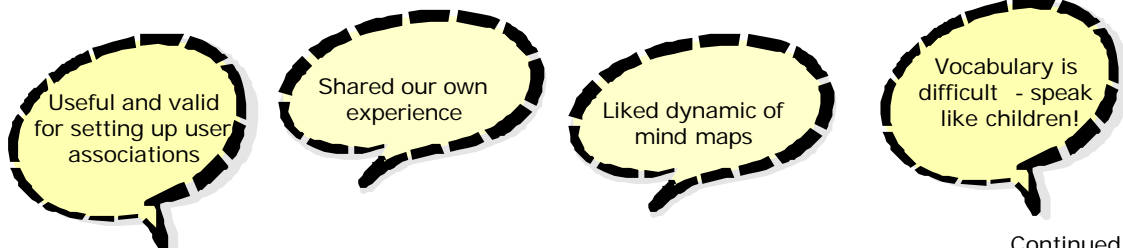
We started discussions early in the year about HUG delivering training to trainee GP's as part of their undergraduate programme. I now need to hound the relevant people and chase up on this! We are having similar discussions with the University of Stirling Department of Nursing, who are keen for HUG to deliver a more sustainable input into the undergraduate nursing degree course.

HUG is becoming more and more involved in the training of Mental Health Officers as we deliver the service user contribution to the Mental Health Social Work Award Programme in the North of Scotland; the programme which trains Mental Health Officers for the 7 local authority social work services in the North.

This involvement includes us being a member of the Programme Management Group, leading training sessions during the first 2 modules of the programme, contributed to the preparation of case materials, and briefing actors for specialist role playing simulation exercises. In addition, HUG's materials including DVDs, reports and personal testimonies are used throughout the programme to ensure the user voice and experience is ingrained in the training of new Mental Health Officers.

Romania: three-day training on how to set up users' associations

As you will see from another article, Graham and I spent a great (exhausting?) week in Bucharest in Romanian delivering training to 20 mental health service users and professionals from 4 European countries. As a trainer it was a hugely terrifying, thrilling and exciting opportunity to train on something so close to our hearts. Below are some of the comments from the participants about the HUG session:



Continued...

Educational work with young people

Work in school PSE sessions

Over the last few weeks we have done a lot of sessions with the kids in Millburn Academy and Charleston Academy within their PSE (Personal Social Education) curriculum.

The sessions have been exploring some of the myths around mental illness, recovery and where and how young people who are worried about their own well-being can go for help and support.

As always the pupils are very open about asking questions, and have surprised me with the range and breadth of the questions they ask. I must say I will never understand the adolescent brain! But I must say the groups have all been great and the pupils have really appreciated having HUG members there to answer questions and show the reality of life with mental illness.

A whole School????

We have also been working with guidance staff at Alness Academy, Children 1st workers and the local Primary Mental Health Worker to plan a WHOLE SCHOOL (yikes!!) mental health week. This would be working with over 500 kids from S1 to S6 exploring a range of mental health issues, from self-esteem and resilience to self-harm and illness. HUG will be delivering sessions on the latter themes.

It should be a really exciting week and we hope (if we can get the funding) to use creative ways of engaging the pupils. So we have plans for music and song-writing, huge art banners and drumming workshops. I will let you know in the next newsletter how it all went.

Anyone like to be involved?

If anyone would like to know more about our work with young people or our training please do give me a call and we can meet up and chat about it. I am always up for coffee and a cake!

The Friday Forum

This group continues to meet on the occasional Fridays and in between drinking coffee and eating sandwiches settles down to work on a variety of subjects which have included:

- Being consulted on Occupational Therapy services
- Being consulted in Social Work courses
- Being consulted on student nurses course
- Participating in Scottish Recovery Network evaluation
- Being visited by a professor from Canada
- Being given a talk on WRAP (wellness recovery action plans)

It may not sound that interesting but it usually is and involves a lot of laughter and on occasion hard thinking. If any of you wish to know when the meetings are held or discuss coming along to the group do let us know

The Creative Writing Group

This group has continued to meet at hootenannies on alternate Thursdays throughout the year. Sometimes attended by workers and at others by hug members alone.

