



CURRENT ISSUES IN MENTAL HEALTH

**SUMMER/AUTUMN/WINTER
2010/11**



**HUG at
Highland Community Care Forum**

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WHAT IS HUG?

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

At present (March 2011) HUG has approximately 450 members and 14 branches across the Highlands. HUG has been in existence now for 15 years. Between them, members of HUG have experience of nearly all the mental health services in the Highlands.

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

We should:

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

We hope to achieve this by:

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

HUG's aims are as follows:

- To be the voice of people in Highland who have experienced mental health problems.
- To promote the interests of people in Highland who use or have used mental health services.
- To eliminate stigma and discrimination against people with mental health problems.
- To promote equality of opportunity for people with mental health problems irrespective of creed, sexuality, gender, race or disability.
- To improve understanding about the lives of people with mental health problems.
- To participate in the planning, development and management of services for users at a local, Highland and national level.
- To identify gaps in services and to campaign to have them filled.
- To find ways of improving the lives, services and treatments of people

with mental health problems.

- To share information and news on mental health issues among mental health service user groups and interested parties.
- To increase knowledge about resources, treatments and rights for users.
- To promote cooperation between agencies concerned with mental health.

INTRODUCTION

At every round of meetings across the HUG Network we spend some time asking our members what the key issues are that they want to raise. In this way we gain an impression of what is currently of concern to people across the Highlands regarding life with a mental health problem and mental health services.

The following is a description of the main concerns our members have.

We include a description of key issues across Highland and an area by area description of what is important locally. These issues come from two rounds of meetings in the late Summer, Autumn and Winter of 2010 and the first few weeks of 2011.

Each round of meetings involves around 90 people, but as we meet in up to 14 locations it can be seen that issues raised in a particular area may involve a small number of people.

This doesn't diminish the importance of the issue but does mean that we cannot guarantee that they affect a lot of people in one place.

THE MAIN ISSUES RAISED:

- ❖ **BENEFITS AND WELFARE REFORM.** This has been raised again and again throughout our network. We are worried that we may lose or be put on reduced benefits. We have considerable uncertainty, and hence anxiety, about what will actually happen and we resent the doctors who carry out medical reviews as we do not understand how a brief assessment by a stranger can provide an accurate indication of our mental health and fitness to work.
- ❖ **SPENDING CUTS IN MENTAL HEALTH.** Whilst we are unaware of the impact of any cuts in services, we are aware that everything is 'tighter' and worry that in the future we may see real cuts in services both in the statutory sector and voluntary sector.
- ❖ **THE EFFECT OF WIDER SPENDING CUTS.** We worry that spending cuts across services will hinder our mental health, but also that it will result in job losses and general suffering which will have a negative impact on the mental health of the population and increase the incidence of mental illness.
- ❖ **SAFEHOUSES.** We have a great belief that safehouses could provide support for people in distress who would prefer to avoid hospital or who would not be admitted anyway. We also think some sort or similar provision could offset what we assume to be the damaging effects of the loss of the Beechwood beds.
- ❖ **STIGMA.** This is a recurring issue for us.

- ❖ PARENTS AND CHILDREN. The way people, especially single mothers, are dealt with if they have a mental illness and children is of concern to us.
- ❖ BEING BELIEVED. We worry that our views and experiences are sometimes dismissed if they conflict with those of professionals.
- ❖ TRAVEL. Using public transport can be difficult especially if we need to keep medical appointments. Such appointments are not always made with an understanding of the restrictions public transport places on us.
- ❖ DROP-IN CENTRES AND TAG. We have praise for the network of drop-in centres and TAG units across the Highlands and hope that their valuable service continues to be supported.
- ❖ LINKS CLINIC. We are delighted that we were listened to when it seemed that the LINKS clinic would shut.
- ❖ BUS PASSES AND ACTIVITIES. We appreciate bus passes and find activities provided by Occupational Therapy and Physiotherapy in New Craigs Hospital very helpful.
- ❖ COMMUNITY MENTAL HEALTH TEAMS can provide very helpful services and can keep us out of hospital, but we worry about staff shortages and cover when staff are off sick.

