



# General Practitioners and Health Centres

THE VIEWS OF 107 MEMBERS OF HUG  
ON WHAT WE THINK OF OUR GPS AND  
HEALTH CENTRES

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**HUG at  
Highland Community Care Forum**

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## **CONTENTS**

Page 3-4	What is HUG? / The Aims of HUG
Page 5	Introduction
Page 6-16	What is our experience of GPs?
Page 17	What would improve the way they work with us?
Page 21	What do we want from doctors?
Page 22	Do GPs know enough about mental health?
Page 23	Are their attitudes to us usually positive?
Page 25	Health Centres: What is the physical environment like?
Page 26	Receptionists
Page 28	Information in the surgery
Page 29	Getting to see the doctor
Page 30	Out of hours services
Page 33	Do we get long enough appointments?
Page 35	Practice nurses
Page 35	What else could be provided in health centres?
Page 34	Should mental health services be located in health centres?
Page 36	Should we see our psychiatrist in a health centre?
Page 36	What are the qualities of a good doctor?
Page 38	Conclusion
Page 39	Acknowledgments

## **WHAT IS HUG?**

HUG (Action for Mental Health) is a network of people who have experience of mental health problems.

At present June 2010, HUG has approximately 400 members and 14 branches across the Highlands. HUG has been in existence now for 14 years. Between them, members of HUG have experience of nearly all the mental health services in the Highlands.

HUG wants people with mental health problems to live without discrimination and to be equal partners in their communities. They should be respected for their diversity and who they are.

We should:

- Be proud of who we are
- Be valued
- Not be feared
- Live lives free from harassment
- Live the lives we choose
- Be accepted by friends and loved ones
- Not be ashamed of what we have experienced

We hope to achieve this by:

- Speaking out about the services we need and the lives we want to lead.
- Challenging stigma and raising awareness and understanding of mental health issues.

### **HUG's aims are as follows:**

- To be the voice of people in Highland who have experienced mental health problems.
- To promote the interests of people in Highland who use or have used mental health services.
- To eliminate stigma and discrimination against people with mental health problems.
- To promote equality of opportunity for people with mental health problems irrespective of creed, sexuality, gender, race or disability.
- To improve understanding about the lives of people with mental health problems.
- To participate in the planning, development and management of services for users at a local, Highland and national level.
- To identify gaps in services and to campaign to have them filled.
- To find ways of improving the lives, services and treatments of people with mental health problems.
- To share information and news on mental health issues among mental health service user groups and interested parties.
- To increase knowledge about resources, treatments and rights for users.
- To promote cooperation between agencies concerned with mental health.

## **INTRODUCTION**

When we hold HUG meetings, or just generally talk amongst ourselves, the subject of GP's is a frequent topic of conversation. This is probably because the vast majority of us have a GP, make use of their services and often rely on them to help us with our mental health issues. Nearly all of us will see a GP before any other professional when we first develop mental health problems.

In our conversations about GPS we are both complimentary and disparaging. Just as in any profession there are always going to be good GPs and poor ones. But when we encounter poor practice in what may be critical situations, we remember and react to that experience.

One frequently heard topic of conversation is to do with the expertise our GPs have in mental health. Some of us have excellent GPs who are very familiar with mental health and illness and, if they are not, are more than willing to find out more on our behalf. Unfortunately a few seem not only ignorant but, on occasion, judgemental about people with mental health problems.

It was in this context that we were asked by the HUG Round Table (HUG's user-led steering committee) to look at the general subject of GPs and the services they, and others, provide at our local health centres.

Throughout our network meetings in the autumn and winter of 2008 we held a series of semi-structured discussions. These conversations were then written up and compiled into this report which has been approved by HUG.

In total 107 people were involved in these discussions.

In many of our meetings we held quite detailed discussions about different practices, some of which impressed us because they were so accessible, while others seemed to be good on the link between physical and mental illness. Some, we found, were good because as doctors became aware of their own lack of knowledge of mental illness they set out to liaise with mental health professionals in order to improve their own practice.

As we did not set out to rate every practice and, with the experience and views of one person about one doctor or practice potentially being

very different to another, we haven't published remarks that would easily identify any particular doctor or health centre.

## **WHAT IS OUR EXPERIENCE OF GP'S?**

This question was originally posed in the form of a query about the stereotype of a typical GP (explored later in this report). However most groups launched straight into their experiences, which are as follows:

### **QUALITY**

Many of us spoke of the variety of skill and approachability that there is amongst GPs. Most of us had a very high regard for our GPs saying that they treated us as people, knew us well and were skilled in the jobs that they do:

*"If it wasn't for the GP I wouldn't know I was ill."*

*"I don't mind which ones I see they are all so good."*

*"They are just brilliant, they are just good, I can't find anything wrong."*

However, this view was challenged by a small number of us who had bad experiences:

*"Some of their ignorant attitudes show that they don't understand mental illness."*

### **ATTITUDE**

We found a great deal of variation in the attitude of GPs who help us. Some are very knowledgeable and very sensitive. However, some of them don't seem to understand mental illness or know how to deal with it. In fact, on occasion, some of them seem a little frightened of us.

Some of us had the idea that there were '9-5 GPs,' in other words: doctors who treated their work as purely that, a job to be got through. We tended to disapprove of them whilst praising those who demonstrated that their work was also their vocation.