We have a blog on which some of us put our writing and which people who can't make the meetings themselves are welcome to contribute to.



There will be a free residential writing weekend between 7 –9 November at Moniack Mhor midway between loch ness and Beaully in a lovely house in a beautiful location. Anyone who wishes to attend should contact the office.

Priority will be given to regular members of the group but there should be additional places for people who are interested.

Hello Cruel World

Hello there. Let me introduce myself. My name is Keir Hardie and I am a HUG member. For some years now I've been writing a load of opinionated rubbish on my blog on the interweb almost every day, so I thought, hey, why don't I start writing some in the HUG newsletter? So here I am with *Hello Cruel World*. I'll be doing a different topic each time, perhaps you would like to suggest some, and this one is about Organisation. Normally I'll be going straight to them without too much rambling, not like my blog as I'd like to be a little more professional than that, but as this is my first one let's have a nice little chat, break the ice, get to know each other a little better first.

In a way this has been coming for years, out of various thoughts that float into view from time to time from some obscure part of my self. This starts to be about organisation already, at this point, as it happens. For I am very disorganised. Basically it's because I'm very undisciplined. Cripplingly so. But in order for me to have a life that's not so miserable I can't stand it there must be a lot of self-indulgence for me. I can't do a proper job, at least not adequately. Anyway, I'm getting ahead of myself, disorganised, you see. But I'll come back to this. Years ago I was inspired by the daily blog a comedian I like started to fight off unproductiveness, and thought it would be great if I did one and I kept it up and that would be one thing that I started that I persisted at and didn't forget and neglect like everything else, and that would be my way of fighting my indiscipline. Perhaps I could even build my self-discipline muscles up on it and start to claw my way to a state of humanity.

Well, it didn't really work out like that, it has never got consistently easy, it's only easy if I happen to end up talking about something that I can easily say a lot about, it's still a struggle sometimes, but that's usually because I leave it until too late at night Lack of discipline and organisation again, you see. I have to do a certain amount to be happy with it, I'm less fussy about quality because for me doing it is the thing. Once many years ago I barely did it for months, I was so bereft of thing I felt worth saying. Now I have developed various strategies for filling it with stuff that will do for my purposes when I'm uninspired, and that's unlikely to happen again. But still, it's a lot harder for me than it needs to be because of the indiscipline. When I manage to write it earlier it's longer, better and easier. I've still got a long way to go.

This awful handicap leaves me with a problem. I'm a little boy, but every few years the state seems to get the idea that I should fend for myself, just because I'm 37. But how to 'earn' a comfortable living, given how difficult it is to get me to do anything much? This is the bit I said I'd come back to, you see. I would have gone on with it then, but I decided to try to be organised. Fighting my flaws makes me feel good, and I feel so good about that I can indulge other flaws without feeling bad about them. Well, it's better than nothing, isn't it? Anyway, I digress. I wondered what I would do for a living, ideally, and it would of course have to be something where I 'earned' a nice sum for not a lot of actual work. And this is the fantasy idea I hit upon:

Independent evaluation of HUG Advocacy Service

My name is Ann Evans and I work as an independent consultant with Antara Consulting. We were asked by NHS Highland and the Highland Council to carry out an independent evaluation of the advocacy service provided by HUG. Independent evaluations are required as part of The Highland Independent Advocacy Plan, to ensure that services receiving funding are operating properly and providing a good quality service to their clients.

The evaluation involved gathering information on HUG's advocacy activities, and speaking to a range of stakeholders about the service – most importantly, the people who are directly involved with HUG, and also other service providers such as The Highland Council, NHS Highland, and other advocacy providers.

A full report detailing the findings from the evaluation was produced in March 2008. This article aims to give you a summary of the findings and recommendations in the report. If you are interested in reading the full report, however, please contact Graham to obtain a copy. Please note that the evaluation only covered the advocacy service within HUG, and not the Communications Project, although that obviously plays an important role within HUG and both services work closely together.

