



# Welcome to our Summer 2007 Newsletter



Welcome to our latest newsletter.

Enjoy reading... From all at HUG.

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**HUG is 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, 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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**Features on our workers**

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

My name is Graham Morgan. In my earlier years when I was young and care-free, I used to run up and down the Meadows in Edinburgh flapping my arms and trying to fly. I did the same in North West Sutherland in the sand dunes, but always crashed.

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

I came to the Highlands eleven and a half years ago, and the first thing I did was zoom around the Highlands finding out if people wanted a group like HUG. Luckily they did otherwise I wouldn't have anything to do now. Since then, we have met and gossiped, and consulted, and discussed, and campaigned, and educated and generally done everything we can to give voice to our experience. What we are trying to do is change the world. Sometimes the world doesn't realise this, so we have to remind it.

**Who has had the biggest influence on you?**

My Maths teacher at school who didn't smack me when I couldn't do my work, and inspired me to go climbing, which is strange because I am now afraid of heights. Shulah Allan from Edinburgh Voluntary Organisations Council, who gave me the confidence to do the work I do. The elderly man in Middlewood Hospital, who died without dignity, and inspired the need for our voice to be heard. Kate, who made me realise all clouds can be tinged pink, and that love can transform us. My fellow HUG workers with whom I have shared so much. Finally, HUG members who keep life bright and exciting, and the man who invented whisky!

**What is your favourite food?**

Either Vegetable Tempura or Spicy Tofu Soup or, more probably, Chips and Curry Sauce from outside Wickes.

**Who would you most like to meet?**

I would like to meet whoever would finally help fund our work, so we can carry on without worrying.

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**Name one thing that would make your life better?**

More time sitting by rivers reading books.

**What three words best describe you?**

Disorganised, silly and determined.

**What is your greatest achievement?**

Stopping a drunken man from beating up a woman on an Edinburgh street.

**Who do you most admire?**

Ahhh! Now that would be telling!!

## HUG or HUG

For many years many of our members have said that HUG is great name for our organisation. Indeed for some of us a daily "hug" keeps life sweet.

However an equal number of you have said that the word user in our title is offensive and that some people don't join us because of this word.

Over the years we have asked people to come up with an alternative to users but to still keep a U in our name so we can remain as HUG. No-one until recently had any other alternatives but now we do have a suggestion a little long but still a good idea.

What do you prefer:

◆ **HUG** – which stands **for Highland Users Group**

Or

◆ **HUG** – which stands for **Highlands United for Good mental health**

Let us know and if we have enough demand for a change we'll see what we can do.

## Update from HUG workers

### Update from Graham

#### **Our latest reports**

We haven't had much feedback on our latest reports so if you had views on them or were affected by them do let us know.

The Smoking Ban report highlighted the fact that the ban whilst not universally welcome, had gone smoother than expected and that we are really worried about the effect of a ban in New Craigs. The report was quoted extensively in research commissioned by the Scottish Executive.



The Inclusion report struck a chord with many of our members and highlighted that at certain times we will always need our own dedicated mental health facilities. Sometimes we need to be amongst those who we can guarantee will understand us, amongst people we don't have to wear a mask with anymore, in other words with other users. At other times we, like everyone else, enjoy and want to mix with everyone else whatever their personal background may be. It depends on the individual and where we are in our lives.

#### **Local issues and the next 2 reports**

Over the last couple of months we met with our members in our local branches. As usual a number of local issues were raised which we passed on to Jon King (Head of Operations in Social Work) and Dr Ken Proctor (Associate Medical Director, Primary Care). We discussed a range of these when both people came to visit our Round Table meeting in June.

If you want a copy of these issues give us a call in the office.

The discussion topics in May and June were:

#### **Young Peoples Services**

- Some of the main points that arose were the need for teachers, other school staff and children and young people to be given information about mental health and the ability to recognise the signs of illness as well as to challenge stigma. We also thought that there is a need for a young peoples unit in the Highlands. It just seems wrong that young people can be sent away down south far away from family and friends because there are no dedicated beds up here. There was also a strong call for better attitudes to young people – if we listened to them more and respected them more then maybe they would be more likely to seek help when they need it. We'll be writing up the meetings soon.

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### **Peer support**

This was an interesting subject which we found our membership completely divided on. We all agreed that we can give each other a great deal simply because we are users and have a shared experience but got stuck when we talked about providing formal support on this basis. For some of us it would be exploitation, for others it would be too much to deal with and could damage both us and the person we would be supporting and for others it would professionalise a relationship that is precious by its very lack of professionalism. On the other hand some of us had experienced support from workers who were open about being users too. This was in many ways inspiring and seemed to us to be a good model for the future. It seems like it will be a complicated report when we come to write it.

If any of you couldn't join in the meetings but want to contribute then let us know and we will send you out the questions we asked in the meetings themselves.

The current round of meetings which started in September will focus on mental health and physical health and also people with mental health problems and the police. If you can't make the meetings but wish to contribute then do give us a call or maybe put comments on this subject by joining in on our message board. If you want more information on the HUG message board give Karen a call at the office on 01463 723559.

### **Speeches**

I have given two speeches on Recovery recently, one at the Scottish Recovery Network Annual Meeting and one at the Annual Meeting of the Royal College of Psychiatrists. The first speech can be found on the Scottish Recovery Network website, the See me website and in various publications including in "WELL" magazine produced by the Scottish Executive. We are talking about the possibility of the second talk going on the Royal College of Psychiatrists website sometime soon.

Anyone who wants a copy should hopefully get it from our website but if we haven't managed that yet then we will happily e-mail you copies.

### **Meeting Other Groups**

Later on in this edition we talk about our meeting with Acumen and users from the Western Isles but in addition to this the Friday Forum was visited by users and staff from the user network in Glasgow and users and staff from Plus which covers Perth and the surrounding area. We also met a carers group in Inverness and took issues from their meeting to raise with officials.

Both visits were great and left us energised and invigorated especially once we had eaten the 2 boxes of biscuits that PLUS gave us.

The Friday Forum has as usual met on some Fridays to look at consultation documents and speak with people on subjects that interest us. Any member of HUG is welcome at the Friday forum days just call the office and ask to be put on the mailing list – Don't ask Graham he is likely to forget you've asked him.

## **Update from Karen**

### **Scotland's mental Health First Aid DVD**

What a whirlwind these last few months have been. Spring until early Summer I was travelling the length and breadth of the country interviewing and filming people for the Scotland Mental Health First Aid DVD.

The DVD was launched on the 20th June to an incredibly receptive audience of Scotland's Mental Health First Aid Instructors.



**"We are so proud of the work that has been created ..it will enhance the training courses for Instructors and participants alike. It is a testament to the dedication of HUG to those with mental health issues that such an emotive and relevant resource was produced with such sensitivity and commitment."**

Jane Cook, Communications Manager, NHS Health Scotland

The DVD was also highlighted in local and national media with a piece in the Society section of the Herald (19<sup>th</sup> June) and another one in the Inverness Courier (19th June).

It was an amazing experience being involved in this production and huge thanks to the individuals who shared their testimony to make it possible. I'd also like to thank Charlie Wilson (filmmaker) it was great working with you again.

### **"Nice Work If You Can Get It" DVD**

Also on the DVD front we've sent 500 copies of the "Nice Work if You Can Get It" employment programme to Scottish Healthy Working Lives and feedback has been very positive.

**"The real life personal experience in this DVD has a much more powerful effect on the audience and the trainers recognise the value of using this method as opposed to made-up life stories and hypothetical situations."** Healthy Working Lives

### **Borderline Personality Disorder Information Pack**

Over the last few weeks I've been busy working with Marianne (HUG member) to develop an information pack on Borderline Personality Disorder based on direct personal testimony. The pack aims to dispel some of the myths surrounding BPD, particularly around the "label" and the treatment.