*"When I went to my GP with depression she was a really good listener; she listened a lot and took notice and tried to help and didn't just give me medicine."*

*"I saw her for twenty minutes, which was good. It was a sign of respect for me. That is the attitude I like. You come away feeling better and more uplifted."*

*"People flock to the one that has empathy. She is very welcoming and makes you feel special when you walk in."*

*"It's good when he has more time, he is understanding and helps me to talk. I like him which makes him a good GP. We have a good relationship."*

Sometimes we found the stress of seeing them and their reaction to that stress very intimidating:

*"They sit and stare at you...(it's) daunting, you have to explain to them what is wrong when you don't know what is wrong."*

*"The doctor just speaks to the computer and doesn't listen to you."*

*"For the past 24 years I have had the same doctor who was very very good. Then I got another one and ended up punching him in the face. I was frightened and ill and he was telling me what to do."*

*"I used to have one that brushed you off, I felt a waste of time."*

*"One GP was an evangelical Christian and he couldn't keep his faith apart from his job."*

Some of us who have experienced detention under the Mental Health Act as a result of mental illness now find all appointments difficult to deal with:

*"I'm really scared when I go in, I don't know what the doctor will write down or do or if I'll get out again."*

## **CONTINUITY**

We worried that if we constantly see different doctors then it is not possible for the doctor to build up personal knowledge of us and the mental health problems we have. We felt we are likely to see someone who may not know us and may not have had time to read our notes. In contrast when we see continuity demonstrated we can feel very good:

*"I can't fault them, they are very caring. They sent me a letter saying 'would you like to come and discuss your care?' They do follow up and give continuity."*

*"They go to your file and keep up to date and catch up with you even when they have said come back in a year."*

## **OPTIONS**

We worried that GPs sometimes didn't volunteer options for various forms of treatment. If we knew about different options and asked about them then they responded and considered possibilities but if we didn't know of such things as CBT (Cognitive Behavioural Therapy) they rarely let us know that it existed.

## **GENDER**

Some of us find it important to see a doctor of a particular gender:

*"I get on better with the female GPs, it is easier to talk to them. The men can be more officious."*

## **REPUTATION**

There was a feeling that some GPs quickly built up a reputation for being good with people and certain conditions and that people then tried to see just them. This could be hard because it could then become difficult to make an appointment to see them due to their popularity.

## **PRESSING A CASE**

Some of us felt that the best way of getting good treatment was to have knowledge and an assertive way of asking not only for information but different forms of treatment. We worried that many people with a mental illness didn't possess this skill and therefore probably lost out.

## **RURAL AREAS**

There was a strong feeling that the treatment we got by virtue of living in a rural area where people are often well known was a great deal better than in cities where people were more rushed and impersonal.

*"I live in a rural area and we were getting a new GP which I was nervous about. He asked me in to see him with my CPN. [community psychiatric nurse] to have a cup of tea and a chat. It is much more personal and hands on in a place like this, they ask and know about your life and family."*

*"Single practice GPs do visit, they are good and bad but they do visit if they are needed. We need more GPs in remote areas."*

*"In rural areas you do get to know each other better which does help."*

However this might not always be the case:

*"I've been treated by various GPs in rural areas; they can be very stressed as they have to deal with everything."*

## **PERSONAL KNOWLEDGE**

We were pleased when our GPs demonstrated an awareness of our lives and circumstances. This made us feel much more confident about them:

*"If any of my family go along, the doctor always enquires how I am."*

*"...if they see the GP on a regular basis then they know the illness and what works with the person. The more they know the GP the better they can be."*

## **ACTING TO HELP US**

Sometimes we feel that they have run out of ideas and abandoned us, which can be very hard to bear:

*"They can leave us in such conditions that we are left climbing the walls. I do understand it as they don't have the time or resources to always help us properly but they get a very good wage and have promised to serve us..."*

However when we encounter doctors who don't do this we can feel very good;

*"I broke my hip and went to hospital. The GP was excellent. He diagnosed and helped me very quickly. He was an older man with a good attitude. The other GP misdiagnosed me; it was very painful."*

## **FALLABILITY**

We recognise that despite being highly skilled and highly paid that doctors can still make mistakes. It is probably quite good that we recognise this.

## **GOING THE EXTRA MILE**

This was something that many of us remarked on. When a GP put themselves out for us we felt valued and looked after and special. This made a great deal of difference to how we view our GPs

*"They listen, they do what they can do, they phone me at home, they go the extra mile."*

*"The gold dust ones don't dismiss and are not flippant. With the good ones I am happy to wait some time to see them. Knowing at the same time that if I need it they will take the time to listen and if they do that with me, the delay caused by them doing it with another is fine. They listen and question and care about us."*

## **PARTNERSHIP**

For some of us the feeling of respect, equality and autonomy that we get when our doctors adopt a genuine partnership approach to our care is wonderful:

*"They are fantastic, she listens and appreciates our own knowledge instead of dismissing it. Tries to organise things for us and sees us as partners in our care - we need to look after ourselves too. She will also talk about my partner, which is good. Previously we got prescriptions and it was out the door."*

However although we appreciate this approach we can get confused when we are asked to take too much control:

*"They ask me 'what dose of medication do you want?' they leave it up to me but I feel it is up to them; how should I know?"*

## **DOING WHAT THEY SAY THEY WILL DO**

Knowing that our doctors will act on and do what they have promised to do is very important:

*"If he says he will ring me he does which is very good."*

*"I tried to get medicine for a friend. I was told it would be ready ... but I still haven't been able to get the medicine for her."*

## **UNDERSTANDING OUR NEEDS**

Sometimes doctors have a good understanding of what we need and if we can't face the surgery will visit us at home or make alternative arrangements but, at other times, people do not have an awareness of the needs some of us have.

Being forced to make appointments and having to sit in a busy surgery can make some of us very ill and is not something that helps at all.