CAITHNESS

WEST CAITHNESS

- What are the criteria to have and keep a Community Psychiatric Nurse? Some of us feel we need the help of one but only see them for a short time or not at all.
- Some GP's seem to have a limited understanding of mental illness. We wonder how often their training is updated.
- Some newly qualified doctors seem to have a good understanding of mental illness.
- Stigma is still a huge issue.
- We have much better services than we used to.
- Stepping Stones Drop-In Centre is very valuable. Lots of smaller communities don't have places like this.
- We believe there is a three month waiting list for alcohol and drugs services.
- We worry the loss of the beds provided by Beechwood in Inverness will result in an increase in suicide and more people being placed in police cells. We believe the decision to make these cuts was a poor one.
- We believe cuts in the Northern Constabulary will lead to an increase in crime.
- We believe cuts in services from the Highland Council and NHS Highland will increase mental illness in the community.

EAST CAITHNESS

- A safe house with a phone line and the knowledge that you won't be turned away from it would be a lifesaver.
- We need to know that the future of the Haven is secure.
- We worry about cut backs from the Council and the effect on mental health services.
- We can't afford to lose any services.
- Paying for support is a worry and unwelcome.
- A smoking ban in New Craigs Hospital could put a lot of pressure on patients. It might cause some people who need help to refuse admission.
- We need to know who to contact if we are suicidal/self harming, especially out of hours and especially if we have no credit on the phone.
- There should be a free phone crisis number that is well publicised.
- A lot of people think that they are wasting people's time when they ask for help and therefore don't seek help.
- Changes to the benefits system are causing a lot of anxiety.
- We do not know what will happen to our benefits. Are we at risk of losing benefits even though in the past we were told we would be on them long term?
- We need security with our benefits payments - they can act as guarantees for loans or can be used to plan small increases in expenditure.
- Closing the Wellington Centre is a waste of a fine building.
- TAG Wick is very helpful.
- Benefits reviews – how can a doctor tell in 15 minutes that you are depressed and make a decision about your fitness to work? It seems almost impossible for a doctor assess you in this time when they don't know you and may have never met you before.
- Going to tribunals for benefits appeals – the whole stress of it is awful. Even if you win you can be back in six months time.
- The constant stress of fighting for benefits is a huge problem.
- Having money cut from your benefit has a considerable impact. It affects everyone else too. You can stop being independent and need to rely on family and friends, which makes you feel worse and if you can't rely on others then you are in trouble.
- There is still a lot of stigma.
- Some people think mental illness is catching or that you are making it up or that there's nothing wrong with you or that you are attention seeking or that you should pull yourself together.
- Some housing is below standard and yet the Council doesn't fix it.
- There are some young people with mental illness who are given flats but in areas where there are drug dealers etc – young people are vulnerable and it doesn't take long before such people exploit them, for instance by making them hand over their benefits. There needs to be support or accommodation in different areas away from such people.
- It can be hard to get referred to and accepted by the Community Mental Health Team.
- We need to be able to go to professionals when we feel we need help. One person in crisis went to ask for help and was told they had been discharged but they hadn't been told this before and had to wait to be

- referred.
- One person had a Social Worker and when the Social Worker visited they were not in. This was because they were never told when the Social Worker would visit and as a result they no longer have an allocated Social Worker, which they are very disappointed about.
- One person has just had a baby and lives in a tiny house. The person who lives above them is single and yet has a three bedroom house. This is confusing.

SUTHERLAND

- We are worried about benefits changes.
- We don't feel we will be listened to when cuts are made by the Council or Government.
- The Community Mental Health Team provides a good service.
- Local support is good - we can meet with people for help.
- If our CPN is off sick this can cause us problems. We need cover for when staff are unwell.
- TAG is vital. It is really good for people who are isolated.

"If it weren't for TAG I would be staring at the walls. You can't afford to go elsewhere and it gives a reason to get up and go out and do something; being with other people in a similar situation is really good."

"You feel the motivation to do things and enjoy things that we don't get at home."

