



MENTAL HEALTH AND PHYSICAL HEALTH

The views of HUG on the relationship between physical and mental health and what can keep us healthy.

June 2008

Highland Users Group can be contacted through Graham Morgan, Highland Community Care Forum, Highland House,
20 Longman Road, Inverness IV1 1RY

Telephone: (01463) 723557 / Email: hug@hccf.org.uk
www.hug.uk.net

CONTENTS

What is HUG?	3
Introduction	4
The connection between physical health and mental health	4-6
How do medical professionals deal with our physical health?	6-8
Physical health checks	8-9
Why do we think that people with a mental illness are more likely to be physically unhealthy?	9-10
How could we become healthier and do we want to?	10-13
What stops us using gyms and leisure centres?	13-14
What stops us eating healthily?	14-15
What stops us getting out and about?	15-16
What stops us seeking help when we get ill?	16-17
What could improve our health and wellbeing?	17-18
Conclusion	18-19
Acknowledgements	20

WHAT IS HUG?

HUG stands for the Highland Users Group, which is a network of people who use, or have used, mental health services in the Highlands.

At present, HUG has 343 members and 13 branches across the Highlands. HUG has been in existence now for 11 years.

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:

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

We hope to achieve this by:

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

Between them, members of HUG have experience of nearly all the mental health services in the Highlands.

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 a mental health problem.
- 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

Members of HUG have often talked about physical health and mental health and the need to look at the two issues together. This is due to the fact that sometimes our members have expressed concern that their physical illnesses are not acknowledged, sometimes because one affects the other (and is not always picked up on) and sometimes because we know that physical exercise and fitness has a good effect on our mental health and wellbeing.

In 2007 a number of HUG members separately asked us to look at this topic in one of the rounds of HUG meetings where we meet in our branches across the Highlands. As usual we met throughout our network and held informal discussions guided by a series of prompt questions to stimulate debate. These meetings were all written up and the notes provided the basis for this report, which has in turn been approved by the HUG Round Table committee.

In total 84 people participated in the meetings.

THE CONNECTION BETWEEN PHYSICAL HEALTH AND MENTAL HEALTH

We had unanimous agreement that poor physical health can cause poor mental health and vice versa.

Many of us said that when we look at our health we should look at the whole subject of 'mind, body and spirit' in which all elements are connected and in which each feature affects the other.

"Everything is connected; stress, grief, employment and so on all affect physical and mental illness."

Some of us went as far as saying that we would be better off abandoning the division between mental and physical illness. Just because a mental illness is in the head doesn't stop it being as much an illness as any other type of illness. Some of us said that mental illness and physical illness are really the same and that the division we make between the two is an artificial and sometimes unhelpful one. Following from this there was a common statement that we need to look at people more holistically; that we need to treat the 'whole person' not just one aspect of their being.

When we looked at our physical health we came up with a number of examples that illustrate these points. If we are in constant pain then this almost inevitably means that we are going to suffer emotionally and may indeed develop mental illnesses as a result.

If we are chronically or terminally ill then our mental health will at the very least be at risk. If physical illness causes mobility problems we can become very isolated and lonely and may have difficulty with the everyday tasks that enhance our wellbeing. Any illness that affects our ability to function normally can reduce our wellbeing and lead onto mental illness.

Malnutrition has an impact on people's mental health just as it does on their physical health.

Even a simple cold is likely to make us miserable and therefore it is no surprise to realise that more serious physical illnesses can have an adverse affect on our mental health. Being 'out of shape,' maybe having problems getting upstairs or doing anything very active, perhaps being disfigured can all create a poor self-image and mean that our mental health suffers.

Sometimes our physical illnesses make us tired and listless and make it difficult to sleep, which will almost inevitably have a poor affect on our mental health and our general ability to cope:

"If you are physically fit then you are more likely to be mentally fit."

"Pain can stop you working that also makes you less well; it's all connected."

"If you're feeling crap you don't have the same motivation to look after yourself."

"I have a problem with my hands and shoulders; I can just drop a cup, it gets really frustrating and depressing."