The main thing to say about the evaluation is that it was overwhelmingly positive. It highlighted the vast amount of work that is undertaken by HUG and its members, including the schedule of Branch, Round Table, and Friday Forum meetings; the production of HUG reports; and involvement in local and national working groups. It showed that HUG has a high profile both locally and nationally, and is widely regarded as a top quality service, particularly in terms of the way it involves its members in every aspect of what it does.

The evaluation did highlight a number of things for HUG to think about when continuing to develop its service. A summary of the conclusions and recommendations from the evaluation are listed below. These will now form the basis for discussions between HUG and its commissioners (NHS Highland and The Highland Council) about the best ways to take its advocacy service forward.

Conclusions

HUG is able to reach a significant number of members across the Highland area, often in rural and remote areas, through both its Branch meetings and its substantial mailing list. At the moment, in Highland, there is no other route for people with mental health problems to make their collective voice heard, or indeed for service providers and other organisations to engage in such a representative way with people.

HUG members value the opportunity to raise real issues, sometimes difficult and challenging, in a safe way. Members feel that issues they raise are taken seriously and passed on to the right people/places.

Service planners and providers have an overwhelmingly positive view of HUG and the organisation is in demand across Highland and beyond. It can be difficult to meet all of the demands placed on HUG within the existing small paid staff complement. As demands on HUG will undoubtedly continue to grow, it is likely that this situation will intensify.

The paid workers within HUG operate under a comprehensive range of policies and procedures through HCCF. HUG members undertaking a clear volunteering role are covered through HCCF's Volunteering Policy, but there appears to be a gap in policies and procedures relating to HUG members taking more of an activist role. This role encompasses awareness raising, and promoting the voice of people with mental health problems in its widest sense.

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HUG currently operates an open door policy and does not apply criteria to access, other than that members are affected by mental health problems. In practice, it appears that the majority of HUG members are people with a diagnosis of severe and enduring mental illness. HUG is keen to try to reach out to a wider range of people and to find innovative ways to engage with those who are more marginalised in society.

HUG is aware of the need to widen its accessibility, and is currently pursuing ways to engage more effectively with the increasing Polish community in Highland to ensure that collective advocacy is accessible to those who may need it. At present it is not possible to evidence the demographic profile of HUG membership, as information on gender, ethnicity, etc, is not routinely collected.

HUG's relationships with external organisations are built on its ability to present sometimes difficult and challenging views in a non-confrontational and positive way. It is viewed as an example of true partnership working. HUG is seen as an integral part of planning and service delivery within the mental health field in Highland, with an excellent reputation and real credibility as a truly member-led collective advocacy provider.

In many cases, HUG is able to add value to the work of other organisations and is seen as a valuable resource, in particular its Reports and the training and resources provided through the Communications Project.

Although HUG members are generally aware of how positively the organisation is viewed, they would welcome more specific feedback on the issues that they raise. Although some feedback is received from individuals and organisations who receive HUG Reports, it would be useful for HUG to be clearer about the influence that this has on organisations and actual service delivery.

Recommendations

1. HUG may wish to seek additional sources of funding to employ additional advocacy workers to enable the organisation to continue to grow and develop in a sustainable way.
2. HUG may wish to develop criteria against which to prioritise its workload.
3. HUG should review the HCCF Volunteering Policy to consider whether there is a need to develop specific policies and/or procedures in relation to the activist role within HUG.
4. HUG should collect and collate demographic information through its new member questionnaires.
5. HUG should continue to explore ways to reach a wider range of people with experience of mental health problems, including the development of information and access to HUG through the internet.
6. HUG should explore ways to provide information in a wider range of languages, and to ensure that the service is easily accessible to people from a range of cultural and ethnic backgrounds.
7. It would be useful for a multi-agency approach to be taken to providing feedback to HUG on actions taken as a result of their input, eg annual update through the Highland Mental Health Network.

I hope that you have found this brief summary of the evaluation interesting. If you have any questions about the evaluation, please pass them on to Graham who I am sure will try his best to answer them, or pass them on to myself.

I would like to take this opportunity to thank those HUG members who gave their time to speak to me during the evaluation – your input was really important and very helpful.