The BPD pack will be for anyone who has responsibility for the diagnosis, treatment and care of someone with BPD. The pack will include written testimonies, artwork, poetry, views from professionals as well as video testimony. If you are interested in finding out more about the pack give me a call on **01463 723559**.

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### **Programme on Social Inclusion**

The next programme I'm producing is on the social inclusion of people with mental health problems who live in remote and rural areas.

The programme will be aimed at the statutory services in particular the Local Authority who have a remit under Section 26 of the Mental Health Care and Treatment Act 2003 to provide service to promote wellbeing and social development.

As always I would love to hear from anyone who would be interested in sharing their experience. In particular I'm looking for people to share:

- ◆ What it is like living in a remote and rural area and having a mental health problem—stigma/support from the local community
- ◆ Difficulties in accessing non-mental health services
- ◆ How easy/difficult is it to access local leisure facilities/libraries/community events etc
- ◆ Difficulties faced when trying to access employment in the local area
- ◆ What things would make it easier to access mainstream services

If you want to find out more about this programme or would like to share your testimony give me a call in the office on **01463 723559**.

### **Police**

I've recently had a meeting with Northern Constabulary to discuss the possibility of producing a programme targeted at front line officers .

Front line officers are often the first to be called to any incident of a person experiencing a mental health crisis, yet they can sometimes have a very negative attitudes towards mental health issues.

Other than basic foundation training, police officers currently receive no standard training in mental health awareness and recognition, yet spend a significant amount of their time interacting with people with mental health problems.

I'll keep you all up to date with progress...

### **Media Work**

Over the last few months we've had a number of media placements. Some of the highlights have been:



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- ◆ BBC Radio Scotland (on the Mental Health Act)
- ◆ BBC 2 'Eorpa' ,(on a programme about suicide in the Highlands and Islands) shown twice
- ◆ Community Care Magazine (on being nominated for a Community Care Magazine Award.)
- ◆ Highland News (feature article on a HUG member's experience of acquired brain injury was inspired by TV drama -documentary 'Recovery'. The Highland News reported that this article generated the biggest response they have ever had to a feature article by members of the general public.

### **Update from Emma**

A lot has happened since the last newsletter, much of which is very nice and exciting. The anti-stigma work of the Communications Project was selected as an example of good practice from projects across Europe.

We have been zipping around Europe taking part in trans-national visits as part of our Grundtvig 2 project. This has been great and myself, Graham and Marja-Liisa have been to Portugal, Spain and Romania where we have met with other users and professionals and visited projects and organisations. This work has just come to an end and we are waiting to hear whether a further 3-year application has been successful that would involve HUG helping other countries to set up user groups and deliver training.



Work has been difficult at times due to the uncertainty of our funding. Sadly none of our funding applications were successful, including our 5-year bid to the Big Lottery (which was a huge blow). We are now in discussion with statutory services exploring the possibility of sustainable funding for the Communications Project. We will keep you posted.....

Below is a description of some of the work I have been involved in over the last 6 months:

#### **'A Boy called Luke' – a film exploring a teenager's journey into, and out of, psychosis**

I have had the huge pleasure of working with Eden Court, young people from the Inverness Youth Theatre and Charlie (film maker) to make a film showing a young boy's experience of a first time psychosis.

The film, centred around a 16 year old boy called Luke, portrays the confusion, isolation, fear and stigma that can surround someone's journey into mental illness. Yet the film is also a testimony to hope and a future, giving strong messages about the fact that people can, and do, recover from mental health problems and the importance of open attitudes and non-stigmatising behaviour.

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The film is accompanied by personal testimonies from two people who have experience of a psychotic illness and forms part of a DVD that will be distributed to schools across the Highlands later in the year.

It has been a great pleasure and inspiration to work with the young people from the youth theatre, who have shown amazing commitment to this project. A huge thank you to the HUG members who shared their stories with the young people and who helped to make this project so exciting.

### **Work within schools**

We have just started again doing awareness raising work with secondary school pupils. This work kicked off to a flying start this week with sessions with S5 pupils in Millburn Academy. We have a big (45) group of pupils from whom we hope to recruit for this year's Peer Education Group.

The session went really well thanks to the great contribution of HUG members as we focussed on raising the pupils' awareness of the main psychotic illnesses (as a prelude to the film coming out in schools). The pupils were fascinated by people's experiences of hearing voices, which does lead me onto thinking about doing some specific sessions in schools around this.

12 pupils put their names forward as being interested in the Peer Education Group, and importantly 4 pupils came forward for personal reasons, asking for information and advice.

We have sessions planned for another 250 pupils in Millburn over the next few weeks, then I will be approaching other schools to see if we could do similar work.

### **Speaking at conferences**

In October we will be speaking at two conferences about our work with young people; one in Perth the other in Lisbon!

At the conference in Perth we've been asked to talk about the film ('A boy called Luke') – why we decided to make a film on psychosis, how we worked with a film company, Eden Court and how the young people from the Youth Theatre were involved. I am hoping that some of the young people will be able to come down with me, and also Kenny who was fantastic in sharing his experience of developing psychosis at 16. We will let you know how we got on in the next newsletter.

### **Mental health awareness training**

We have been asked by Social Work to deliver a series of training days and input into the Mental Health Officer training programme over the next year. Debbie is leading this training for us on a freelance basis. The first session went extremely well.

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Graham and Debbie went with two members to talk about advanced statements, named persons, detention and HUG member's experience of contact in the past with MHOs. The discussion generated was very lively and I think that both MHOs and HUG members learned a lot about each other.

**"Testimonies and experiences are extremely valuable – so much more learning for me about the feelings and aftermath of interventions by mental health services."**

**"Extremely interesting afternoon. Very informative and helpful."**

Graham and HUG members spoke to 23 psychiatrists in New Craigs on recovery as part of their lunch time training sessions. We hope to make this a regular slot with the psychiatrists in the future.

### **Hillcrest House**

Debbie and Graham went to Hillcrest House to run a training session on bipolar disorder. The session went extremely well and there was 100% excellent feedback for all the day.

## Scotland's Mental Health First Aid

Scotland's Mental Health First Aid (SMHFA) aims to tackle a lack of knowledge and understanding in mental health and well-being; the 12 hour training from NHS Health Scotland empowers people to understand what can be done to support mental well-being, and provides practical guidance on dealing with mental health issues effectively.

The course teaches participants to:

- Give initial help to someone experiencing a mental health problem
- Deal with a crisis situation or the first signs of someone developing mental ill health
- Guide people towards appropriate professional help.

By training in SMHFA not only are participants better able to support colleagues, friends and family, but through applying the same strategies their own mental health is often improved. Participants leave with a greater understanding and reduced stigma toward mental health issues.

For more information on courses in the Highlands contact Heidi Tweedie on **07989331651** or email **Heidi@moxiemedia.co.uk**.

Moxie Media is both a mental health training company and a media consultancy. We are pleased to offer discounts on our courses for multiple bookings and to low income individuals (students / benefit claimants).

## Living with Borderline Personality Disorder

Alone, and trapped in a sea of various different sadness and sufferings, I just want to be loved. A constant feeling of desperateness, despair and hopelessness. Very often you are diagnosed with some sort of other mental illness, and BPD develops after or, as in my case, as well as the original.

Sometimes I feel like I'm speaking another language because the psychiatrists and other people around me just don't seem to understand what I am saying, or else, the 'favourite of all', misinterpret what you say. How many times throughout my life has that pathetic excuse come up as a result of something bad happening, I've lost count. What's more, they know I, or they can be very easily misinterpreted by either me or them, yet they don't seem to want to accept this fact.