Having a physical disability may cause great distress - using a wheelchair may reduce the contact we have with other people and make us deeply unhappy. Coming to terms with having a physical disability can also be a difficult and distressing process.

Equally having a mental illness can cause physical illness and again the two are very much connected. We know that many signs of physical illness are in fact partly stimulated and connected to mental ill health, for instance, we believe that eczema, and psoriasis can often be exacerbated by anxiety and stress.

We believe that depressive illnesses may make physical illnesses worse and make it harder to recover from them.

Many of us were keen to point out that the medication that we take to help us with our mental health often has side effects that have a negative impact on our physical health; they may cause obesity, kidney damage, diabetes, muscle cramp and a host of other conditions which mean that we need to judge for ourselves the need to take medication to preserve our mental health as opposed to the damage it may do to our physical health.

"I've put on a stone every year I've been on olanzapine - I've put on about ten stone."

For some of us our mental illness manifests itself in signs of physical illness.

"When I am in crisis I get poor physical health, my legs go and I lose control in my arms."

"I have chest pain because of depression, but it doesn't ease the suffering."

"When I was first ill I was so ill that I couldn't stand up or walk."

The effect of our mental illness may mean that we find it hard to care for ourselves and therefore suffer from poor physical health:

"If you are stuck at home, not getting exercise, you don't feel like eating, or if you do you don't cook for yourself, your physical health decreases - you lose weight, your mental health decreases, it spirals down, you have less vitamins. The more you go down the less you do - you just want to sleep or be in bed or not go out."

Poor mental health can mean that routine tasks such as shopping and cooking become impossible, we can lose the motivation to do anything and cease to care about ourselves or anything else, which will inevitably have a bad effect on our physical health and wellbeing.

We may neglect ourselves and this can include ceasing physical activity but also many of us may smoke and drink and take drugs as a way of dealing with our emotional pain. Equally, if

we are high and manic we may indulge in unhealthy activities with little awareness of the consequences of what we are doing. We can isolate ourselves, eat poorly, sleep poorly, stop eating and cease to care about our hygiene and physical appearance. We can lose confidence and withdraw from friends and family and this can also lead to poor physical health.

We also believe that stress and anxiety can have a bad effect on our immune system which will also affect our physical health.

"It's not just mental health it's also physical health, for instance panic attacks and agoraphobia. It affects the appetite, if you are not able to go out or are just lying in bed. On the inside it feels really bad. It definitely affects us physically."

HOW DO MEDICAL PROFESSIONALS DEAL WITH OUR PHYSICAL HEALTH?

As might be expected the response we get when we seek help with our physical health is mixed. Many of us have fantastic doctors and others find them less helpful.

"My doctor is on the ball and picks up on things, he is very good."

"My doctor is great, I don't have to go to reception; she makes it easier as I can't face reception."

"I have a fantastic doctor who looks at physical health and mental health."

However, we felt that it was sometimes hard to make appointments to see doctors who are very popular and that seeing alternative doctors could be difficult as they didn't know us. We also felt that they often didn't have the time to deal with what can be complex issues.

Many of us did, however, report that there were times when our physical problems were not picked up on, were dismissed or seen as signs of mental illness. On occasion this was frustrating and at other times meant that serious medical problems were not dealt with promptly. On other occasions when we are in general hospital our physical health is dealt with well but there is limited recognition of our mental health.

"... you got to the doctor, you're low, you've no energy, you're tired. The doctor asks how's your mood? How's my mood? I've come with a physical problem..."

In some cases there was a very poor reaction from staff:

"They wouldn't accept that the pain I experienced (when in hospital) was physical. It took a psychiatrist to say they were wrong before they gave me morphine. I begged for help and took panic attacks because of the pain. I couldn't cope. They said there was nothing wrong. They saw my reaction to pain as threatening and the protocol was to phone the police. I couldn't believe it. They said if you get into trouble again we will have you arrested. Once it was settled that I really had a physical problem the nurses were really good."

"I was in hospital but they didn't treat me the same as other people; there was no compassion."