Ann Evans

Independent Consultant, Antara Consulting

Wellness Recovery Action Planning

My name is Denise and I am an occupational therapist based in Inverness. My WRAP journey began in February 2008 when I attended stage 1 training to develop my own WRAP. I quickly learned that by creating a WRAP for myself it allowed me to focus on my health and develop a self-management plan. The founder of WRAP – Mary Ellen Copeland firmly believes in recovery from mental ill-health and has been working on promoting recovery in America for a number of years.

WRAP is based on five key concepts:

Hope – believing recovery is possible and following dreams and aspirations

Personal responsibility – you're the expert on your self therefore you develop your WRAP the way you want to

Education – learning about yourself and others

Self-advocacy – WRAP is a tool to help you speak up to others in order to get what you want.

Support – Developing support networks and involving supporters in your plan to help you stay well.

A WRAP is very much developed by you, for you – no one else can tell you what to put in it and for most of it you don't even have to show anyone unless you want to.

It consists of the following stages:

Wellness Toolbox: a list of things that you do to keep you well.

Daily Maintenance: a list of things that you need to do daily, weekly or monthly to stay well. Also identifying what you are like when you are well.

Triggers: external events or circumstances that may make you feel less well. By identifying personal triggers, an action plan of what to do if they were to occur can then be created.

Early Warning Signs: subtle internal signs of change that indicate to you that you are becoming less well. These personal signs of change are listed with an action plan of what to do if they occur.

When Things Are Breaking Down: feelings and behaviors that indicate to you that things are more serious and that you need to take immediate action to prevent things from worsening. Once these signs are identified an action plan of what to do if they were to occur can be written.

Crisis Plan: a comprehensive plan that is written when you feel well. It tells others how you would like to be cared for when you can no longer care for yourself.

Post Crisis Plan: a plan of how others will know when they no longer need to take over the care of you and how you can slowly begin to take back your responsibilities.

Each of the above stages are discussed in more depth during WRAP training. Creating a WRAP within a group hopefully encourages learning from others experiences within a supportive environment. It is hoped that the group can generate ideas so when individuals go on to create their own WRAP in their own time they will feel confident enough to do so. Since a WRAP is personal, the creator can decide whether they wish to complete it in private or with the support of someone they trust.

I found that by creating a Wellness Recovery Action Plan, it really helped me to focus on my health and I feel that it has made a big contribution to my general well-being. Because I truly believe that WRAP can positively influence people's lives I went on to complete the facilitators training so I can now deliver WRAP courses and help others to create their own WRAP's.

I hope that now you have learned a little about WRAP, you are keen to find out more or even better – want to develop your own. If so, please visit the following to learn more on Mary Ellen Copeland, WRAP or Recovery:

www.mentalhealthrecovery.com
www.copelandcenter.com
www.scottishrecovery.net

Or for more information on WRAP in the Highlands or how to develop your own WRAP please contact me, Denise Eadie, on 01463 228 940 or at denise.eadie@nhs.net. Alternatively contact Heidi at HUG, a fellow WRAP facilitator, who will be working with me to raise awareness of WRAP in the Highlands.

Views and news from Nepal

In our last newsletter we shared a letter from Matrika Devkota from Nepal. Matrika has been in touch again with news on how mental illness is treated in Nepal.

Over six million people in Nepal suffer from some form of mental illness, chief among them depression (6%) and alcoholism (5%). And how many health care professionals tend to this burgeoning flock in Nepal? A total of 27 psychiatrists and six psychologists! No surprise that a third of the populace of the war-ravaged Nepal has mental disorder. But the country's political leadership and chief healthcare bodies do not seem to have realized the extent of the crisis.

There is at present no piece of legislation covering mental health. Of 3% set aside for health in the national budget, less than 0.8% goes into mental health. In absence of funding from both government and donors, mental healthcare facilities have been concentrated in few urban centres. Some non-governmental organizations have done remarkable jobs in limited areas such as spreading awareness about mental health and removing the great stigma attached to it, but mental health, by and large, tends to go under the society's radar. There are still places in Nepal where psychiatric patients are locked up rather than treated. Hence, a long-term strategy backed up by the much-needed legislation on mental health has become necessary for the future health of the country. The onus is on the government, civil society members, media, and the donors to see to it that the country's future is not jeopardized by this modern evil.