I was diagnosed with BPD after I was messed about by my Mental Health Social Worker, which resulted in me being discharged from the services. I felt, and still feel, betrayed by this person for discharging me, because as a result of being discharged I became ill. People seem to think that you can "will" BPD to go away, but you can't, believe me I've tried and ended up in New Craigs. This illness will be with me all my life. It's been with me through my childhood. It's not going away any time soon, you can't "will" mental illness away. It's not easy living with BPD, especially when things people say can be misinterpreted, which results in me getting annoyed with others. My moods can change very suddenly, one minute I can be very happy then the next, very sad.

## My Experience of Hospital

I kept telling myself "You're not ill, it's all in your head. Stop being an attention seeking hypochondriac". That was when the problem began. By denying to myself anything was wrong I broke my brain, and tried to kill myself, which resulted in me getting sent to New Craigs. I remember thinking that the doctors wanted me dead, so they could turn me into a Cyber person. When I first went into hospital, I thought I was going to be put into a padded cell with a straight jacket on and lots of needles to make me sleep. I was so scared. I can't remember a lot of what happened, but I do remember trying to kill myself in the hospital, and the Doctor coming in and saving me from the belt with which I tried to kill myself. I was so sad I couldn't think. I was scared too! I would wander up and down the corridor in the day time crying, I didn't know what was going on any more, and that scared me.

The first time when I came out of hospital I was scared. Everything was loud and menacing. I wanted to go back to hospital where I felt safe. I am still very nervous around people, even sometimes around people I know.

**Tabitha**

## TAG

Many of you will know that the subject of meetings earlier in the year was The Training and Guidance Unit (TAG) which is a place to go to build up the skills and confidence to finally get into work.

TAG has experienced a host of problems recently. First of all it still has to apply yearly to get funding from the European social fund (it pays at least 40% of its costs). It is never completely certain that the applications will be successful which puts strain on both clients and staff. In addition its Inverness base is now in the middle of a building site now that Craig Dunain is being redeveloped and needs to find new premises very soon.

HUG has been involved in raising these issues for a while now and has found that the concerns of our members are really being taken seriously and a big thank you to all of you who took the trouble to write about how much it means to you.

Anyway we used March and April to find out how much it does mean and involved over 100 of you in the discussions.

This was not an evaluation but it did really highlight how important TAG can be. There really is something good when people gain skills and qualifications that they never thought they could and certainly couldn't in mainstream places. But equally there is the camaraderie the way everyone helps each other and looks out for each other the way there is banter and a reason to get up in the morning and just something to look forward to and to motivate you.

It is about much more than work. In fact for some work is a side issue, its about regaining confidence and hope, about being able to mix with people but without any pressure and about realising that life is still liveable.

Throughout this newsletter we feature some of our members stories and hope that they can be used to ensure TAG's continued success.

## TAG Time

I started with New Futures after being referred on by Dr Carbonelle. I wasn't sure what to expect and was pretty negative about it all. I don't really remember too much from back then.

Once started with New Futures, I started the New Clait computing course and found that I got on quite well with it. I especially enjoyed the Desktop Publishing.

New Futures then had their funding taken away and I remember feeling panic, anger and abandonment, I thought what's the point in trying to help folk get on then just pull the rug out from under their feet? Luckily I was offered a place with TAG.

I find the Project Co-ordinator and Tutor extremely helpful and approachable and it is good knowing that they will fight your corner and give help and support when needed and they do this with your permission, they don't force anything on you.

I have since completed the New Clait modules successfully. This gave me more confidence knowing that I could still learn something and helped me realise that I did not want to be in a job sitting in front of a computer all day doing spreadsheets etc. I also had the opportunity to start a childcare course but not long after starting I decided that this wasn't for me. No negative criticism from TAG or disappointment is shown in you, but support and encouragement offered instead. I have met good people who are in a similar situation and knowing that you are not alone in how you feel is helpful. It has also given me the opportunity to network with similar people, and pass information on that has helped others and vice versa. TAG, to me, was and is an escape, time, if you like, away from the stuff I have to do on a regular basis. If I don't feel like doing any work that day, because I cannot concentrate or just don't feel up to it, then no pressure. If I only felt able to stay half a day, no pressure. I am "under contract" to attend TAG, as are all the other clients, but you don't get a written warning or disciplinary action if you maybe don't make it for a week or two. I know for a fact that TAG cares about their clients and will call them at home to see if everything is alright, if the client hasn't been in or not been in touch.

You are not judged, you can just be.

Arts and craft days were great, sitting getting the "crack" with your colleagues and doing something more relaxing and a bit different. This is not often, as I believe that cut-backs do not allow for these types of sessions very often now. The odd day trip has also been magic and much appreciated.

TAG is brilliant with helping with benefits, forms and suchlike, just the thought of that still makes me feel sick. If it wasn't for TAG I wouldn't have gotten a start with the two organisations that I volunteer for and as a result a foot in the door of my chosen career path – which was totally different to what I was doing before TAG.

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They liaise with the organisations to ensure that things run smoothly for us both and receive feedback on progress which is much appreciated too. I had an interview with one of these organisations on Monday, but unfortunately did not get the position I applied for, but I know when I go into TAG on Monday they will be kind and supportive and help me implement an idea I have to gain more experience, which seems to be the thing that has let me down in this instance. I could have contacted them before if I felt I needed to, but I can hold on till Monday.

I have come as far as I have myself. I have done the work and put in the time but I know, as sure as eggs is eggs, that I could not have done this, or done as well, without the help of TAG.

VIVE LA TAG!

## Schizophrenia

What leads to a schizophrenic becoming a danger to society?

Anyone diagnosed as 'schizophrenic' or 'psychotic' could possibly find themselves forcibly detained in psychiatric units for very long periods of time. From the sufferers point of view it is usually a religious experience of some description.

Treatments are nearly always drug based. Patients often find themselves heavily sedated for considerable lengths of time. The idea that it could be a religious experience is thought to be an absurdity by the psychiatric profession.

Such patients have no talking therapies. Nothing of what is going on in their heads is ever explored with an effort to relate to what they are experiencing. The non-existence of such therapy, heavy sedation, numerous (often lengthy) spells in hospital must surely lead to a lot of frustration, resentment and anger building up in the sufferer.

This all leading to the headlines we often hear and see.

There is a saying: "When you talk with God it is called praying. When God talks to you it is called schizophrenia."

Yours walking with 'God'

George McGregor  
Sometimes patient in Royal Cornhill Hospital, Aberdeen  
(Written around 1995)

## When God gave out Brains

When God gave out brains  
I thought he said trains  
So I missed mine  
When God gave out looks  
I thought he said books  
So I didn't want any  
When God gave out noses  
I thought he said roses  
So I asked for a big red one  
When God gave out chins  
I thought he said GINS  
So I asked for a double  
When God gave out legs  
I thought he said kegs  
So I asked for two fat ones  
When God gave out heads  
I thought he said beds  
So I asked for a big soft one  
Boy, am I in a mess  
I should have listened to him.

## HUG Questionnaire

When you join HUG we send you a welcome pack and a HUG questionnaire about how you could be involved. It is great getting completed questionnaires back and they can be very helpful.

Unfortunately the HUG staff do not have time to analyse and enter the details of the questionnaires onto our database.

However a volunteer with the HUG team is willing to do this work. She will sign a confidentiality agreement and will then enter your details into our system and then we should become much better at involving all those of you who have put yourselves forward.