*"If I am ill they come and get me from reception personally, they are empathetic and supportive."*

*"They are very understanding and have good listening skills. The lady doctor has seen me immediately in crisis and when I have gone down*

*to the surgery they have let me stay in the staff room and not the waiting room."*

## **KNOWLEDGE**

Whilst we want to be sure that GPs are knowledgeable about our condition we were a bit confused as to how they can have such a wide knowledge base:

*"They are overwhelmed, they need a vast knowledge."*

*"They are always nice, they always look everything up to make sure that they are right."*

## **INFORMATION**

Sometimes we worry that we are not given enough information about our condition and have to find out from elsewhere:

*"You learn more about medication and illness from New Craigs and other patients."*

The way in which we seek out information is important. Although being referred to books and self help materials is important we can sometimes feel that we are being fobbed off if told to read about it rather than being told about it.

## **EMERGENCY CARE**

There was a feeling that many GPs excelled when dealing with a crisis or an urgent situation but we felt some unease about routine care. Some of us felt that it was perhaps seen as less important.

## **KNOWLEDGE OF MENTAL ILLNESS**

Despite acknowledging that this was a variable thing, many of us felt that doctors did not have a comprehensive knowledge of mental illness.

*"I waited four years before they diagnosed my depression; before they had just focussed on my drinking."*

*"I was in Inverness for six years and had a mental illness. I was never referred to a psychiatrist or New Craigs by my first two GPs"*

*"Once in crisis the GP didn't know what to do with me, she should have back up and the right skills to do this."*

*"The GP said you can't be mentally ill, if you were mentally ill you wouldn't be able to string a sentence together. It just confused me."*

*"I was told to just put up with my panic attacks."*

*"Last time I saw him he accused me of being drunk at nine in the morning which wasn't true."*

*"In (my practice) the doctors specialise in mental health. It's a lot better."*

*"I sometimes get annoyed with them... they can be patronising or ignorant. You get sent from a - z - c - e. Sent from place to place. You try to find out what's wrong but you could do without change all the time. It all seems to get more complicated and knotted. You are in crisis and screaming inside and it comes out in a negative way. If they had helped earlier it wouldn't be so negative."*

## **KNOWLEDGE ABOUT ADDICTION**

Some of us with addictions, especially drug addiction felt that we could be poorly treated by GPs and that they often assumed that the only reason we visited was to get drugs from them when in fact we often go for physical or psychological reasons and need medication for these just as other people do.

## **MENTAL ILLNESS AND PHYSICAL HEALTH.**

There was a feeling by many of our members that GPs are sometimes poor at picking up on physical illness when we have a mental illness.

*"They focus on the mental illness and don't pick up on the physical."*

*"They can assume it's all in the mind."*

In contrast some of us are asked in for regular physical check ups, which we appreciate:

*"They ask me in for an MOT which is good."*

## **ADVOCATES**

We felt that doctors can often act as advocates on their patients' behalf:

*"A good GP faces up to targets and authorities on behalf of the patient."*

## **MEDICATION**

Many of us resent a reliance on pharmacology as the main way of dealing with mental illness. We believe that there are a variety of approaches that can complement or even replace medication and would welcome the chance to be offered them.

*"They prescribe prozac and that's it."*

## **REFERRAL ON**

Some of us worry that GPs don't refer on early enough and that we suffer needlessly because we do not get specialist help when we need it. However when they do refer appropriately we can be very pleased with this:

*"There are some good GPs. My one will get me straight into hospital if I am in crisis."*

*"When I was finally referred to New Craigs I started getting regular and proper treatment."*

*"A simple thing can trigger off crisis. You need help in between times. It can be a life or death time but you get shunted between pillar to post."*

## **TARGETS**

We felt that modern doctors had to meet many targets and were not sure that this was a good thing.

## **POWER**

We felt that, despite appearances, GPs didn't have as much power as we would sometimes like. Sometimes they and we agree that we should be in hospital but they are unable to achieve this.

## **STEREOTYPES OF GPs**

Most of us agreed that there were popular stereotypes about GPs. Some of us said that the huge variety amongst GPs meant that it was hard to think of a common image that held true for many of them.

## **GOD**

Some of us still have the feeling that some GPs are seen by themselves and by their patients as vaguely god like. However we did have a strong feeling that this was a stereotype in decline.

*"60 years ago the doctors were gods; like the pinnacle of science. Now at 70 I realise that they are the same as everyone. Some are good and some are bad and most are pretty averagely good. I don't look up to them now, they are not infallible and I no longer feel inferior, instead, I feel equal to them and try to work with the doctor to get the best result."*

*"I didn't used to laugh and joke with them they were like a god to me but now I joke with them. Now its different."*

## **HOW THEY DRESS**

We saw them in a number of ways; one of which was the old fashioned image of men in white coats and people with a stethoscope around their neck and a lamp.

## **HOW THEY BEHAVE**

*"This won't hurt but it usually does!"*

Sometimes we divided them into categories:

- A middle aged man in a suit, who can be condescending, judgemental and dismissive
- A lady who is almost too caring. She is always prettily dressed, sympathetic and quietly spoken.
- Male middle class, middle aged or older than us, caring fatherly paternal, knows us personally.
- Someone who has been allocated five minutes to get a patient in and out but who wishes they could spend more time with us.
- Like 'peak practice' – 'so caring and committed.'
- They act like the 'top dog'
- Always on the go, speedy marching all over the place.
- Grey suited staid conservative old fashioned

*"Somebody who ignores your life's journey and who, in turn, stereotypes us and doesn't give us much time, creating dependency and creating vulnerability."*

*"Busy with too little time."*

*"Gatekeepers – source of refusal."*

*"Army doctors were very different (they) accused you of malingering they were very stern."*

## **WHAT WOULD IMPROVE THE WAY THEY WORK WITH US?**

We had many ideas for ways in which doctors could improve their service. These included:

### **RECRUITMENT**

Some of us felt that there are not enough doctors. If we could recruit more this would solve many problems. It would also decrease the turnover of doctors that occurs in some areas.

### **TRAINING AND SPECIALISM**

We wish to be sure that our GPs, both trainee and established ones, have a comprehensive training in mental health.