We do feel that on occasion professionals make their minds up before they have even heard from us and that they can be dismissive and patronising and imply that we should just put up with the problems we have.

When admitted to psychiatric hospital there are almost always physical health checks but some of us feel that once that is done the physical side to our condition is seen as less important.

Sometimes people reported that doctors started off trying to find the cause of a physical problem but as soon as they realised there was a psychiatric history abandoned their treatment. In other situations people reported that they seemed to make up their minds based on their knowledge of our mental illness rather than seeming to make a serious effort to find out the cause of our current ill health.

We did recognise that on many occasions our physical symptoms did turn out to be psychosomatic but resented the fact that this was then seen as less important. If we are in considerable pain it still needs to be dealt with whether it is a product of our mind or our body. Having our symptoms dismissed because they have a psychological cause made many of us guilty and angry and sometimes put us off seeking help in the future. We also felt that the way a person deals with illness, whatever its cause, can alter how we perceive what is happening to us and may influence the outcome of the problem.

We felt that it was important that just because our illness was psychosomatic that we didn't have to feel that it was our fault or that we were wrong to seek help. We felt that sometimes this attitude was an example of prejudice:

"Even if the physical illness is mental illness, it needs to be recognised. This is an example of stigma."

"They should never ignore physical illness even if it has a mental cause."

"I thought I was dying and having a brain haemorrhage or a heart attack; they should be dealing with it anyway."

On occasion we have mixed results:

"I went in to see the doctor for a physical problem and as a result he picked up on my mental health problem which I hadn't told him about. I got treated for my mental health problem which was good but the physical illness was ignored."

Because we often lack confidence and can have low self-esteem we may be very ready to pick up on anything that dismisses us. We sometimes go into the surgery assuming that everything will be put down to our mental illness. We may convince ourselves that not only is our physical illness imaginary but so is our psychiatric illness. This can alter the way we interact with professionals. It can also mean that we need to be better at describing what is happening to us.

".... it doesn't stop me from feeling like a liar when I speak to him."

"I don't feel confident of it being taken seriously."

We do worry that psychiatrists deal with our mental health and other people, especially GP's, deal with our physical health; the very fact that there is this division can create problems where different aspects of our health are left to different people and some conditions and issues can end up being lost. We also feel that if we have other disabilities such as a learning disability or visual impairment then people tend to concentrate on one impairment, sometimes at the expense of the other problems.

"Physical health is not a priority for a psychiatrist and mental health not for GP's - they are not prepared to go into each others field if they are not confident and therefore they miss stuff."

Sometimes we can become quite obsessed with our physical health as a result of our mental ill health which can create difficulties and may result in doctors refusing to see us at all.

Some of us felt that it could be good if community mental health services were located in the same place as physical health services.

PHYSICAL HEALTH CHECKS

We believe that many of our members would be described as having severe and enduring mental illness and should therefore be offered regular health checks by their GP's for their physical health.

The great majority of our members did not recall being offered these checks. This is confusing as the data from NHS Highland appears to demonstrate the opposite.

On a different, but worrying note, some of us thought that the medicals we received when having a medical examination to review our benefits were provided to pick up on any physical illness we might have rather than being solely a way of assessing our entitlement to benefits.

Some of us already have regular checks when we visit the surgery anyway and others attend well woman and well men clinics.

Most of us felt that offering us regular health checks would be a very good idea but a few of us disagreed. This was because some of us didn't like seeing doctors and did our very best to avoid seeing them. But there was also a view expressed that some of us resented the fact that doctors would gain extra income by providing these checks and that checks shouldn't be offered purely because of mental illness. Instead, a more effective way of picking up on any aspect of ill health would be to offer a medical for anyone who hadn't been seen for a long time by a doctor.

In the Bruce Gardens Day Centre there is an offer of regular health checks which is appreciated by clients who attend. There is also the offer of a health check when admitted to New Craigs Hospital.