Matrika is very keen to have email contact with some HUG members. If you are interested in getting in touch with him please let Graham know and he can pass his contact details to you.

Welfare reform just around the corner

Westminster's welfare reforms scrapping incapacity benefits and introducing the new Employment Support Allowance (ESA) have caused a great deal of anxiety for mental health service users for some time now. The new benefit will be introduced this October for people making new claims. Existing claimants are likely to be moved onto ESA sometime between 2010 and 2013.

The reasons for changing the system according to Westminster are to provide more support to help people return to work rather than a leading a life "languishing on benefits", but many people with mental health problems feel that they are being victimised and targeted because of their illness. This view is not helped by elements of the UK media who have stigmatised incapacity benefit claimants by using terms like "fraudsters", "work-shy" and "lazy".

In reality, although there are high levels of unemployment amongst people with mental health problems, the vast majority of people do want to work, but for many reasons feel unable to do so. Work is not an option for many people due to the severity of their health problems, but for others the issues can be far more complex.

In a recovery-focused community a return to work could be seen as the ultimate goal, but not if working risks damaging recovery itself. Work can be good for mental health and well-being, and both HUG and Scottish Association for Mental Health have repeatedly argued for better access to employment over the last few years. But, there needs to be a recognition that it needs to be the right work for the person, flexible enough to cope with the ups and downs of illness, where a person feels supported, valued, and free from stigma and discrimination an all to common problem in the UK's workplaces.

Regardless of all of Westminster's reassurances that welfare reform will give help to those who can work and give greater support and security to those who can't work people with mental health problems are still anxious and distrust the plans. A key factor in this is based on previous negative experience of Department of Work and Pension medicals and reviews, often criticized for not fully understanding or taking into account how mental health problems affect daily life.

Under the new system the number of medicals and face to face appointments with Jobcentre Plus staff is set to increase dramatically for claimants. This obviously is going to cause added pressures for those people who may struggle to leave the house, or suffer added anxiety when having to attend meetings, but it will also have added implications for Highland users.

The Highlands covers a large, mainly rural area, often with poor transport links and diminishing local services. The region only has 8 Jobcentre Plus offices, with a further 2 offices based on Skye and Shetland. The Highlands have seen the loss of key public services such as Post Offices and Inland Revenue offices and local Jobcentres are also now under threat. Forres is not only set to lose a Post Office in September, its Jobcentre which serves a population of around 13,000 spread over 150 square miles is currently under threat of closure.

If as part of these welfare reform people are expected to attend more face to face appointments this will involve long and time consuming journeys for many people, which may in themselves exacerbate someone's mental health problem. Furthermore if people are to more closely engage with employment services and work related activities where will these services exist, and for those who could possibly return to work where will this employment be based?

Many questions still remain unanswered. Undoubtedly some people will be able to move into employment successfully, but what of the others who may be left behind feeling more and more neglected, stigmatised and marginalised by the welfare state?

Whatever our individual thoughts are about welfare reform the reality is that it is happening. Those are not immediately affected, can expect to see changes over the next 5 years. SAMH are interested to hear people's views and experiences of the benefits system and will continue to campaign on issues around benefits and employment.

Chris White, Policy Officer SAMH.

The Sept/Oct edition of Benefits and Employment News produced by SAMH focuses on the new Employment and Support Allowance and can be downloaded from the SAMH website. www.samh.org.uk

Incapacity Benefit

Many of our members have been becoming increasingly worried about the forthcoming changes to incapacity benefit. We are happy to produce an article on the subject from Chris white from SAMH but here the views of some of our members about the changes themselves and the moves to get us back into work:

" Are appropriate supports going to be put in place to support people to enter employment situations? There seems to be no mention of these supports and meeting their cost. People on incapacity benefit can feel that they are political pawns, victim of government policies that seek move people from one benefit to another at the whim of political expediency."

" I do volunteer stuff.... Why can't folk who feel that they can deal with this just do this....like I know I could not deal with a full time job and yet this would be the only way I could make ends meet."