This should include:

- Diagnosis and symptoms
- Knowledge of medication and side effects
- Knowledge of our whole history
- Mental health awareness training

Some of us think that it would be good for some GPs in each practise to specialise in mental health. Others think mental illness is so common that all GPs need to understand it well.

### **CONTINUING PROFESSIONAL DEVELOPMENT**

Or as we put it, "lets get all doctors to the same standard as the ones that everyone wants to see." One way of doing this is through regular and effective supervision.

### **CONSISTENCY**

It would be good to be sure that the information and advice given to us was accurate and had no need to change.

## **FOCUS ON THE INDIVIDUAL**

We can find it very frustrating when a doctor starts writing a prescription before we have explained what is wrong.

## **NOTHING**

Some of us felt that doctors were doing a fine job and that there was little that could be done to improve it.

## **INFORMATION**

It would be good if they could give us good information about our condition and treatment.

## **RESILIENCE**

Unfortunately when we become ill some of us can think that everyone is against us and it is only when we are well that we see they were trying to help. Knowing that a doctor can put up with these fluctuations is good.

## **UNDERSTANDING OUR LIVES**

If people could have a genuine understanding of what it is like to live with a mental illness then we would find it easier to cope with what we go through and explain what is wrong. User led mental health awareness training should be provided to all GPs, as should the more common training relating to various conditions and treatments. Understanding our experience can be better found by listening to us than by reading textbooks.

Some of this understanding can be provided in the various ways that groups like HUG seek to improve awareness.

## **THE EFFECT ON FAMILIES**

It would be good if the wider effects of mental illness beyond the purely medical were understood, especially its effect on families.

## **COMMUNICATION**

If we find it easy to approach our GPs then we are likely to ask for help in the early stages of illness instead of letting it get worse and worse.

## **ROLE PLAY**

Try to find out what it is really like to be a patient.

## **SELF CARE**

Doctors are also affected by mental illness and addictions. If they can easily get help for this and help themselves to stay healthy they will be better equipped to help us.

## **TRAINING**

There are various training courses such as Scottish Mental Health First Aid, ASIST or STORM that could usefully help doctors at different stages of their careers.

## **DELEGATION**

Use the skills of other health professionals such as practice nurses to do jobs both can do and therefore free doctors up to do work only they can do.

## **COUNSELLING**

It would be good if doctors had a better knowledge and understanding of counselling.

## **APPOINTMENTS AND PRESCRIPTIONS**

The procedure for getting appointments and prescriptions varies between surgeries. It would be good if the practicalities of making an appointment or getting a prescription were as simple and straightforward as possible.

## **SICK NOTES**

It would be good if sick notes/fit for work notes could be signed at large intervals if we are going to be off sick for some time.

## **EMERGENCIES**

We wish to be sure that we can get help in what we consider to be an emergency. Sometimes it feels that this doesn't happen or that ambulances are not available.

## **PLANNING AND POLICY**

GPs have a unique perspective that can usefully be shared with a variety of planning and policy groups.

## **NOTES**

Sometimes it feels that doctors have little knowledge of us. Perhaps reading our notes better would change this.

## **FAMILY DOCTOR**

Some of us hanker after some of the qualities of the old family doctor who we all knew and trusted. Perhaps we could revisit this time to recollect what was good about this service.

## **TECHNOLOGY**

Whilst some of us are intimidated by technology others feel that computers and their programs are a great boon to doctors who need to have comprehensive knowledge of a huge variety of conditions.

## **MENTAL HEALTH FACILITIES**

It would be good if we could be sure that GPs had a good understanding of mental health facilities and had visited them to see what they are like.

## **PRESCRIPTIONS**

We worry that it is easier to get some medication in some areas than others and do not agree that this is a good approach.

## **BEING PRACTICAL**

An example of this would be if a person can get their depot injection at home from their CPN, don't make them go into the surgery for it if they don't want to.

## **WHAT DO WE WANT FROM DOCTORS?**

- Honesty
- Humanity
- Finding out when they don't know
- Empathy
- Respect
- Look at us
- Greet us
- Reassurance
- Understanding
- Friendliness
- First names
- Sense of humour
- Listen to us
- Help
- The right medication
- Guidance
- Help with self help
- Quick access to services
- Help with good reliable internet information
- Knowledge of our condition
- Know how we can live with our condition
- Results
- Help with pain
- Gentleness
- Care
- Support
- Access to social care
- Help with benefits
- Visit at night time

- Help with transport if we need it for appointments
- Trust
- Accurate diagnosis
- Attention
- Time
- Comfort
- Involvement
- Information
- Clinical skill
- Knowledge of community facilities
- Reliability
- Don't assume they know best
- Believe us
- See us as people
- Don't be judgemental
- Don't see an overdose as something to get angry about or judge
- Stop crisis before it starts
- Efficiency
- Take it/us seriously

## **DO GPs KNOW ENOUGH ABOUT MENTAL HEALTH?**

With such a diverse group of people to discuss and such a broad question it is not surprising that we received a variety of answers.

We feel that some GPs know a great deal about mental health and that others have an inadequate grounding in the subject. We felt that sometimes the understanding and commitment that they had depended on their attitude towards the subject. In general we worried that GPs didn't know as much as we would like them to.

We felt that there was much better training in the subject nowadays, although we were unsure if it was enough and that the subject was perhaps neglected a bit in the past.

We worried that without enough knowledge GPs would find it harder to pick up on symptoms of mental illness when patients first saw them, especially as our mental health can be very variable even when we have an illness.

Sometimes we found it more helpful if a GP admits that they don't know much in a particular area and promises to find out more than if they try to pretend to be experts when it is obvious that they are not.

Some of us felt that with the huge range of information that is available on a computer that they didn't need to know as much as we might expect.