- Having to leave TAG after two years is bad; there is nowhere to move on to.
- People shouldn't be dependant on TAG but also shouldn't end up isolated again after they have finished their time there.
- We do understand there may be other people more needy who need it and therefore we need to move on but it is still hard to do. Without TAG we couldn't have HUG meetings and therefore a voice of the people.

It is hard to move people on – there is rarely anywhere to move on to: often people are not well enough and there are no facilities to move on to that would suit and voluntary work is often not possible for variety of reasons.

- Support in Mind is a good other option after TAG with many activities on offer, but not everyone feels up to going and it can be too expensive to travel to it.
- Funding for TAG finishes in 2012 when new funding may be very hard to get. This worries us.

MID ROSS

- We need clarity and reassurance about what is happening with benefits.
- Need reassurance that the drop-in in Dingwall will stay open.
- Carers need paid for the work they do.
- If doctors are working with us they need to be aware of our cultural identity and not bring their own cultural values to our treatment.
- We need to feel that we are not taking a loan of our services – we can feel very embarrassed to ask for help.
- Some doctors are intimidating - we can feel bullied by them. They need more training and learn to deal with the power they hold sensitively.
- We need more support services for carers.
- The worry about benefits makes us ill.
- We can need more help with finances when we are in hospital.
- Citizens Advice Bureau should provide a clinic in New Craigs Hospital.
- There is key card access in New Craigs Hospital hospital at the Patients' Funds Department. The hospital should let people know that they can use it.
- We should encourage more mixing with nurses in New Craigs Hospital on the open ward – informal interaction allows us to open up and sometimes helps as much as one to one time.
- We can't expect people to look for jobs that aren't there.
- Going for medical reviews for benefits - we need better doctors.

INVERNESS

- Money for mental illness should be ring-fenced.
- Children can be taken in to care if we are mentally ill – there can be a lack of support for us to help us keep our children or deal with the loss of our children.
- If our children are on the 'at risk' register then we sometimes don't dare ask for help with our mental health because they are then taken in to care.
- Losing children to permanent adoption is awful.
- Having someone look after our children overnight when we are in crisis could avoid all sorts of problems for us and our children.
- We worry about the intervention of Social Work with our children and can feel intimidated and judged.
- We are not always convinced that our children are safe when in foster care but our worries can be dismissed and the behaviour they exhibit blamed on us because we are mentally ill. When it is later proved that we were right we are not apologised to.
- We can be denied prescription drugs to deal with mental illness because we have addiction problems.
- Why isn't spending on mental illness a priority?
- Benefit cuts are a huge worry and causing panic to many of us.
- Assessors for benefits do not appear to be properly trained in mental illness.

- We need the Benefits Agency to listen to our doctors regarding our benefits.
- People in similar situations get paid different amounts of benefit
- Not being admitted to New Craigs Hospital when we are suicidal is frightening and confusing.
- Not being admitted to New Craigs Hospital because we have a diagnosis of Borderline Personality Disorder is also unpleasant.
- Not being diagnosed at all is hard to cope with.
- Not getting to see our medical notes, because we are not seen as being well enough, is something we dislike.
- Not seeing our medical notes because it costs us too much is also disliked.
- Being discharged against our will after a suicide attempt from Raigmore Hospital, and then having to walk home across town because we have no money at 3.00am feels offensive.
- Being told that we are engaging in blackmail when we are appealing for help because we are suicidal is also offensive.
- We should all know that there is a team of psychiatric staff at Raigmore Hospital.
- Raigmore Hospital can be very important in crisis whilst waiting for a bed in New Craigs Hospital and can be very helpful.
- There is a lack of understanding about suicide – if we are saying we are suicidal it means we are asking for, and need, help.
- A Safehouse would be ideal.
- A half-way house from hospital would also be good for many of us.
- We need continuity from workers.
- Being told that we have the right to kill ourselves when we are suicidal is not helpful.
- There could be better information leaflets about mental illness which are up-to-date and attractive. Some from Grampian about low mood and stress are very good.