Continued overleaf.....

"I would like to see how some of the people in authority could manage on such a small amount. If there are any changes in incapacity benefit it will affect me and people in the same situation greatly. Show some mercy please."

And about interviews people have been through to see if they are entitled to benefits any longer:

"When you get the letter through to say when the interview is – your guts go upside down and you worry that you are going to 'fail' the interview. The Doc interviewing you doesn't know you or anything about you – other than what you tell them. I don't feel comfortable sharing what I go through with them for the sake of justifying myself/my illness."

"To begin with the forms are scary. If TAG hadn't have helped it would have been even worse."

And when we lose our benefits:

"On receiving the results of the exam I was told that I would not be entitled to said benefit. Disappointed as I was this was acceptable, what annoyed me was they also stopped my income support at the same time. As I then had to apply for 'Job Seekers Allowance' this meant that I was without money for a week and ,even though it was backdated, I struggled to make ends meet."

And as a last point:

"This government needs to think about what they do to peoples lives. Why do you not take the word of our own doctors and hospital staff who really know our condition and not that of a stranger...I know it's a hard job telling the truly disabled people from ones that are bucking the system but at least think about the people that are genuine cases and deserve to be treated better."

Although most of us have not been affected at all yet as the changes are still to come through. We do have an increasing number of members who are really worried about their future on benefits and too many people being summoned to interviews after many years on benefits only to be told that they are not entitled to this benefit anymore.

The quick changes in status and income only serve to make us worried about the future facing our members and other people with a mental illness who need incapacity benefit to get by. We need to be sure that we all have enough information about what the changes will really mean and what will be done to really help those of us that can and want to work to make this transition as easily and as positively as possible.

My Experience of Self-Harm

The first time I deliberately hurt myself was when I was a teenager, unable to cope with the stress, pain and loneliness which had built up over the years. I actually threw myself down from a high tree in order to put an end to it all, but amazingly landed fairly unharmed. Angrily, I grabbed a branch and hit my left hand with it until it began to swell. I looked at it for a while without feeling the pain. Then I went home and let my mother take me to the hospital.

There are many different kinds of pain, some physical, some emotional, some directly linked to a cause, others more difficult to pinpoint or describe. As part of my Asperger Syndrome I have always been hypersensitive to sounds, visual stimuli and tactile experiences. Certain noises, like lawn mowers, motorbikes or rock music, cause me physical pain, though I can't point out exactly where in the body that pain is. Bright colours, flickering lights or certain touch of people or materials can all lead to pain and stress. How do I cope with this pain when I can't avoid the causes?

Well, just as it might give us temporary relief to hit an aching head or tooth with our fist, so it works for other pains. As a child I often used to bite my skin as a reaction to pain. Later, after the incident with my hand, I would frequently cut my arm or bang my head against the wall, when the pain caused by certain sensory stimuli or by loneliness and depression became too much to contain inside me. Perhaps causing myself physical, visible wounds gave the inner wounds an outlet for their pain or simply took my attention off them. I don't know, but it did seem to help, giving some temporary relief, though afterwards I felt ashamed of my scars.

Some people link self-harm with attention-seeking. I certainly never wanted anyone to see my scars and ask awkward questions, just as my greatest fear in suicide attempts was being found not quite dead. Yet perhaps the pain inside me is seeking attention, the wounds are hurting too much to be ignored any longer, the silent scream demands to be heard. So it comes out in an act of self-harm, of physical pain, blood and bruises.

And what does really help? Avoidance of painful stimuli is one answer, but it can't always be achieved. Reducing the inner pain caused by loneliness, depression and traumatic experiences of the past, is equally important. This is where all forms of therapy come in, including professional and peer support, friendships, medical treatment and supportive work or education.