We will explain this to all new members but if any of you who sent your questionnaires in the past would only like them seen by a HUG worker rather than a volunteer then contact us:



01463 723 557



[hug@hccf.org.uk](mailto:hug@hccf.org.uk)

## ARGH

From June 2005 – May 2007 the Scottish Executive sponsored a survey concerning the rising number of people diagnosed with Autism Spectrum Disorders (ASD) and the provision of services for adults with ASD in the Highlands. Simon Webster, Autism Development Officer for two years in order to carry out this survey, did a thorough and excellent job consulting with a wide range of professionals and, most importantly, with people on the Autistic Spectrum to find out about our needs and the existing (lack of) provision of services. While in the professional sectors little promise has been made to act on the recommendations, the adults with ASD consultation group decided to become an official advocacy organisation for people with ASD in the Highlands. Hence on 1<sup>st</sup> May 2007 the Autism Rights Group Highland (ARGH) was born.

We gratefully incorporated advice from Graham Morgan regarding the aims and the running of the group, while Simon Webster led our discussion on the constitution.

Although the majority of people with ASD experience mental health problems at some time in their lives, we do have very specific needs (and strengths) which do not fall directly into the mental health category. For example, most of us experience the sensory world quite differently, that is our senses pick up a much wider spectrum than is the norm. This can make it very difficult to process and integrate the amount of stimuli we are often bombarded with and can lead to enormous anxiety and a need for shutting out the world around us and retreating into our own world. On the other hand, if harnessed properly, this hypersensitivity can be a great asset when working in areas which require a great deal of precision and attention to detail; hence a lot of scientists and artists fit a diagnosis of ASD.

Because of our different experience of the world, we usually have a problem interacting with "normal" people, especially in informal settings. We are highly visual/concrete thinkers and therefore take language very literal. ("It's raining cats and dogs." "What? We'd better call the SSPCA then.")

Also, we often have different priorities when interacting with people and find it hard to comply with the many social subtleties. ("How are you?" "Well, my legs are fine, my arms seem to work all right, my stomach feels a bit empty and my mind is in slight turmoil. Why are you asking?") However, this makes for great clarity of thought and reliable honesty, again valuable assets for many jobs and friendships.

Recently it has been estimated that amongst those who suffer from mental health problems there are large numbers of people who fit the criteria of Asperger Syndrome (a form of ASD) but do not have a diagnosis, as Asperger Syndrome was only recognised by the World Health Organisation in 1994 and diagnostic services are scantily spread (there is none in the Highlands). If, from what I have written, you feel that this applies to you, why not pick up a book on the subject or contact ARGH to find out more (see details below). We would be happy to hear from you.

Elkie Kammer

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## Age Concern

I am e-mailing you my own personal report on the Scotland Age Concern meeting which I and Francesca attended at the Thistle Hotel in Inverness. Francesca will be writing up her own report separately.

The meeting was conducted in a very cordial and intellectual manner. Subjects discussed ranged from ageism to mental illness in old age, discussions also included care at home as well as in care homes and hospitals for the elderly. In our own small group during the early morning period from 9.30am till 11.45am, we were discussing well being in old age or in ones later life or years. We talked about making sure that the elderly were getting or had got all the benefits to which they are entitled to, and if for whatever reason they weren't getting all of their benefits to which they should be entitled to find out and plan how to get those benefits to them.

We discussed ageism in the workplace and how it would or could affect moral and confidence within the workplace as well as it affecting production and the quality and the quantity of the work being produced or made.

We discussed mixed wards in the psychiatric hospitals and what should be done about them. Most of us agreed, during our discussions, that all these mixed wards should be disbanded or done away with and they should be replaced with single sex wards.

We discussed younger people's attitudes towards older people or the elderly as well as their behaviour towards the elderly too. We all agreed that children should be taught to respect their elders and to be more civilised and obedient towards the elderly and that this should be taught to very young children while they were at school.

Francesca and I found the meeting to be both thought provoking and very educating too. We learned a lot from that particular meeting and we hope that we can put what we've learned to some good use.

**Allan Damian Goodwin**

## Jigsaw

The sheet of plywood lying on its side in my lobby had the potential to be a really useful piece of plywood. First it had to be cut into the right shape to fit around the fittings in my bathroom. Then it would give me a nice level floor. The box sitting beside the plywood contained a really good jigsaw which could easily shape the plywood. For a day they lay there, a potentially invaluable piece of plywood and a most effective jigsaw, and nothing happened.

Then two people turned up and within twenty minutes the effective jigsaw had shaped the plywood so that it could be fitted perfectly. Well, the jigsaw did the shaping, but the person using the jigsaw saw to it that the fit was right for that particular bathroom floor.

A jigsaw is a tool, so are all the methods and techniques we use in working with people. In certain circumstances jigsaws are necessary, but the jigsaw can do nothing without the skill of the person using it. In many circumstances while working with people methods are necessary, but the method will achieve nothing without the common sense and imagination of whoever is using it. And this common sense and imagination has to be switched on to each particular situation. For while my bathroom floor is slightly unlike any other bathroom floor, each person is more than slightly unlike any other person. For all we have in common, each of us is unique.

A jigsaw is a person, a person is a puzzle.



## Music Therapy



Last year we were delighted to hear that the music therapy service at New Craigs which operates for just ten hours a week would be continued. We felt that it would now be on stable long term funding and with good evaluations maybe expand.

We were dismayed to find out recently that despite the service continuing to be very well regarded amongst its users that its funding had been withdrawn.

The good news is that the management group at New Craigs has recognised its value and are going to seek new funding for it – the bad news is that this has still not arrived.

Graham highlighted the need for therapies like this in our hospitals when he spoke on acute care at a national conference in August.

## Are we born to be crazy

Maybe this is a question for both specialists and couples planning to start a family. We always like to believe that we inherit from our ancestors only the best human characteristics. But it is better to be realistic and face the fact that also bad things can be inherited, like for example a certain sensitivity towards disease. That's why more and more specialists (based on reality) tend to agree that mental health problems are passed on from parents to offspring. Like it or not, a lot of life's real facts proved that parents confronted with mental health problems do transmit to their children problems of the same or different kind (as mental health has a great variety of forms).

What I see in nowadays society is that groups of quite young people are affected by these problems. As a responsible society (or so it should be), I think that these facts indicate a very sad reality, and that maybe it is an urgent need to develop new sets of measures in handling and guiding people often labelled as "crazy". I also believe the situation of such people should be put among the priorities of national and international organisations and, further more, be dealt with as an "internationally important issue" (such as environment, terrorism, AIDS, drug addiction etc).

The so often discussed goals to build a better world, oriented towards peace and welfare, can by no means be achieved without ensuring a healthy human society (mind and body at the same time). On the other hand, human beings have suffered from such diseases since (if I'm not wrong) the very existence of mankind. Such disorders have affected numerous famous personalities, like politicians, painters, actors etc, said to be of exceptional intelligence, "a genius" in their field of activity. So, one might conclude that being a *genius*, in real life terms, means being a "little crazy" or anyway different from what others call "normal human beings". And, going a bit further down this line, there always seem to be the creative and the destructive type of *genius*. But anyway, as someone once said: "you got to have a certain amount of craziness in order to face the weird things of life"!



Still, another fact remains of those who seek specialised assistance and admitting to having a mental health problem, while others suffer in silence, too afraid to seek help or maybe ashamed of what others may say if everything came out in the open. My guess is that such people are a threat not only to others, but to themselves. Sure, things develop, evolve maybe too quickly sometimes....but what about mentalities and habits? I'd say a long and not easy to win battle. Same goes for people with mental health problems that are constantly pushed aside by society and, most of all, labelled like an expired merchandise, as if they were aliens or some dangerous species. Even so, we have to think positive and hope that specialists and a lot of good-willed people, in one way or another, will push things forward and I'm sure that people/society will finally agree to have a different perspective with regards to mental health problems.