We have since discussed the availability of health checks with NHS Highland and now understand that a very high proportion of people with severe and enduring mental health problems do have physical checks and health promotion related advice but that this can occur as part of routine appointments where they may not necessarily be aware that there is a deliberate attempt to look at physical health. This is welcome but we would like to make it clear that for some people a specific appointment to look at their physical health can be welcome and that people who don't fit into the severe and enduring bracket may also be at risk of poor physical health.

WHY DO WE THINK THAT PEOPLE WITH A MENTAL ILLNESS ARE MORE LIKELY TO BE PHYSICALLY UNHEALTHY?

Most of us felt that we did tend to be less healthy than the general population. We felt that generally we often had a poor diet, didn't exercise enough and tended to drink and smoke too much.

The reasons we had for this varied but included some of the following:

Our illness in its different manifestations can make it hard for us to take responsibility for our health and may encourage unhealthy activities, for instance depression can cause us to lose our appetite. It can also mean that we lose our energy, the desire to do anything including getting out of bed. We may lose the desire to make any effort to look after ourselves.

The medication that helps with mental illness not only contributes to poor physical health but it can also sedate us which makes it harder for us to keep active and motivated.

"My daughter was captain of games at school and a good mountaineer. But in two years she couldn't cross the road because of medication."

Anxiety and illness and boredom can make comfort-eating, smoking and drinking very attractive. In many ways many of the things we do that are seen as unhealthy make us feel better, at least in the short-term. It is also often the easiest thing to do.

Many of us are single and alone which makes it much harder to take responsibility for ourselves and stops us being looked after by a partner or family members.

At its most basic, illness means we can't be bothered to look after ourselves.

"...if I no longer had agoraphobia then I would go out swimming and cycling but now I can't see people."

"Illness takes away your drive."

We may have so little belief in ourselves that we think that we don't deserve to be healthy; we may feel that we are a burden and deserve to be punished. We may just not see any point in trying to be healthy.

We may find it impossible to get out of the house or find healthy activities too expensive to afford.

However, some of us also said that much of the rest of the population is not physically healthy and wondered why we, as a group, were being specifically targeted to become healthy.

Some of us said that health and wellbeing is variable and there is no set route to wellbeing; that forcing ourselves to be fit can create pressure and stress whilst just being ourselves and being content with who we are even if we aren't that fit and may be a bit overweight may be preferable to the constant battle to improve ourselves.

Some of us have multiple problems and these can include a variety of addictions. Dealing with these and the lifestyle they promote can make a healthy lifestyle impossible to believe in.

Motivation is also seen as a key element of this:

"Motivation - if I didn't have a support worker I would still be sleeping on the couch and jeez is it hard to get out of the door, she does it. [for me]"

We can also lose ordinary living skills; basic organisation can become very difficult and without that it can be hard to get into the routine of healthy living.

HOW COULD WE BECOME HEALTHIER AND DO WE WANT TO?

The great majority of us are keen to see people with mental health problems become more physically healthy but again we said that this was difficult to achieve because so many of us lack to motivation and energy to try this out.

"I've just started weight lifting. Before, I was not so fit, but I got scunnered by the sight of myself in the mirror. I've started to do something to lose weight now. Before I wasn't bothered. I didn't want to impress people anyway."

"I have an occupational therapist who is also getting me into Tai Chi, creative arts and relaxation. She also encourages me to get out into the community to do stuff."

However, we did have a wide range of suggestions about what could improve physical health - this included the following:

Many GP's have provided "prescriptions for exercise" over the last few years where people are given free access to gym facilities. This is a welcome move especially when we are given help to use it.

"Prescription for health is good; my CPN got me doing it. It got me to the gym. I built up bulk and felt good. I became fit, I enjoyed it. I wouldn't have been able to do it without the support of my CPN."

For many of us one of the key ways of getting healthy again is by using support networks such as fellow users or friends and family who will encourage us in these ventures.

"Get a group together, then we can motivate each other into doing stuff."

Just trying it out can be very satisfying:

"The experience of going for a swim, the release of doing something pleasurable; it's a hundred percent worth it."