NEW CRAIGS HOSPITAL

- Comedy films would be good in the hospital.
- Light hearted things to do in hospital would be good.
- Comic strips to look at when you can't concentrate in hospital would also be good.
- Self-help motivational books in a library in hospital would be helpful.
- Nicer looking wards would be good. Sometimes a few of us feel they look dirty and smelly - more plants would be nice and some of the carpets seem old .
- The condom machine in the gent's toilet has been broken for at least 9 months and hasn't worked in the female toilet for 2 years.
- Topical health focussed magazines in the waiting room in New Craigs Hospital like 'Psychologies' would be good.
- The waiting room in New Craigs Hospital is like a poky wee goldfish bowl

- it should be private and you should be able to pace around. You can feel everyone looks in at you.
- There appears to be no cleaning rota for the courtyard in Maree Ward.
- The hospital should encourage patients to help with some of the tasks on the ward. like cleaning the courtyard.
- We need help or the opportunity to keep our homes going when in hospital. For instance, finding ways of keeping our plants watered or stopping everything in the fridge going off.
- People around the front door can be a wee bit intimidating. Are there places to meet at the front (away from the main entrance) - somewhere to gather but not right in front of patients and visitors.
- Going up the corridor to the ward the nurses all seem to gather in the nursing station and stare out at you which is intimidating. How do they know what is going on in the ward when they are there so much of the time? The nursing station can seem like a barricade.
- Seeing the staff gathered in the office can get us paranoid about what they might be saying about us.
- We need places to park at New Craigs Hospital - many people don't know about the overspill car park.
- Occupational therapy is good. The fact that there are things to do outside the ward and there are ways of reinstating activity into your life is good.
- The creative groups are good.
- The gym and social centre are good.
- Finding out what is on offer from occupational therapy can be hard.
- It can be terrible if you are on a section. You can feel like you are a prisoner and that medication will be forced on you.
- It can be hard to get to sleep at the top end of ward because of all the noise.
- It's good to have nurses to speak to one to one.
- People playing music in the quiet area can be disruptive to the rooms around.
- Could the hospital benefit from refurbishment?
- Ward rounds can seem rushed.
- You can wait ages to go on a ward round and have little idea when it will be held.
- The use of current patient's beds because of a shortage of beds doesn't feel right.
- Fellow patients should be allowed in each others rooms.
- Access to support workers in the community is not always easy.
- Being discharged from the Community Mental Health Team stops us being able to get help later on.
- Paying for support workers is not fair.
- The length of time we have to wait for support workers is wrong.
- It can be difficult if we challenge decisions.
- Sometimes it seems that access to Community Psychiatric nurses is determined by where you live as well as need.
- Not being believed when we are challenging a worker's version of events is offensive.

- The Patients Council - what is happening with it? It has volunteers willing to operate it but has not reopened. It is the only place where we can get access to the internet and also provides advocacy and a chat. It was greatly valued when it operated.
- Befrienders has a good reputation.
- We need someone to make contact with people who are isolated and can't get out.
- Isolation is a huge problem.
- A lot of people have very little to do outside of mental health services and would like to have more of a social life.
- TAG is good – it is good to be with people all in the same boat. It feels safe there is great compassion.
- We need places to go and things to do at night time

NAIRN

- The Links Clinic is a great resource. We are very happy that we have been given assurances that it will stay open, pending building reports and community ownership developments.
- We are very worried about possible changes to benefits.
- Transport to the Links Clinic by the Community Mental Health Team - is this safe? It is very much appreciated; some of us couldn't manage to get in using our own resources.
- We worry about Council cuts - what impact will they have?
- What is the future of Richmond Fellowship User Involvement Workers? They are important to us.
- We worry about the possible cuts in mental health services.
- Should we reduce the pay of high paid Psychiatrists to save money?

LOCHABER

- By not getting help, or getting it too late, people can be greatly at risk.
- We worry that this seems to be increasing.
- Peer support is really important.
- There is a lot of good being done too by the Mental Health Team and other services.
- We need services to be very open when things go wrong.
- We need the public to know we are not bad people.
- The effect of being sectioned on our children can be traumatic.
- We need plain English information on sectioning.
- The importance of being with our children, even when we are ill, should not be underestimated.
- The changes to the Benefits system is a worry and reviews are stressful.
- We should encourage each other by post and phone.
- We should celebrate success; it helps us all.