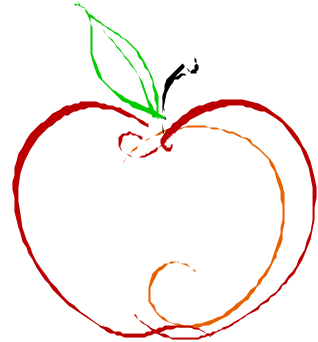
I only rarely hit out at my body these days, but when it does happen, the last thing I need is someone to rebuke me for it. And when I see others self-harm, I acknowledge their inner pain, see how I can help to reduce it and otherwise accept that self-harm is some form of coping strategy, however messy and inadequate, which will fade as the inner wounds are healing.

Elkie Kammer, Inverness.

Mental Health and Physical Health

For a long time it has been known that people with mental health problems often have poor physical health and that physical problems can be overlooked or not picked up on.

Now everyone with a severe mental illness is meant to have more attention paid to their physical health. This can be seen in Bruce gardens in Inverness where everyone is routinely offered physical health checks.



Some of our members have been offered health checks because they have diagnosed mental health problems. Here is one of their stories:



"I was first offered a physical health check many months ago when I got a letter through the post from my GP. It seemed a good idea but I ignored it at the time until after some follow up letters I plucked up the motivation to go along to the surgery.

I'm really glad that I went now as they picked up on very high cholesterol levels. High enough to greatly increase my chance of a heart attack or stroke. After changing medication and being put on to course of cholesterol lowering drugs my levels are now well within the normal range that would be expected. Now all I need to do is try to get fitter. They also found out that my liver wasn't working as well as it should this is probably because I drink too much so that's the next stage in my fitness program though reducing my drinking will be much harder than taking a few pills!

One of the good things is that my health is now regularly monitored where before I would have never bothered to go along for a check."



Cultural differences - India and Scotland

Grace is an HUG member who moved from India to Scotland in 2006. Her first experience of Scottish culture came on a holiday visit in 2003. It was this visit that first showed her some of the aspects of Scottish life that influenced her later move and residency.

As a regular church member in India, Grace was keen to join new parishes and involve herself in volunteer work. Here she felt a sense of belonging, being accepted by a Highland community.

Unfortunately this feeling of belonging did not last when she unknowingly made some social blunders and she then felt excluded from the activities that had brought her such joy. "People don't realise the affects of being disorientated in a new culture. I feel more settled now but some things are still strange to me. The way Scottish people have barriers if you are not properly polite; they are quite restrained. I have learned you must always call in advance before you turn up at a new friend's door – not to just turn up and surprise them as you would in India!"

"I could really have done with an orientation to Scottish culture. I asked my doctor for advice on this and he advised I read 'Watching the English' by Kate Fox. I have yet to read it all but it has given me some pointers already."

The cultural differences were huge for Grace when she was admitted to New Craigs hospital. "At first I kept asking how much this hotel would cost! They don't have treatment like this in India. In fact they still sometimes beat people for being ill . I would never have got such good food or so many cards from friends".

Grace's treatment in India was quite different to the standards we have in Scotland, "In India such treatment comes at a high price and the pressure to find money for this is bad for your mental health. If you have no money they discharge you".

Being at the hospital was not always so easy for Grace. "I did feel other patients did not want to talk to me. I think they looked at me and thought 'what is this foreigner doing here?' My own family and friends back in India were shocked I was in a mental hospital. Their view is very stigmatised. They see me as my illness."

"Those in India are not so good for recovery, but my Scottish friends have been great. I had lots of cards and well wishes."

HUG has also influenced Grace's recovery, "In India there would be no user organisations. It's great to know there is help available from other people in the same position as you."

After all of these experiences is she still glad she moved from India to live in Scotland?
"I am very happy here, and don't want to go long in India".





Jokes!!!



Billy: 'Dad there's a man at the door collectin' for the new swimmin' pool.'

Dad: 'Give him a glass of water then!

**Tam: 'I asked the Doctor to give me something for wind '
.....he handed me a kite!'**

Rab; 'Doctor - how can I stop my cold going to my chest?'

Doctor: 'Tie a knot in your neck!'

**A man put a bet on a horse at 20-1
...and it came in 20 to 4!**

'How do fleas travel?'

'They itch - hike!'

'What did the Mayonnaise say to the fridge?

'Close the door please - I'm Dressing!'

'What do frogs drink before bedtime?'

'Hot Croako!'