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Why such an attitude? Simply because today specialists have much more "facilities" to deal with such problems: drugs are in constant development, their "coverage" is spreading very rapidly thus increasing efficiency in treating multiple sides of mental health symptoms. Specialised institutions offer better conditions in treating patients in need of constant medical care; even, if not yet widespread, alternative medical care is also available (such as traditional Chinese medicine based on well known herbs, or Yoga for healing purposes, special diets, special exercise for mind and body etc). One can not deny that nowadays multiple choices, are existent also in the "taboo" field of mental health.

I believe that all you have to do is be well informed, compare all alternatives and carefully choose what you think is best for you.

With best wishes

**Felicia Andronic, Bucharest**

Acumen

In June Kaye and Graham travelled down to visit Acumen which is our equivalent for Argyll and Clyde except it also includes carers in its membership. We were made very welcome and really enjoyed meeting people in Oban. The purpose of our meeting was to come to an agreement about how we would work together.

Because NHS Highland now covers Argyll following the dissolution of NHS Argyll and Clyde we now have 2 groups in the same area.

What we agreed in our meeting and later confirmed with our Round Table was:

- ◆ Acumen would cover the views of people in Argyll with the local council and Argyll community health partnership
- ◆ HUG would help represent their views at a Highland level. To do this Acumen will let us know what the current issues are (for starters people having to be kept safe by the police when acutely ill on some of the islands)
- ◆ Acumen will send 2 representatives to our Round Table meeting.
- ◆ We will visit Acumen a few times every year.

This should hopefully suit everyone – once Acumen have also decided on the agreement and we have sorted out how to pay increased user involvement expenses we should have a good partnership.

By coincidence users in the Western Isles have also approached us for a similar agreement as it is a common occurrence for people to be treated in New Craigs when very ill rather than on the islands.

## Self Defence

Pretend conversation with a psychiatrist:

'I'm so afraid.'

'What of?'

'Everything, everyone, but the worse thing is I fear myself.'

'Why?'

'Because I don't know why I exist'

'You can't be afraid of that surely.'

'I think that's why there's so much trouble on the earth.'

'Why?'

'Because no one knows why they exist.'

'Because no one knows why they exist?'

'Yeh, I mean no.'

'You told me once we're here to learn.'

'Learn what? Why? Anyway, that's not what I'm talking about. I'm talking about my existence – the real me.'

'I thought you were the real you.'

'Oh for God's sake – I mean the real me inside of me – the me that was me before I was the me now and the real me that's going to appear when this me pops her clogs!'

'You shouldn't think of things like that.'

'Why not? I belong to me – I have a right to exercise my thoughts. It makes you wonder if they can.'

'Who?'

'Animals, vegetables, minerals..... If they can think. I'm supposed to be a vegetarian but when I really think about it, if I was a vegetable – let's say a lettuce basking in the warm sun one minute and then hauled out of the earth I was born in. It's unthinkable! I mean- who's to say a lettuce – a tree – a stone – a mountain – raindrop – anything – doesn't feel or think or even have a language! What right do humans have to ignore the possibility that all things which exist have a sense of self? And speaking of vegetables – that's a common name for seemingly sense deprived humans isn't it? In cases of extreme brain damage/near death etc we say 'He or she's a vegetable now. Better to let him/her go.' But they're *not* vegetables and vegetables may well have a keener sense of being than any human. Anyway, it scares me – the whole thing – existing and never knowing what I really am – it's like wondering what existence was before the Big Bang or who created God – and who created whatever it was that created God for even self creation needs some intelligence of ingredients to set it into motion....some questions just don't seem to have an answer – you just have to wait and see. I feel so helpless!'

'Aye well, Doctor I can relate to your feeling helpless – when it gets *really* bad – so doped up you can hardly mind your name or give a care.'

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I actually got called vegetable once when I was in that state. Aye, life is scary stuff and I'll value this wee talk I really will – especially now when you've been sectioned in a hospital like I was. I did warn you back then though not to voice your thoughts on 'What is life?' I mean I appreciated your listening to mine on the subject – you seemed really interested – but you should've just turned your research into a pretend story – that's what I did – and the hospital set me free. Aye, maybe you're right – maybe we're here to learn. Well Doctor – no doubt you've learned a big lesson about freedom of speech in mental health. Like is there any? Maybe when you're free you can help to make a change for better mental health. Join an organisation like HUG or something. God knows there's room for change. You used to just stare at me when I said that, as if what I said didn't make any sense – but you're on the inside now so you can clearly see for yourself. Welcome to the real world Doctor....oh and before I go – maybe you can take some comfort from the advice that you once gave me when I was sectioned. Relax – take one day at a time – don't think too much...."

**Elizabeth**

Citizens Advice Direct

Highland Homeless Advice Line –



Freephone 0808 801 0804

The Highland Homeless Advice Line is a new telephone service aimed at individuals living in the Highlands that are homeless or at risk of being homeless.

The Homeless Advice Line can offer individuals advice on housing issues, as well as, general issues affecting their circumstances such as debt, benefits, employment, relationships, health and civil and legal rights.

The telephone line is run by Citizens Advice Direct in association with Highland Council. Citizens Advice Direct operates a telephone advice and information service providing a comprehensive, free, impartial and independent advice delivered by a combination of paid staff and volunteers. The service was established in response to the demand for telephone advice.

This advice line will operate in conjunction with Highland Council, Highland Advice and Information Network involving CABx and other local advice agencies. Initial advice will be provided and when required, callers will be referred to local agencies that can provide the appropriate support to the client.

**Laura McCraig**  
**Housing Advice Officer**

## Police and Mental Health Problems

Sometimes due to the states of health that we get into, the local police force ends up becoming involved. This is a major topic of discussion as many of us have had negative as well as good experiences of police involvement.

Many of us find our way onto the locked (Affric) ward at New Craigs and are often examined by forensic psychiatric staff.

Many police become involved when we are thought to be putting ourselves and/or others at risk and sometimes the quality of care and apprehension can depend solely on the attending officers that are available to do the necessary duty.

Some police officers are better at maintaining order than dealing with personal delicate matters, they are also prone to becoming a little panicked and it just depends upon the officers dealing with the matter at the time. I must say at this stage that this can be a little bit of a lottery leading to people being less likely to ask for help unless it is urgently required. By this time the matter can very quickly escalate to a crisis.

Many officers have to deal with the worst that society has to throw at them and can very quickly learn, rightly or wrongly, to tar everyone with the same brush. It would be good to state at this stage that some police officers take time off work due to stress in their jobs which can lead to having a mental health problem too. This factor also makes them users in the same respect as any other HUG member.

Like them or lump them our society would turn into anarchy without them.

With it being harder to get into hospital, it can be difficult to get help when in crisis and although we are rarely put into the cells directly as a direct result of illness, we may become very distressed or drunk and act bizarrely when we are feeling delicate and then we can get involved with the police and end up in the cells which are sometimes not at all appropriate as the main influence on our behaviour is our illness. More and more people have to stay in the cells which I believe only tends to make a bad problem far worse.

The police are not trained nurses and neither should they be as that is not their role. However, from a caring prospective most of the officers I have dealt with have done so in a caring and compassionate manner. I feel that there should be specially trained police to be able to consistently handle people with our sorts of problems.

Hope this matter helps to get some further discussion going.

Andy

## Thoughts on TAG

The following thoughts, in no particular order of priority, are the ideas that have occurred to me when asked to think about the contribution TAG has made to my life and future plans.

**Structure to the day.** Something to get up and out for rather than being alone in the house all day.

**A Safe Place.** An environment where I can be with people, both staff and fellow clients, who are non-judgemental about past events in my mental health.