- Poverty is really bad for our mental health. If we have a poor diet we can end up really ill.
- Homelessness can increase mental illness.
- We worry that staff sometimes overlook our physical illnesses when we have a mental illness and are admitted to the Belford Hospital.
- The older generation have mental illnesses as well - do they get all the help they need?
- What will happen to people who are older who are looking for work if they have to come off benefits?
- The Glengarry Centre is very valued by many of us.
- We need to evaluate the effectiveness of services.

WESTER ROSS

- We need to avoid cutting support services that prevent people being hospitalised.
- The Women's Group is very important.
- People who have a bit of learning difficulty and a bit of mental illness and who are vulnerable but don't quite fit in the box for services - do they miss out on help?
- Many of us don't know how to get bus passes.
- Buses at Ullapool often get full and have to leave people behind.
- Travelling to Inverness by bus - if you get the first and last bus this gives two and a half hours free but doesn't give time to do much or attend medical appointments. There is no hospital transport to get to Inverness.
- The bus pass scheme is fantastic - it is really important.
- The Community Car Scheme in Gairloch is good.
- We need a Community Car Scheme in Ullapool.
- Medical appointments can be made in Inverness for 9.00am but we either can't attend or have to travel the day before.
- Reception to the need for suitable appointment times by health staff in Inverness is hostile – they ask “why can't you make the appointment?” We are made to feel that it is our fault.
- Phoning for help and being put on hold is very unhelpful.
- Things to do – there is not much to do; getting out can make you feel really good.
- Social activities with people are really good.

SKYE AND LOCHALSH

- A large number of people are not in relationships and are lonely.
- The strain of mental illness can put a huge burden on marriage and cause great guilt.

- Many people with a mental illness can be very isolated.
- Mentally ill young people can be very vulnerable in relationships.
- Childhood bullying can have a huge effect in later life.
- We can have huge doubt about our abilities.
- We can feel great guilt that we can't rise above a certain level and give to those around us.
- We can feel guilty because we don't feel good no matter what those around us try to do for us.
- We are worried about benefits - it is a huge strain and can lead to mental illness.
- We worry about the loss of jobs due to the cuts and the effect it will have on people's mental health.
- There are not enough jobs.
- It can be good for our mental health to stop working.
- The pressure of work can be too much, even when we have good bosses.
- It would be good to do activities such as studying if we can't work,
- People with a mental illness can have a great deal to offer because of what they have gone through - "the strongest souls are seared with scars."

ARGYLL

- We feel that there is a shortage of psychological services in Helensborough and the rest of Argyll.
- Should psychiatric hospitals be in the country away from the hustle of busy communities? - we feel that they should be tranquil and peaceful and connected to nature.
- Why is the government taking money from the sale of the old hospital when the redesign budget is such that it will need to make savings?
- Awareness raising with young people would be good.
- Creative arts are a very good way of raising awareness about mental health.
- We feel we are very undersupplied with Community Psychiatric Nurses in the Oban area (which also covers the Isles).
- We need an element of choice - some people in Helensborough may prefer treatment in Argyll and others in Glasgow - it should be up to us.
- Charging for social care is wrong - why can't we get support for free? We paid taxes for this.
- We can see a different locum doctor each time. They come in on rotation; we can wonder what the point is in seeing them.
- We need to promote recovery.
- Being told nothing more can be done is very unhelpful.
- We should have visible examples of people who have got better.
- We should have a way of helping people realise that they are well again.
- We need to plan for illness that is cyclical. We can be seen as well and be discharged and yet know we will get ill again in the future. The system should anticipate this.

- Is money for mental health services in the NHS ring-fenced?
- Will there be cuts in local mental health services.
- We believe that there are not enough Mental Health Officers. Is this the case?
- Where would people go if the new hospital proves to be too small?

ACKNOWLEDGEMENTS

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