We thought that ideally they would have training in the following areas:

- We need to make the subject of mental health relevant and interesting to them
- They need to know how to deal with us as people
- They need to know about the illnesses and their treatments
- They need to know about wellbeing
- They need to know about alternatives to medication
- They need to know how to diagnose us and inform us of this in positive ways
- We need them to learn how to treat us in a positive manner
- They need to hear direct user testimony about illness
- They need to understand how people can feel when they walk into the surgery
- They need to understand medication
- They need to understand the effect of mental illness on the rest of our lives
- They need to understand the mental health act and its effect on us
- Ideally they would find a way of finding out first hand what it is like to be an in-patient or what it is like to take medication
- They need to know how to communicate with us as individuals
- They need to know the early warning signs of mental ill health
- They need to know how to explain what is happening

### **ARE THEIR ATTITUDES TO US USUALLY POSITIVE?**

Again we had mixed views. A lot of us felt that we were treated well by our GPs. We didn't feel well treated when we felt that our views and illness were dismissed or we weren't believed by them.

When we constantly have to justify why we are asking for sick notes we can feel weary and fed up that people don't understand why we can't work. It can also feel bad if we talk about our illness and they refuse to discuss it as they are not psychiatrists.

Sometimes we felt that by going into a surgery we were automatically seen as dependant which can lead to negativity which means that we

may inevitably feel bad about ourselves. If they are very busy it may be harder for them to deal with us positively. Sometimes their preconceptions are barriers:

*"They've always seen me as a working person, confident and managing ok. They find it very difficult to assume I need help. They assume I am ok."*

*"I called the GP who told me that there was nothing wrong with me and put the phone down."*

*"The GP says... you're too emotional"*

We felt that attitudes were a lot worse in the past and in some cases felt that unless we were actively suicidal we received very little help for mental ill-health but that this was now far less true than it used to be.

We also realised that as GPs are human and as, or sometimes more, stressed than others that their attitude wouldn't always be perfect.

We sometimes wondered how they saw us. We felt that it would be good if they admired us, acknowledged our achievements and our struggle to cope.

Sometimes we feel very pleased about the fact that they speak out for us and stand up for us.

*"They always act in my best interests."*

Sometimes our own attitude and conduct is a barrier to positive attitudes. If we feel that we are being dismissed or not believed this can be very hard:

*"...believe what I am saying. If they don't believe me it makes me feel that I am going mad and makes me feel even worse."*

If they don't communicate openly with us this can make us resentful;

*"my doctor refused me for physio in July but decided to do this without telling me."*

There was a perception amongst a few of us that the more people a GP saw the more they were paid. This worried those of us that thought it.

## **HEALTH CENTRES: WHAT IS THE PHYSICAL ENVIRONMENT LIKE?**

Most of us were very happy with our health centres. They were mainly clean and bright, roomy and modern. In fact it was hard to find a negative view about the buildings and even those that were seen as a bit too homely or run down were not criticised as people were happy to feel that money was being spent on direct health services rather than anything that was overly concerned with appearance.

*"They have revamped it. It's very nice to sit in."*

*"Mine is very homely the atmosphere is good"*

*"My reception area has had a big revamp. It felt much better, but was it really worth it?"*

*"Mine is down at heel but I don't mind as the doctors and nurses are good."*

*"Many of them are now new; light and airy and clean."*

*"Mine is purpose built and is nice and cosy."*

*"Clean, newish, well lit. You feel welcome as you go through the door. The consultants rooms are spacious and don't feel like boxes."*

However we did have some worries:

- If the health centre is very, very busy it can have a bad atmosphere
- Sometimes it is hard to make out the name if a tannoy is used
- Some of us are very anxious in public places and can find waiting in the reception area almost unbearable
- The reception desk is not always a very private area in which to state your business
- Although some people welcome technology such as message boards others find the use of these sorts of technology intimidating
- Whilst some of us liked radios and televisions others found them intrusive and annoying
- Sometimes things are just frustrating such as having automatic doors for disabled people which able bodied people keep "clattering"

- Sometimes we wish it was a bit more informal
- Sometime the reading material is very old and out of date

The things we highlighted as being good included:

- It is comfortable and accessible with lots of magazines
- Toys are provided for children
- Its rarely overcrowded
- You can wait in reception if you need a lift home
- The area is well laid out so that it is easy to know where to go to
- The chairs are comfortable and are padded and there are high seats which are helpful for some people
- Its easy to get to and into

Ideally we would like to see health centres modelled on the 'maggies' centres so that they would be airy, calm, friendly and stress free. We also felt that much of the atmosphere depended on fellow patients and staff:

*"If you feel welcome walking into the surgery then you feel better."*

*"They are great with a smile, despite me being distressed and hysterical. They had a kind tone of voice and were friendly."*

It could be useful if the surgeries tried to become more in tune with the emotional impact of physical space. It might be nice to have quiet rooms where both patients and staff and can relax and chill out. It could be good if there were books and coffee machines provided.

## **RECEPTIONISTS**

Generally we were happy with how we were treated by receptionists, they tended to be friendly, interested and approachable.