A chance to **meet new people.** Like-minded individuals who may have had similar experiences and may be willing to share their coping strategies.

Access to **expert help and tuition** from tutors who actively encourage us to go at our own speed and are just the kindest tutors I have ever met!

**Someone to talk to.** Either about future plans but also about more personal issues and all in an atmosphere of trust and confidentiality.

Help to **plan for the future.** Identifying barriers and finding ways to overcome them with staff that are well versed in the sort of problems someone who has been out of work for a long time can have.

**Supported placement.** What a marvellous opportunity, as staff get to know us, to arrange work experience suited to our personality and ability which can overcome so many confidence issues. My personal aim is to get back into paid employment and such placements can lead to that or act as such a valuable stepping stone.

**Socialising.** Confidence can be so easily lost. In my case, bullying of the worse kind ended my nursing career. Friendships severed, networks lost. It really is like starting all over again – and that includes making friends and remembering the importance of social networks.

**Try something new.** Possibly discover skills you didn't know you had. Photography, creative writing, arts and crafts, library visits, reading groups – who knows where a new career opportunity may be waiting?

**Have a laugh!** Sharing jokes, remembering how much fun life can be.

**Being productive and rediscovering motivation.** Learning to trust again and have confidence in myself and others.

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**Health awareness.** Information on diet and generally keeping well. Being made aware of our rights and responsibilities and what support groups there may be in our area. Taking part in the lunchtime walking group.

Open Learning **mentorship.** Identifying, from one of the many college brochures which are readily available, something I would really like to do. The help and advice which has always been on offer throughout the application process. Guidance with various study methods and a chance to talk over what the course means to me and how it can contribute to my aim of returning to substance abuse counselling.

It's not too much of an exaggeration to say that **TAG saves lives.** Some very unhappy people find their way here, myself included, and, while there may be people out there in various agencies who can help, to have **all that TAG can offer, under one roof, is absolutely priceless.**

Wider **family involvement.** How many families, including mine, are just so happy to see their loved ones having a structured and meaningful programme to take part in. To witness a life changing and someone getting back on their feet. For me personally, TAG has been nothing short of an emergency service. TAG is the most positive asset to Inverness and should be valued as such if the local community and country generally are serious about wishing to help people with both long term and acute mental health problems.

Susan

Depression Alliance Scotland

Depression Alliance Scotland (DAS) provides services for people experiencing low mood, anxiety and depression. As well as providing support and information by e-mail, letter and telephone, we offer a network of self-help groups, aimed at helping to reduce isolation, promote better understanding of depression and explore positive coping strategies.

Our Inverness self-help group has been running for over a year, and is open to new members in the Highlands who feel that they would benefit from attending. Meetings are facilitated by volunteers trained and screened by DAS. People are welcome to phone first if they need more information, or turn up on the night. They are also welcome to bring a friend, relative or carer to their first meeting if they feel this would be helpful.

**By e-mail:** [info@dascot.org](mailto:info@dascot.org)  
**By phone:** 0845 123 23 20  
**By letter:** DAS, 3 Grosvenor Gardens, Edinburgh, EH12 6AX  
**Website:** [www.dascot.org](http://www.dascot.org)

## Wick TAG Unit

I currently attend the Wick TAG Unit and have found it to be a godsend to me. I suffer from anxiety and depression and initially I used to stay at home and try to hide my illness because stigma concerning mental illness still exists. However at TAG there is no stigma – you are treated with respect and you'll see that you are not the only one with a mental health problem.

TAG helps in many ways, but mainly by giving self-confidence to the client. TAG also is a reason for getting out of the house and meeting others in the same situation. In addition to the training, we get hot meals at TAG which is a great benefit as sometimes we can't be bothered cooking for ourselves.

The main thing at TAG is that there is help available to improve our lives. People are treated as individuals. We learn at our own pace therefore there is no fear and no pressure. Anne, who is Project Co-ordinator, is willing to help with any problem in any way possible. Julie, our tutor, has been of great help to me personally, is very caring and puts 110% into her work.

I feel that TAG is not appreciated and is not well-known enough. TAG should be advertised more to let others know that it exists. A higher profile is required and TAG should be recognised by the businesses in the town. Extra monies should be made available to enable more people to access TAG and to improve the facilities.

TAG may not cure you but it will definitely make you feel better inside!

**John Mackay** TAG client

## The Gardeners Cottage

After a long struggle and with the help of Nairn Community Care Forum we received a very welcomed letter from Garry Coutts (the Chair of NHS Highland) assuring us that when the Gardeners Cottage Drop In is knocked down the Links School will be made available to the Community Mental Health Team and will be completely occupied by September or October of this year.

This pleases our Nairn members; they just have one last request on this subject – let us help decide on the décor of the new building as we still want the homely comforting environment we had in the Gardeners Cottage.

## New Craigs

I found the staff at New Craigs to be very attentive. My allocated nurse was fantastic – when she was on shift she would always seek me out and spend a lot of time with me.

When I was admitted one of my sons friends had been killed in a car crash and she helped me a lot with that too.

The Senior House Officer Dr. Yip was very good and very helpful both with the effects of the crash and the reason I was in hospital in the first place. She was very good at listening and very good at explaining how I would feel coming off the medication and onto another; she was great at answering my questions. I think everyone there was really nice. I did see another Doctor though and I couldn't understand what he was saying he didn't understand me or my illness and I didn't get on with him.

The Hospital Chaplain was an absolute godsend on many occasions he spent lots of time with me. I have a strong faith and he was great. I was really pleased that he would see anyone whatever their faith. He was good at talking and listening and explaining things and putting my mind at rest about things I was muddled about. The Sunday service was really well attended and everyone clearly enjoyed it. It meant a lot to some of the patients.

The whole stay was different; before when I was in you had to wait so long to be referred to things like the gym or art that you were almost out before you got them. Whereas this time it was almost like a self referral to the O.T would come around and say what was on that day and you could choose what you wanted to take part in.

One of the things I did was a class in self assertiveness which was really good. It lasted for 6 weeks and you could even carry on with it after you were discharged with travel expenses paid that was great – I didn't carry it on as I live just that bit too far away.

Lots of people joined in activities like relaxation which was great.

I was very intimidated at first because I didn't have a lock on the door to my bedroom but the staff were very reassuring and it turned out not to be a problem

I was really apprehensive about mixed wards but it was okay. There were always places where it was mainly women and also the atmosphere was better. In the past everyone was in the smoke room but this time people spread around the ward and I felt less isolated.

All the patients were open and friendly and so different from before. We were all forthcoming with our stories sharing everything and everyone was very helpful with each other. I think the psychiatrist would have liked to be a fly on the wall with our conversations because we were all sharing and helping.

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The time with the pharmacist was good. He's always very good at explaining things and going through what to expect with medication changes.

I can honestly say that all the time I was in I never felt desperate to go home I felt quite happy and content where I was – I almost enjoyed the stay because it was so beneficial.

The bits that were bad were that the building seems to be going downhill a bit. When I first saw my room with no locks and a dirty carpet with some torn bedding and my bathroom in a bad state I almost wanted to go home, but I gather the room was used for people in crisis who needed a lot of attention and that as they were really sick it sometimes meant that the room itself wasn't ideal. In the TV room the chairs looked pretty grubby but I wouldn't blame the cleaners as they work so hard. They're at it non stop – maybe they need more cleaners in the hospital.

Apart from the cleanliness it was a really good experience.

I think the grounds could be better. Maybe there could be some landscaping as its very monotonous wandering around the grounds when you want fresh air.