When we are patients in New Craigs the activities that are offered by occupational therapy and physiotherapy are very welcome but there is some concern that there are not enough of them available and that we have to make the effort to get involved instead of being encouraged to participate.

Different activities, ranging from Tai Chi to gym to relaxation, help us a great deal and learning them in the safety of New Craigs, where we can express emotion that may not be accepted in a community setting, is appreciated. Equally the garden in New Craigs and at the Gardener's Cottage is appreciated. Gardening in general can be very helpful for some of us.

"The best thing is the comradeship of fellow patients. If I go into the hospital gym it's the good atmosphere that helps. There's nothing wrong with the hospital. Why do people assume that using facilities in the hospital is bad?"

Anything that would get us motivated to do things that we know will help us would be welcome. Some of us find that the encouragement of support workers is a good way of keeping us motivated. Having access to them makes a great difference.

Simple things like being able to do the house work or to get to a drop-in centre can make a big difference.

"....things like hoovering - I get down and only do it if someone is coming along and, as I get down I stop friends and family visiting. Eventually only the CPN is coming and I only clean up in the areas I know she'll see before she comes."

Doing things together can be very good; we can support each other and encourage each other, we can find that there is a polite pressure put on us to make the effort to do things we have already agreed to do. Equally, if we have been through similar experiences and maybe have similar anxieties to public activity as our companions we can provide the support to each other that we need to do these things. The very fact that doing things together can create friendships also helps us with our wellbeing.

However for some of us there is a great release in doing things by ourselves and going for walks alone can provide a feeling of comfort.

Some of us don't know what would keep us healthy and need basic information to help us with this.

Some of us feel that if we just stopped taking our medication we would become healthier, usually citing olanzapine as the main drug we would like to stop taking. Health is not just about physical health it is also about our emotional health and our spiritual health. Sometimes, although we want to become healthier, anxiety can make it hard to do so and the change required hard to achieve:

"Five fruit and veg; easy to look at - hard to do it."

"It can be cultural; if you eat pies what is the point of looking at lettuce, we need a shift in professional attitudes to look at all of it."

"Veggie boxes would be good."

Some of us had heard of ecotherapy, green gym and other environmental activities which not only provide exercise, activity and occupation but also mean that we have company and structure in our day and are engaged in something that has a use quite apart from our own health. We felt that such projects could be very helpful.

Walking, if we have the motivation, was felt by many of us to be the most attractive way of getting or keeping fit. Just getting out in the fresh air and getting exercise away from buildings was repeatedly mentioned by many of us. However, despite the pleasure we get from being outside, the Highland climate often stops us doing things like this. Guided walks are also appreciated by some of us. Other outdoor activities such as fishing can help a lot especially when we do them in company.

Equally many of us talked of having pets. Having to look after our pets and having their company helps us feel good, it reduces stress and stops our boredom. Dogs need regular exercise which means that we also get exercise by taking them out. This is a very good way of giving us the motivation to get outside however we feel and whatever the weather. This can backfire if we become so ill that we can no longer provide the care that our pets need from us.

"My dog gives me a reason to get up in the morning."

Although many of us resented taking medication there were others of us who said that if we had the right treatment (including medication) to keep well then we would be in better health mentally and, therefore, in a better position to look after other aspects of our health. Some of us also thought that there should be more therapeutic activities based around physical activity and some of us already participate in this through encouragement from a local day hospital or drop in service.

Some of us, however, struggle with all of this, taking responsibility for ourselves is good but, equally, having the capacity to be responsible can be a difficult task.

Going to a drop-in/resource centre or a TAG (Training and Guidance) Unit can be very helpful, firstly because of the shared experience but also because going along makes us get up, get washed and get occupied and this all promotes our own independence.

There are often activities at such places that promote physical health, such as the swimming group at The Haven in Wick. Some drop-in centres/resource centres seem to go out of their way to promote healthy choices in the food that they provide and in addition will feature posters about physical activity and exercise. Others are less proactive in this area. There is a feeling that such places, if they go about it sensitively and positively, could play an important role in promoting healthy lifestyles.