*"Fantastic"*

*"They all know me by name and know who I am and treat me in a very nice way."*

*"They can be very helpful, especially if you are in a panic."*

*"If you have to phone then they are pleasant and helpful"*

*"Some are good; friendly, smile, care and check you're ok."*

*"I can't fault the local surgery at all. It's good in every respect from reception staff to layout, to cleanliness to the nurses"*

However the areas in which we had concerns tended to be when the surgery was very busy and the receptionists got stressed and in turn stressed other people. We were often not happy when they asked us what was wrong with us as we didn't think that they needed to know. The worst was when we didn't get on with each other:

*"...not very good, they have a bad attitude as I kick up, they don't go the extra mile, especially if you don't fit the boxes. They do the job but that is all."*

*"'frumpy face' is not nice."*

*"Three of them were great and one was a 'b' with no concept of how to deal with people in distress or depression or anxiety. I felt 'what have I done? How do I approach her? Is it my fault? Do I need to practice for her to be nice to me?' Her attitude has now changed. They need training, especially with people in crisis or distress."*

*"Depends if they like you."*

*"Sometimes very helpful, sometimes a bit rude."*

*"I find it offensive when they ask what the problem is. It has nothing to do with them."*

For some of us the use of technology at reception was a barrier to us. We found it less caring whilst pleasant human contact makes a big difference. Sometimes it does seem as if we have to get 'past' reception to see someone and that they can act as barriers to the treatment we are seeking. There is often a lack of privacy at the reception desk; maybe better siting or even a partition would improve this. Even with this catered for we worried about confidentiality in a rural area where everyone knows everyone else.

We worried that reception staff were sometimes quite ignorant about mental illness and felt that they should have a basic grounding in the subject. If a surgery is running late then it would be courteous to tell us.

## **INFORMATION IN THE SURGERY**

Most of us found the information in the surgery ok; we looked at the posters and leaflets, especially if they were well organised. We thought that the 'see me' information was the most prominent of mental health literature and were glad that it was there as well as 'well' magazine, the 'talking about' series of leaflets and on rare occasions information about local drop in centres .

Some of us had been consulted about the information on display and were pleased about this.

Some of us seek out information and are especially pleased with leaflets that give us tips on 'coping.' In one surgery we saw information on alternative therapies, which pleased us. The information can be good and placed in the right places to make it easy to look at and pick it up. However we did have a few problems with some information;

- Sometimes the notice boards are too much to deal with especially if they are crammed with not particularly good posters
- There is little on mental illness obviously on display
- There is very little information on local mental health facilities or support groups
- Sometimes the language used is off putting, it might be good to look at locally produced grass roots directories and leaflets to see if they could help other people understand how best to provide written information
- Sometimes the information we want is very personal but leaflet racks are very public and therefore we don't take any leaflets
- We also felt that places such as New Craigs and drop in centres could improve their information provision
- We would like to see posters and leaflets about groups such as HUG on display
- Some of us find information provision annoying as we are weary of constantly being given messages about how to keep healthy
- Some of us have actually asked for information to be provided on mental health and been told that it is not suitable
- In one surgery there was a video that provided information - this was welcome but it is no longer used
- When we see a collection of leaflets piled up on top of each other we have little wish to look at them

There needs to be a balance so that we are not overwhelmed with information on hundreds of different topics and yet we still need to get the information we need. This might include information about prescriptions and chemists as well as self help information and information on different conditions.

It could be good to have access to information via a publicly accessible computer in the surgery. It could also be useful to have more than the basic information we get in a leaflet so those of us that want to manage our conditions actively have the information that will allow us to do so.

## **GETTING TO SEE THE DOCTOR**

We can usually see a doctor quickly if we don't mind who we see. If we want to see our own doctor we can sometimes have to wait up to three weeks before we see them which is very frustrating for some of us. However, even when we want to see a particular doctor we often find that we can be fitted in at relatively short notice. It is much easier to see a doctor if you are not working than if you are working and are therefore restricted in the times that you are available.

*"In an emergency I would like to see my own GP but at short notice you have to see anyone, it is understandable."*

*"My appointment took a week, you can have to make an appointment four weeks in advance"*

*"If it is urgent to see them, then they can slot you in."*

Some of us have had doctors come to our homes to see us, which has pleased us, as the impression we have is that it is rare for this to happen nowadays. We did sometimes understand why it was hard to see the doctor we wanted to see and also sometimes acknowledged that if we had sought help earlier we would have had less trouble with delays.

*"It can be our fault because we don't seek help early enough"*

*"When I was ill my GP came out to see me even though it was his day off."*

In an emergency we tend to see our doctors very quickly indeed but some of us have various ideas about what an acceptable time to wait is:

*"Sometimes they say you can't see them but if you are desperate you can see them"*

*"I had a pain in my chest, the doctor and ambulance came straight out and took me straight to hospital. They were excellent."*

*"In crisis you don't want to wait four hours to be slotted in."*

Some of us felt access to doctors varied between surgeries. In some it was easy to see doctors whilst in others it was very difficult. It also varies between doctors. We tend to come to know who the good doctors are and they can be put under considerable demand because we tend to want to see them more than other ones. Sometimes it is hard to make appointments because the phone is so busy. In some areas it is possible to have phone consultations at certain times. This is welcome.

## **OUT OF HOURS SERVICES**

Many of us were disappointed that we could no longer see our own GP out of hours. We much preferred face-to-face contact with someone that we knew. Ideally we would go back to the old system of having a doctor that we are likely to know on call all the time.

The system of having to phone NHS 24 was off-putting to many of us and put us off getting help when we might need it.

*"... a waste of time, you phone them and have to do it all backwards."*

*"It's a fankle I would never bother if I were ill."*

*"I prefer my own doctor and referral to the proper place."*

*"NHS 24 were very rude."*

*"NHS 24 is just a joke, they don't have a clue. You ring a general nurse in Glasgow and they don't understand you or your history. They told me to take a pill, go in a dark room and drink warm milk."*

We did not appreciate the bureaucracy of getting through to and having to register with NHS 24 before we could get help and sometimes doubted that the people on the phone understood what it was like to ask for help from rural parts of the Highlands and even that we may have difficulty in understanding each others accents.

We were disappointed that we were now expected to travel to the doctor for help when this was sometimes difficult. When we are calling about situations that are highly personal and often very emotional then we find it hard to talk to strangers and wish that we were talking with people familiar with our own lives and treatment. We can find it hard when they take a long time to phone us back and also imagine that it must be quite hard to assess us over the phone when we are very distressed.