Maybe they should have a pet section. There was a lad who was really tense and wouldn't speak but when I had visitors with a dog he really opened up and became friendly but closed down again when the dog went away.

Having pets as therapy and green attractive spaces can be a big help especially for people who have difficulty speaking.

## New Zealand

In April I was privileged to be invited to go on a trip to New Zealand as part of the International Initiative in Mental Health Leadership.

I was almost going to avoid mentioning it because although the Scottish Executive paid for it (with some support from New Zealand) it did seem a very expensive way to spend 10 days, but it was so good and so inspiring and such a good way of making connections and learning from each other.



I met lots of user leaders from New Zealand and others from England, Australia and America.

Basically we spent our time getting to know each other and discussing ideas like recovery and what they meant in different parts of the world and how they could be used in our own countries and what we could do together internationally seeing as how so many issues stretch well beyond our own countries.

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It was a stimulating and challenging time made wonderful by the hospitality of the New Zealanders and the absence of politics and willingness of everyone to be open about the issues.

It really got me thinking about what recovery is and now that I am back in Scotland I have this nagging feeling that sometimes when we see recovery as being "able to choose the lives we want", we should all be able to work, achieve and grow, that this emphasis on individualism can be really quite Thatcherite in approach. It maybe misses out the influence of community and culture and the society and values we all share and live by. I'll have to talk more with the people I met there as my understanding of philosophy and politics is miserable whilst they seemed to glow with the exchange of ideas.

When I wasn't zooming around being introduced to people and attending meetings I was on my own in Vaughan Park the Anglican retreat I stayed at. As I was writing our report on Spirituality and Mental Health at the time they gave me an incredibly cheap rate which was wonderfully generous. There was even the ex Bishop of Auckland staying there who was kind enough to comment on the drafts of that report.

Apart from the work, which was more or less constant, I found myself adopted by various New Zealanders, the Bishop (like I said) Vicki and Carolyn and so on. I saw all sorts of things and learnt lots and have never been anywhere where I have felt as treasured and welcome as I did there (with the exception of being here in HUG of course!)

**Graham**

### TAG—What it means to me

I would like to write about just how much the Training and Guidance Unit (TAG) means to me, and I believe others who attend. For many of us it is lifeline. We can get help from TAG in so many varied areas, and support in so many ways all under just one roof. Here are some of the things that TAG can supply and some examples of why it should continue.

TAG provides help for all those suffering and recovering from mental illness, alcohol and drug addiction. For these people it provides practical skills such as woodworking, which can also be linked through to business skills. The unit also provides office skills and computing along with social and creative skills such as photography, book club and creative writing all staffed by skilled workers who understand their clients' difficulties and provided in a safe environment.

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This is a place where people with similar problems and experiences can meet and feel comfortable easily.

TAG also support those involved with open learning courses such as the Open University and local colleges among others, with practical, moral and inspirational help. Through all its activities TAG is always encouraging all its clients to higher things from just being more confident in general through to supported voluntary work and eventual employment.

In a five minute period here are some words and expressions I came up with to express what TAG means or can do for me.

- Free speech about illness
- Unthreatening place to be
- Reason to get out of bed
- Help with study
- Help into placements
- Place to talk to others without explanation
- Understanding skilled staff
- No pressure
- Friendship
- Laughter – often when there is little else
- Place to relax
- Somewhere to be productive and produce
- Provider of motivation
- Place to update or learn new skills
- Confidence builder
- Regain trust
- Comradeship
- Way into employment
- CV and Interview skills

Four examples of why TAG is so important:

I have recently been back in New Craigs hospital and during this time my self esteem and personal confidence was very low. This resulted in me very rarely leaving my room or interacting with other patients or staff. In my second week I receive some unexpected post, a computer generated card from the creative writing group at TAG, with a message 'hurry back we miss you' signed by each member of the group. Over my stays in hospital I have received many cards all much appreciated but never one which meant so much. All this from a group that I see for just over two hours a week, who have no need to remember me, but who care and can understand.

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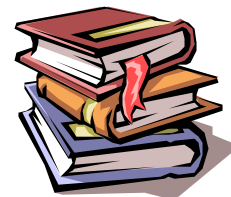
Secondly, on each visit and on each discharge from hospital my psychiatrist always asks me about my attendance at TAG as he knows the valuable contribution it makes to my life. He understands how my attendance or non attendance can affect me. It is an indicator for him of how I am coping at any given time and he is always encouraging me even on the tough day to try and make it there.

Thirdly, they recently changed the table in the creative writing area from a rectangular to a circular table. You may think so what, this is great, less confrontational, more space, better table for all – except me who doesn't handle change – now I have no corner to hide in. Only in TAG could I have discussed this with staff and friends so easily without ridicule – many ideas and solutions were proposed, including reinstating the old table but as furtherance to my own skills and with their help I am getting used to our round table.

My fourth point is not about TAG but Ross House of which I am now unfortunately an ex-client. This was an NHS funded unit which provided support for a similar client base, although with different priorities. This unit was closed and its building sold, but it was only after its closure did many people come to realise just what the unit had to offer and that there were now no alternatives. It would be tragic to think that TAG could suffer a similar fate.

**Katheryn**

Book Review



**"DISCOVERING WHO I AM" BY ELKIE KAMMER**

I am no good at reviewing books but when one of our members sent in her book 'Discovering who I am' I felt that I really should write about it.

Elkie does precisely what the title of her book suggests. She takes us through her journey in life and her growing awareness about herself and her condition.

She takes us through her childhood in Germany through her hospitalisations and treatments and her eventual arrival in Scotland which moved her heart so much that she became one of what must be very few German Gaelic speakers.

She speaks with simple and honest frankness about her life. Throughout the book a resilience and a determination to live in life shines through.

It is only towards the end of the book that she shows how she realised that although she has mental health problems they are a result of having Aspergers Syndrome, something that wasn't picked up or noticed for years.

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Perhaps if there had been more awareness when she was growing up there would have been less pain to endure.

If any of you want to learn about Elkie's world then her book is available by writing to the following address with a cheque for £7.99:

Brandon Press  
2 Lodge Road  
Inverness  
IV2 4NW



### Borderline Personality Disorder Information Pack

Over the last few months more and more of our members have had their original diagnoses changed to that of personality disorder. We've no idea whether that is a trend or just a coincidence but we do know that it can cause a great deal of distress.

There is still something quite horribly judgemental about being told that far from being mentally ill you have something wrong with your personality – for some of us a label of mental illness is something that explains things we couldn't understand and helps us come to terms with what we are going through but when we are re-diagnosed we can feel abandoned.

We do worry about the treatments available to people with a personality disorder. A number of us went to a meeting where people from Moray described what helped them and found it inspiring but in Highland there is often little available to help us.

The public often thinks that hospital will always be available to people in acute distress and who may be suicidal. But evidence has been gathered that says that an inpatient stay often doesn't help people with a personality disorder however suicidal they may be and especially if they frequently get into crisis. We sometimes find that our members do not get help despite being desperately distressed and crying out for help.

What we do know is that some of our members have benefited from a relatively new therapy called dialectical behaviour therapy (DBT).

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However, the wait for DBT can be up to two years and sessions are at the moment only based in Inverness. It's a hard therapy to go through so the bus journey back home can be a struggle if your session has been distressing and you have a long way to go to get home.

It sometimes seems to us that you can't get help in hospital and you can't get as much help as you need at home so where do you go?

A new piece of work has been started by one of our volunteers and with Karen. A group of people with the diagnosis are developing an information resource based on direct testimony on this subject – if you are interested give us a call at the office.

## LEGAL CHALLENGES TO PSYCHIATRISTS POWERS

I recently resorted to taking a psychiatrist to Court after exhausting what is an ineffective complaints procedure.