If we consciously set out to look after our health then we can set ourselves goals and simple targets such as going to a shop that is further away from home. Some of us feel that a great deal of progress can be made if more of us used pedometers to encourage us to walk more.

The bus passes that most of us have help a great deal because the cost of transport stops being a problem, which encourages us to get out and about. The recent changes to people's entitlement to bus passes is therefore a concern.

Simple things can make a huge difference. If we have poor numeracy or literacy then some activities, such as travelling, can be difficult to achieve and may mean that we face barriers to healthy activities.

Although there are many subsidies for healthy activity, such as the Hi Life card, we did have a strong feeling that being active and healthy is costly and that the majority of us who live off benefits can find it too expensive to engage in them.

Equally, in rural areas, it can be hard to get to facilities that promote health.

Using the gym and eating a healthy diet with less sugar could help many of us.

Health is also an attitude; sometimes feeling good about ourselves is as important as what we do with ourselves:

"I used to be super fit but it didn't make me a better person. Why do we have to be fit?"

I now have a gut but I'm far happier now with who I am."

"You have to be happy with who you are. That is the starting point."

WHAT STOPS US USING GYMS AND LEISURE CENTRES?

There are many reasons that put people off using such places:

Again motivation is a key factor as is the confidence we have in ourselves to try it out. Some of us are embarrassed to go; we can be shy in company and may lack motivation. Many of us see such places as being there for the young and fit and therefore don't go. We can find the activities too difficult or too repetitive and feel very wary of other people seeing our bodies. Sometimes we are too anxious to go on our own and have no one else to go with. Sometimes we don't feel up to the activities or feel that the staff don't understand us:

"I felt really good when I went to the gym. I used to go at five every day and used to have one to one sessions with a tutor. When I started going on my own people realised where I was going and I got embarrassed as it's the fit ones who go."

"I used to go to some of their programmes but I felt a failure and couldn't tell them so I left."

We can be particularly wary of people of the other sex seeing our bodies, especially if we are overweight.

"I used to go to the gym but it was full of women so I wasn't comfortable there."

"I wouldn't go unless it was ladies only."

Sometimes we don't have a lifestyle that would include such activities and sometimes we don't feel good enough about ourselves:

"I joined the gym and went once then stopped, mainly because of my drug and alcohol problems – I was too drunk to go."

"I don't have good self-esteem, I don't feel like a part of the community so I don't join in."

For some of us the simple reason that we don't go is because we find doing exercise in a gym boring and don't enjoy it. We can't imagine pacing on a treadmill when we could be going out for a walk.

Some of us just have a problem with strangers, crowds and public spaces. We may be wary of people, worry that they are watching us or fear that they find us strange.

Many of us said that there are either no facilities near by or that they are too expensive, although we did appreciate that there was relatively good access to concessions to offset the cost (although access to the Hi life card can vary according to the benefits we are on).

"Once you get going its good and gets the brain going, but you need other people to help you. If you are doing it together there's the pressure of not letting them down."

"I have used it in the past, it makes me feel better."

WHAT STOPS US EATING HEALTHILY?

There are a number of reasons that stop us doing this. The most obvious to some of us is that many of the foods that are seen as unhealthy actually taste very nice. Equally some unhealthy foods are quick to prepare and involve minimum effort.

"Unhealthy eating can be a very economic way of cheering us up."

Other reasons include the fact that some of us don't know what healthy food is or how to cook it or even how to cook at all; we may also be ignorant about how bad for us some foods are. Some of us have no interest in cooking or if we do have no one to share it with and therefore little incentive to cook well.

Because many of us have poor self-esteem we can lose the motivation to want to care for ourselves through the food we eat. In some ways we can't be bothered to put care into the food we eat.

Many of us eat traditional food that we have always known how to cook and stick to what we know we can do and what we know our families will eat. We worry that many of these foods may be unhealthy but don't want to, or know how to, change the sort of meals that we usually eat.

Some of us feel that we are part of a culture that has eaten unhealthily for a long time and that to change this needs social change.

Some of us have illnesses which mean that we over or under eat.