*"NHS 24 I don't bother, they don't know you properly."*

*"If you are already acutely ill and they don't have your details it can be a nightmare. It can be better to phone 999. I couldn't get past the receptionist and they wouldn't help when I wouldn't give them information."*

*"On my own I would just call 999 I couldn't do NHS 24, I could hardly speak."*

Some of us have encountered particular problems in getting transport when going through NHS 24:

*"I phoned NHS 24 and was told I needed to go to hospital. I sat with four other people. No transport came. They didn't do as they promised. They ended up having to get an ambulance from miles away. It took ages."*

*"They were arranging transport and got the destination wrong. They were over 60 miles out"*

*"They thought the closest service to Mallaig was on Skye so they arranged for this to happen not realising the ferry wasn't running that day."*

We sometimes get put through to other services that we feel are inappropriate. For example while some of our members find 'Breathing

space' a valuable service it is not there to deal with every sort of emotional situation:

*"I phoned and asked to speak to a psychiatric nurse but was put through to 'breathing space', which, to me, was a waste of space."*

In contrast the system in place in Nairn was appreciated;

*"You phone the GP and are redirected to the hospital. It's great."*

Many of us want a specialist system to deal with us in crisis. We would like access to safe houses and local psychiatric nurses without having to go through NHS 24.

Despite the above criticisms some of us had had good experiences. We valued NHS 24 as a way of screening the urgency of our situation and responding according to need. We also felt that when we are just phoning for reassurance or advice it can be very helpful.

*"The advice is good. All the nurses are helpful and will listen."*

*"NHS 24 can be very good for information."*

In some emergency situations we were very grateful for the help we got:

*"they can be very caring and efficient. They helped me with every step to get me into hospital. They were quick efficient and caring."*

The fact that they often arranged for follow up appointments following our phone calls was appreciated. If we can't see our GP it is good to know that an appointment will be arranged for the next day. Some of us have needed help to contact them but once we have got that they have been helpful;

*"I couldn't face anyone. My daughter called NHS 24 who called out an ambulance. It was marvellous both the ambulance and the staff and the hospital. But I couldn't have phoned them without help from my daughter."*

*"NHS 24 are quite good. It can take a time to get through to them but when you do they are helpful and prompt."*

## **DO WE GET LONG ENOUGH APPOINTMENTS?**

We believe that when we need to see our GP for mental health issues that we often need longer than the standard five to ten minutes that we normally get.

Many of us didn't realise that we could ask for a double appointment and although many of us felt that we weren't given enough time a substantial number did. Many of us said that if we expected more time from a GP then we should also expect them to give adequate time to other patients. This could often make them late for our appointments. This was ok with most of us.

*"They adjust to the person. They are often late for me but that means they have spent more time with someone else, which seems reasonable. They have also suggested double appointments which I didn't know about."*

Some of us find that when we only have a short time allocated to us that writing down questions and points we want to raise is very helpful.

*"It's over before its done, they don't have enough time and they often don't have enough knowledge."*

*"They are busy, there is a pressure to be as quick as possible."*

*"I never feel rushed."*

*"I have had a doctor say 'I don't have the time for this today'."*

*"I never felt I was there too long, they don't adhere to rigid timescales."*

*"There is no clockwatching."*

## **PRACTICE NURSES**

Again it is hard to generalise about a group of people but we tended to find the nurses in the health centres very helpful although some just seemed to treat it as an ordinary job;

*"Brilliant."*

*"They phone me up to offer help."*

*"They treat you as a person not as a piece of work."*

*"Understanding and they chat to you."*

*"They have been excellent and even talk about mental illness when taking blood."*

*"They work to a timescale."*

## **WHAT ELSE COULD BE PROVIDED AT HEALTH CENTRES?**

We had a number of ideas about services and other things that could enhance the work already carried out at health centres. We thought the following activities or services would be helpful:

- More preventative medicine
- Access to alternative and complementary therapies on the NHS
- Access to relaxation therapy
- Access to counselling
- An emphasis on health rather than illness
- Help with diet and nutrition
- Help with healthy lifestyles
- Benefits advice
- Referral to other centres such as advice centres
- Wellbeing and relaxation groups
- Healthy living tips for people on low incomes
- Information and access to self help groups and techniques
- Directories of other services
- Help for carers
- Help to connect to related services

- Access to social work services
- Open it in the evenings
- Access to mental health services
- Base community mental health teams there
- Group therapies
- Access to physical health checks
- A mental health MOT for everyone
- Exercise promotion
- Work on emotional wellbeing
- Alcohol services
- Signposting to mental health services
- Information on sexual health and related services that can be accessed anonymously
- Massage
- More gym and physiotherapy

## **SHOULD MENTAL HEALTH SERVICES BE LOCATED IN HEALTH CENTRES?**

We had mixed feelings about this. First of all some mental health services are already located in such places. Some of us had strong feelings that there is so much stigma around mental health that placing facilities in such a place would be damaging both to patients and to the service itself.

*"It can be embarrassing as everyone knows that you are seeing a CPN."*

Most of us thought the opposite and wanted services such as these located here. Many people made the point that it would make it much easier to access services if they were located at health centres.

*"The doctor referred me to the CPN who I saw in the surgery. It was very, very good. Having mental health services at the surgery is very good."*

We also thought that community mental health teams sometimes had poor accommodation anyway and could do with better premises.