I sued for £200 damages in the small claims court claiming that a three day section was illegal under the European Convention of Human Rights because the procedure did not follow due legal process and that I was not in the category of person that falls within the guidance used by the government stating who may be sectioned.

The claim was paid by the NHS without being contested in the Courts.

I claimed for £200 because there is no liability for costs at that figure and it costs £39 to raise the case. No lawyers were involved.

I obtained from the Mental Welfare Commission legal guidance on the sectioning system which stated that the old 3 day section that I was detained under just before the new Act came into being was illegal under the new Act as it did not involve a Court.

Whether the Tribunal system currently in force is legal under the European Court of Human Rights is highly doubtful in my mind because no judge is involved.

Another claim I may pursue in the future is to claim damages for 'solatium' (injury and suffering) caused by medication as I have diabetes and possible tardive dyskinesia.

I will pursue this through a lawyer on "a no win no fee" basis. Other possible claims would be on the basis of over prescription and false diagnosis.

**Donald Henderson**

## HUG Round Table Elections

At our last Round Table meeting we agreed to hold elections to this committee.

The Round Table has room for 2 representatives from each of our branches and is really our steering committee - we hold meetings around once every 2 months where we discuss progress, future work activities, policies and meet with officials in the afternoon to raise issues of concern.

We would love to have more people join our committee, hence the idea of having elections.

If you want to play a bigger part in HUG and want to join the Round Table then do stand for election.

To do that just fill in the form that came with this newsletter and post it to:

HUG  
HCCF  
Highland house  
20 Longman Road  
Inverness  
IV1 1RY

Or email us at: [hug@hccf.org.uk](mailto:hug@hccf.org.uk)

Once we have all the forms in we will either hold a local election (that is if more than two people want to join from a local branch) or if there is no need for an election then you will just join us anyway.

The form the election will take is by a postal ballot in which we will send out the details of candidates to our membership. If you do stand for election make sure that you only write things you are happy for other people to see.

For more details on elections or the role of members of the round table give us a call and we will send more information to you or discuss it over the phone.

## Spotlight on Voices of Experience (VOX)

VOX is the new national mental health service user led organisation and we work in partnership with mental health and related services to ensure that service users get every opportunity to contribute positively to changes in the services that serve them.

VOX supports and works with individual members to make sure their views are listened to and shared in ways that suit them in their involvement with service design, planning and delivery. This VOX function extends to working with local and national groups and organisations with a common interest in mental health issues.

The ownership of VOX belongs with its members and because of this member views help to shape how our work focus develops in the future in order to continue to influence positive changes to Scottish services and society.

### **How we got here**

Userforward (the forerunner to VOX) was a collective of service users and service user representatives that came together from across Scotland. The group managed to secure funding and organised an Open Space event, which was held in Dundee 2004. The event was attended by 102 service users from across Scotland and as a result of the ideas shared there a clear mandate was given for a user led organisation to represent mental health service users in service design and delivery matters at a national level.

It has taken quite a lot of behind the scenes work to get to where VOX is now, and we still have a way to go following on from our inaugural Annual General Meeting (which was held on the 11<sup>th</sup> December 2006 at the Scottish Youth Theatre in Glasgow) to properly establish the internal workings to include all our members as fully as possible and be able to provide an inclusive, national voice for service users in Scotland.

In the work we do we are aware that service users need to have a co-ordinated and often challenging voice! We sincerely hope that our work will continue to complement and support all the ongoing hard work being carried out by service users and local networks that are already involved in design and delivery of mental health and related services across Scotland.

### **How to Join VOX**

You can complete a membership form online from our website and email it back to us, or if you prefer telephone and we will send you out a membership form.

### **Who Can Join?**

VOX invites anybody who is over 16 years of age and have, or have had personal experience of mental health problems and who lives, works or studies in Scotland. Membership is free. Community groups, organisations and interested individuals who share the objectives and ethos of VOX are also invited to contact us.

For further information, support, help & advice on any aspect of VOX contact us at our office at:

C/o Mental Health Foundation (Scotland), Merchant House, 30 George Square, Glasgow, G2 1EG  
0141 572 1663 or 0141 572 0125 tmcquire@mhf.org.uk or voxscotland@yahoo.co.uk

## The Network of Drop In Centres

As with TAG we spent our Spring round of meetings looking at drop in centres.

Some of the drop ins struggle to keep the present level of service because of a shortage of funds. The Council has this time been helpful in trying to keep up spending levels but the fact that the main source of funding, the specific grant, spent so many years frozen meant that some of our drop ins have experienced difficulties.

We have raised the issue with Officials and a small number of MSPs and have had an encouraging reaction. And again a thank you to our members who have helped us in this. We have been given a commitment from Health and Social Work that they will meet up with representatives of the drop in networks so that's a good start.

Our meeting showed us how dearly loved the drop in and outreach services are to so many people, often providing a lifeline and a refuge for people when they have nowhere else to go.

They are both a social centre and a place to support each other and sometimes at their most basic a place to get a good meal when we have lost the will and ability to cook for ourselves.

They help us look forward and when we said a lifeline a few paragraphs ago we meant literally that – they save lives – there can't really be a higher recommendation than that.

In the Summer/early Autumn we hope to publish a report which details the benefit of each drop in that we visited. If anyone wants to give us stories about the help they provide that would be good especially if we could publish them in the next newsletter as we've done with your stories of TAG in this newsletter.

## Diary from Poland

Hi my name is Edyta, I come from Rzeszów in Poland. I have been suffering for schizophrenia for 7 years. When I feel good I write poems for my friend and myself I would like to share two days from my diary.

### **22.02.2007**

For a long time I have suffered from depression. There are some days, when I feel good but sometimes my mood changes and I cry. Probably I must go to a psychiatrist.

The worst are mornings, when it is difficult to get up and I cannot doing anything. That infirmity takes from me all energy to live. I can't write and I can't read. I have to fight with myself to get up from my bed. I should rest after the night, but I feel tired.

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Despite my best intentions to learn English, I can't study. I can't look at the English book. It rejects me from learning English. There were some days, when I wanted to learn English, but not now.

I think that my era, when I write has just finished. I can't write any poems. There is only emptiness in my head. In my heart there are only shades, greys and sorrow. There are fears in my soul. The fears are like monsters. They scare me and paralyse everything I do. I can't do anything because I'm afraid. I'm afraid of people and difficult situations.

You can't do it. You can't manage. You disappoint other people. These are some thoughts which come to my head.

Sometimes I am very angry with my disease. What irritates me the most is problems with my memory and that I can't concentrate on reading books. In the past, before my disease, I read a lot. Now I can't. But I can't surrender without a fight. I must fight about myself.

There are some people, who believe in me. I can't disappoint these people. These people love me and fight with me against illness. In this fight I'm not alone. For these people I am ready to fight the disease. These people show me how many good things there are in my heart and they encourage me to fight. I can't refuse them.

I can't think that I haven't got strength. I must try to get up every morning although it is difficult and I have got many feelings.

In my heart there are many beautiful things and possibilities. When I forget about it, people who are close to me remind me about it.

I can't waste it, therefore I fight.

#### **05.04.2007**

Have I got a name for my disease? There isn't any prescription. Everybody must overcome disease alone. I have to get up from my bed and I have to go out, because nobody else will do it for me. All decisions belong to me. Other people can help me in my activities.

Sometimes I think that I can win, when I make a step to feel better. When I overcome my illness. Sometimes I asked myself if I can do any good. I want to find sense in my life. I'm not always satisfied with the balance of the day, because disease overcomes me, but I still fight and I don't give up.

Every day is a challenge to fight with disease.

**Edyta**