We had the feeling that eating healthily is more expensive and that unless we live near Inverness it can be hard to get good local food. Equally we had other members who disagreed with this saying that the use of veggie boxes was now widespread and that farmers' markets were increasing too.

A few of us felt that we looked at our lives so negatively that we ate badly as a form of 'self sabotage':

"If you are suicidal then you have no regard to your physical and mental wellbeing."

"If you are low you have no appetite."

We did, however, say that many drop-in centres provide cheap and healthy meals which are appreciated and that some of us had help learning to cook (at college) which was good.

Eating well may take more time than we are prepared to give it, and some of us find it very difficult to get out to the shops in order to get the ingredients we need to eat well.

We did make the point that this problem is not confined to people with a mental illness; with one in five of the population being overweight it is an issue that affects the whole of society. Some of us felt that there was a class issue in this area:

"There is a class mismatch between the advisors and the users; for the whole population."

WHAT STOPS US GETTING OUT AND ABOUT?

There are a number of things that make this hard to do. We may not have access to transport and may not be able to afford a car or be permitted to drive one.

We may have little reason to get out because we don't have friends or family to call on.

Again, our illness itself can stop us getting out and for some of us there is a feeling that medication saps away our energy to do things.

We may have no incentive:

"I suffer from immense boredom, everything is boring. When you are healthy you get out and about but if you're bored of life there is no incentive to get out."

We can also find it hard to mix with other people, especially 'normal' people, and we may find it very hard to get into a routine that encourages us to get out and do things even though we know that if we could just get out we would feel better about ourselves.

"I can't go out because I'm isolated and don't trust strangers."

"I'm frightened to go out and meet people."

"... when we are not doing well we know we are not good company."

Getting out may make us anxious and we may lack the confidence to make these steps.

Doing things outside often costs money which is sometimes in short supply for us.

The Highlands in the winter with their dark nights discourage many people from getting out of the house.

Some of us live in neighbourhoods which are frightening and unpleasant. This stops us getting out and, equally, in many communities there are few places to go to except the local pub.

Some of us spend most of our time alone and value the time we spend in drop-in centres or with other users as a way of keeping up contacts with the outside world.

The only way some of us can get out is if we have support and encouragement to do so. If we don't have this then we are often stuck.

We may believe that the general public don't understand people with a mental illness so we avoid them. We may also have mental health problems such as agoraphobia which make any form of social contact difficult to achieve. We may feel intimidated by seeing confident, capable people in the community who we don't feel we can compare with favourably.

For some of us there is nothing that we want to do so we don't do it. A few of us find pleasure in walking and because we are walking alone we don't feel that there is any pressure on us to talk to other people.

WHAT STOPS US SEEKING HELP WHEN WE GET ILL?

Most of us know that if we get help early, whether it be for our physical or mental health, then the outcomes are generally better.

However, many of us don't do this; the reasons we may put off seeking help are varied and include the following:

By seeking help we worry that we are then seen as weak and as failures. By seeking help we can feel that we are a burden to other people and may feel guilty about asking for assistance. On the other side we can encounter the attitude of "pull your socks up" and therefore try to sort our problems ourselves. We sometimes worry that admitting we have a problem may be upsetting to those we are close to. Sometimes we are just too embarrassed to seek help.

Some of us have an aversion to doctors and therefore avoid seeing them if at all possible.

We did think that it was usually easier to seek out help for a physical illness rather than a mental illness. We may not believe that help will be effective and we might not have the confidence to make an appointment. Once we summon the energy to see someone, such as a psychologist, or even a GP, the long wait to see them can be off-putting. We also thought that men tend to be worse at seeking help than women.

We may not believe that we are ill and therefore don't seek help or we may not like or get on with our doctor and therefore avoid them.

Sometimes we worry that if we say we are ill that people look down on us:

"You're fed up with being seen as a shyster."

We can also worry that we will not be believed by professionals and that our concerns will be dismissed. We can be slightly paranoid and may have difficulty in communicating and worry that we may be misunderstood. We may also fear that revealing illness will mean we go back into hospital.