## **SHOULD WE SEE OUR PSYCHIATRIST IN HEALTH CENTRES?**

Again most of us were happy for this to happen with some people saying that it used to happen frequently but that it was now more common to go to the hospital, which they regretted. Some of us would prefer to be seen at home. However there were some of us who would feel awkward with this:

*"If they come and call you out then everyone will know."*

*"I wouldn't mind. It doesn't matter, if the environment is suitable."*

## **WHAT ARE THE QUALITIES OF A GOOD DOCTOR?**

We felt the following qualities made for a good GP :

- Warmth
- Empathy
- Humility
- Understanding
- Interest in us
- Engagement
- Ability to explain
- Friendliness
- Awareness
- Ability to find information
- Knowledge of community facilities
- Knows their limitations
- Care
- Patience
- Take it in
- Warm hands
- Looks at us
- Not abrupt
- Act on what needs to be done
- Doing what they say they will do
- Identify and understand what is wrong
- Take us seriously
- Curiosity
- Know about current treatments
- Trust

- Consistent
- Approachable
- Admit it when they don't know
- Like their jobs
- Advocate for us and better services
- Open minded
- Experienced in 'life'
- See us as individuals
- Compassion
- Unconditional positive regard
- Kindness
- Accurate diagnosis
- Understand the social model of disability
- Holistic approach
- Don't use jargon
- Don't look down on us
- Non judgemental
- Kind voice and tone
- Not scared of us
- Well informed
- Computer literate
- Sees our intelligence.
- A knowledge of our background and history

## **CONCLUSION**

From this round of discussions we found that most of our members were happy with the services our GPs provide and that we were also happy with much of what we knew about the Health Centres that we use.

There is no doubt that on occasion we do encounter people who treat us in ways that are not really acceptable and that we need to make sure that these rare events become even rarer.

We would like specialist out-of-hours services to help us with our mental health rather than having to use NHS 24, even though it has been very helpful for some of us.

It would be good to have a series of services based at health centres that concentrate on prevention and health promotion and equally it would be good if our mental health services could be based there too.

From the list of qualities that we would like from our GPs it is easy to see that we still have very high, even unrealistic, expectations but what we can see is that after the basic skills of medicine are dealt with the most important attributes rest in how they deal with us as people and how they communicate with and view us. What is encouraging is how often we had members who seemed to find that their GPs lived up to most of these characteristics.

We would encourage GPs to become as up to date in mental health as they can and to take advantage of mental health awareness training such as that which HUG offers. We are keen that it becomes easier to see the GP we want to when we want to. We still believe that one of the great advantages that we have with our GPs in the rural area that Highland still mainly is, is that they generally know us as people who live in their community rather than people they see in the surgery and who they have limited knowledge of.

## APPENDIX 1

### **GPs**

Over twenty years ago, a first appointment with a new GP (in England) seems different from what is the norm today. He gave me lots of time, seemed to ask some strange questions, but came up with a diagnosis of depression, prescribed medication which my Mum had had. Somehow his manner was good, and the way he indicated I had an illness re-assured me. I couldn't make any sense of the way I had become unable to cope in all sorts of ways.

Living now in a very rural area going to the GP can be very difficult. There is no anonymity. Although personally I have not experienced stigma due to having a mental illness, I still find it extremely difficult when I am depressed to go outside the door. There have been times when I wouldn't go to the GP to get a sick note.

Until quite recently, we did not have to make appointments, so the waiting room could be very full. When I had depression I couldn't sit there, so I wouldn't go. My GP did become aware of this, and did offer to come and see me, to save me sitting in the waiting room for ages. I do happen to live very close to the surgery. This was OK, but I still wasn't sure when she would come, and I hated the wait.

Empathy is paramount. I didn't feel I could talk to our previous GP, but because I was already in the system my contact became directly to the consultant. I did feel I could communicate with him – but when he retired changing was quite difficult, despite having a lot of respect for my new one. Communication with someone who is experiencing an acute episode of mental illness can be very difficult. It can be as much what the patient doesn't say as what they do. When I am very depressed I say very little. In fact when I go quiet that's a sign something is wrong! However, despite being very unwell, we can have quite good memories when we recover, and good and bad attitudes do stick. Patronising remarks stay with us! Trust is also hugely important. Having some understanding of what may be passed on to other people matters greatly.

One example of lack of understanding came from my GP when I was trying to return to work on a phased return. I worked shifts, in a care setting, and although my employers were reasonably accommodating, the GP suggested I went back part-time but for morning shifts! My worse time of day. I could just about manage back shifts when I used to feel a little better later in the day.

Having been involved with suicide awareness training, I feel it is vital GPs have some training so that they feel able to ask about suicidal feelings/intentions directly. They also need to be aware of local services and support. These remarks may be obvious, but there occasions when locums may be engaged, sometimes for a considerable time.

I went for a blood test to check on my valproate levels. The doctor was surprised I was on that medication, and perhaps when I wasn't well I

may have found him abrupt. However, he didn't contradict my opinions re choice of medication (perhaps there was a lot of stuff from my consultant on the screen!). He was helpful re the blood test and was very receptive when I offered him a copy of the HUG newsletter. He later phoned back with a more appropriate arrangement of time of day for the blood sample to be taken as I wasn't aware it should be done in the morning. I really appreciated that.

In the last couple of years there have been changes to my GP practice. One of the new GPs has a particular interest in mental health and is very easy to talk to. This is a huge comfort to me, as I feel if were to be ill again I would have no hesitation in going to see him. In the past there was little information in the waiting room about mental health issues whereas there is now.

When I was sectioned over two years ago my GP practice was being staffed by locums or doctors on short term contracts. This made the reports required for Tribunals difficult, and also the information needed for benefit applications. Fortunately my consultant knew me quite well. An example of another GP going the extra mile was when the GP became concerned about the patient who he had seen that morning. He knew what her plans were for the day, including where she was having lunch. He was concerned what she might do after lunch....he sat in his car next to hers to ensure her safety. This could probably only happen in a very rural area with a GP who knew his patient well. But to my mind it demonstrated an amazing level of care and compassion.

APPENDIX 2, 3, 4 TO BE SUPPLIED

## ACKNOWLEDGEMENTS

With thanks to all the members of HUG, and other mental health service users, who contributed to this report.

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