Sometimes the opposite occurs and we feel that we are constantly asking for help yet rarely getting it.

However, many of us talked positively about the range of workers who help us and who pick up on the signs that we may be getting ill. Also, through sometimes bitter experience, many of us have come to realise the importance of getting help at the first signs of illness.

WHAT COULD IMPROVE OUR HEALTH AND WELLBEING?

As a close to these discussions we tried to see if there was anything that would improve our health and wellbeing that we hadn't already covered. The following points were raised:

It could be good to encourage us to develop hobbies, to have healthy taster sessions, to get more support to do things and to publicise events better. If we invested in activities that promoted health and prevented ill health then in the long-run it may be cheaper as we would stay well longer.

The support we can offer each other can also be invaluable. Going on walks together or going swimming together with people we trust, and who may have similar experiences, can be very helpful.

We need to take responsibility for ourselves but this is often difficult and may involve finding a fondness for life that our illness has removed.

If we can further reduce the number of people that smoke this would have a big impact.

If the different professionals worked together more and the links between physical and mental health were better understood then this might improve things.

The drop-in/resource centres and TAG (Training and Guidance) network both improve our wellbeing.

Sometimes activities targeted only at people with a mental health problems could be helpful to those of us that struggle with mainstream activities.

If we felt more confident about seeking help for physical illnesses then we would be healthier. This may involve having more sympathetic doctors and healthier surgeries.

Simple things could make a big difference:

"A pedometer is the simplest self help tool."

Having access to a break from our daily lives can make a huge difference.

If we could challenge stigma and improve the mental health awareness of the whole community then people may be more inclined to seek help when they are suffering emotionally.

Although we acknowledge that we need to take responsibility, we may need support and encouragement and a series of tiny steps to do this.

We need some activities to be adapted to those of us who are very unfit and who feel intimidated when making the first steps back to fitness.

For many of us the key is helping us regain the confidence and the enthusiasm to want to do the sort of things we know will keep us healthy.

Some of us are very keen to see outdoor activities and such things as ecotherapy further developed. We would also like more help with diet and more encouragement to exercise and a way of generally keeping clean and tidy.

CONCLUSION

The relationship between physical and mental health is very complicated but very much interconnected. Most of our members are well aware of the need to keep as physically well as they can and understand that this will also improve their mental health.

However, there are multiple barriers to achieving a state of better wellbeing. These range from the basic fact that many mental illnesses directly stop people pursuing a healthy life style and

even that some medications, whilst good for our mental health, are not good for our physical health.

At an individual level many of us lose the will to pursue a healthy lifestyle; partly because of the sadness and isolation we experience but also because we face a number of barriers: the cost of keeping healthy; our worries about the attitudes of other people to our health; the information and skills we have to promote our own health, and the general fear that many of us have about using mainstream facilities where we worry about fitting in with other people.

We may be less than zealous about seeking help, sometimes because we are not aware that there is anything wrong with us but also because some of us worry that doctors don't always have a sympathetic attitude to people with a mental illness. On other occasions it can be because we believe that we are just a burden to the society we are a part of.

Ways of changing this situation are referred to throughout this report.

We need some way of finding the motivation and inspiration to want to become healthier in the first place and once that is in place we need to deal with barriers of attitude, finance and the different ways in which we engage with society to make it as easy as possible for us to start on our own personal journeys of wellbeing.

ACKNOWLEDGEMENTS

We hope that you have found this report interesting. If you wish to comment on it then that would be very welcome as we love to get as wide as possible a perspective on the work we do.

The people we need to acknowledge most of all are our members and other people with experience of mental ill health in the Highlands. Without their voice we couldn't do anything.

So a big thank you to all those that support us and work alongside us. Long may it continue!

For more information on HUG, or an Information Pack, call:

Graham Morgan
Highland Users Group
c/o Highland Community Care Forum
Highland House
20 Longman Road
Inverness
IV1 1RY

Telephone: (01463) 723557
Fax: (01463) 718818
E-mail: hug@hccf.org.uk
www.hug.uk.net