



Welcome to our AUTUMN/WINTER 2005 Newsletter

Welcome to our Autumn/Winter 2005 HUG Newsletter. Time has just flown by so once again we have combined Autumn and Winter into one edition.

As usual loads has happened since the last newsletter so read on and find out more.....

ENJOY.....

Happy Reading from all at HUG

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

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

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

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FEATURES ON OUR MEMBERS

Every edition we feature one of our HUG members so that we can get to know them a bit better. In this edition FIONA tells a little about herself.....

WHAT'S YOUR NAME AND TELL US SOMETHING FUNNY ABOUT YOURSELF?

My name is Fiona Sutherland I am a thirty four year old woman but I own a play station.

HOW LONG HAVE YOU BEEN INVOLVED WITH HUG AND WHAT KIND OF THINGS DO YOU DO?

I have been involved in HUG for more than two years now. I started the Mid Ross branch. When we realised that there were no local groups to join in with. I sit on lots of committees and working groups with NHS Highland and the Council in fact I volunteer for everything as I would go along to the opening of an envelope. The Highlight of my involvement was going to Romania last year with the Transnational Grundtvig 2 project.

WHO HAS HAD THE BIGGEST INFLUENCE ON YOU?

The whole of HUG the workers and the members have been a huge influence on my life. They have given me the opportunity to do meaningful work despite being unwell and that has given me a great sense of achievement. They have helped me realise that I have got skills and talents which I am now using in the world of employment.

WHAT IS YOUR FAVOURITE FOOD?

I like fine cuisine and fine wine but my favourite is a good curry washed down with a glass of cobra lager.

WHO WOULD YOU MOST LIKE TO MEET?

Professor Kaye Redfield Jamieson. Her book the 'Unquiet Mind' has been a great inspiration and source of comfort in my recovery. I would also like to meet Annie Lennox because I am a life long fan of the Eurythmics.

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NAME ONE THING THAT WOULD MAKE YOUR LIFE BETTER.

I would love to have a black Labrador.

WHAT THREE WORDS BEST DESCRIBE YOU?

Dreamy, determined and intellectual

WHAT IS YOUR GREATEST ACHIEVEMENT

My Scottish Executive appointment as a General Member of the Mental Health Tribunal for Scotland. I am one of only 14 user members in all of Scotland. I am honoured that I help safeguard the rights and treatments of users. I also get a kick out of being mistaken for a lawyer or psychiatrist!

WHO DO YOU MOST ADMIRE

Myself when I look in the mirror ...!

DVDS

We have a number of DVD's available:

Housing and homelessness –this short DVD talks about one of our members experience of homelessness and her voyage to better accommodation. This is available on request.

Self harm – this audio CD features the story of Melanie and her encounters with self harm and the people who helped and hindered her. This is available on request. In the future we may add some images to enhance her story.

Self harm – the highly personal account of two member's experience of self harm and how they came through it. Because of its personal nature it is only available on loan and after consultation with the HUG members but do feel free to enquire about it.

Self harm – the audio visual story of a young person and how she experienced self harm, what helped and who didn't. Again this is only available on loan but do feel free to phone us about it.

Because of the cost of production we do ask for a donation to cover our expenses. We are happy to discuss this when you contact us.

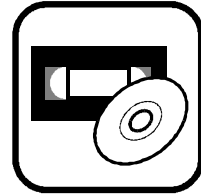
We still have copies of the Mental Health Act DVD. These are available for a charge of £15.

Workers Update

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

Karen

Karen had a little girl on 1st November. Her name is Evie Grace and she is beautiful. Karen and John are delighted with their new addition.



Update from Debbie

Hi there everyone. I have been in post since 31st October and I have never known time go so quickly. I have been busy with the newsletter and the SHAW DVD and just generally learning the ropes.

DVD's

Eating disorders DVD

Karen is going to continue this work when she comes back from maternity leave.

Employment and Mental Health DVD

I am working with Brian to get this DVD completed. We are hoping to get the rough edit finished for the new year. It will then go to Scottish Health At Work (SHAW) for comments, then hopefully the completed product will be launched by SHAW at the end of January.

HUG Mental Health Act DVD

We are still getting requests for copies of the New Mental Health Act DVD. Over 310 copies have now been distributed across Scotland.

HUG DVD

I am currently working on a new DVD about the work of HUG. The working title is 'A Week in the Life of HUG.' Filming will start on 12th December and the completion date is for the end of March.

Media Training

There is some new media training planned for the beginning of next year. I plan to hold a training day for people who are interested in getting involved in Media work. I am hoping to have some people from the local press and radio to help with the training. If you have any interest in getting involved with this aspect of the work of the Communications Project then please let me know.



Update from Emma

Hi folks,

Yet again a frantic, but very exciting, few months with us whizzing around the Highlands and beyond. The main focus of our work has been preparing the schools for this year's STIGMA play and playing a key role in organizing self-harm seminars as part of the Inverness Self-harm Forum (Inverness Self-harm Forum is an informal partnership between HUG and the Department of Child and Family Psychiatry).

Below is a fairly brief outline of the work we have been involved in; if anyone would like further information please do just get in touch with me.

Cheers!

Emma

STIGMA play

This is the 3rd year we have toured the Highlands with the Eden Court STIGMA play and interactive workshop, and it has been the most successful yet. 13 high schools hosted the play, with 1000 young people, aged 14-18, participating. For those not in the know (!) the main themes presented in the play were depression, self-harm, stigma and young people's attitudes. Feedback from the kids has been great and shows us very clearly how important this area of our work is.

"I have learnt not to judge people because of their illness."

"I found the play quite accurate towards the feelings of children who might be in this situation."

"The mental issues and the people in the plays reaction were very realistic and put the message across well."

The quality of the play itself and the skill of the actors shone through in the feedback forms completed by the young folk immediately following the workshop:

81% of students thought the play was either excellent or very good, which is testament to the quality of the script, the acting and the preparation by Eden court and the Self-harm Forum.

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80% of students said that their understanding of the issues had increased somewhere between quite a lot and hugely.

48% of the answers showed a change in attitude as a result of this performance. Many other students were at pains to say that before they saw the play they felt that their attitudes to people with a mental health problem were already positive.

This is all extremely exciting and shows how the young people not only value this chance to learn about mental health issues and understand about the lives of people who experience mental health problems, but also is an important step in the eradication of stigmatizing and discriminatory views and behaviour.

Self-harm Seminars

The play was also shown as part of four multi-agency training seminars aimed at professionals who work with young people who self-harm. HUG produced an excellent DVD for the seminars in which two HUG members talked about their own experiences of self-harm and what had helped them to recover. It was extremely powerful and, along with the 'live' testimonies, made a great impact on the people who attended.

The seminars reached around 200 professionals and were evaluated very positively; a full evaluation is being produced by Tracy from the Department of Child and Family Psychiatry, as part of her post-graduate work. This should be ready early next year.

Key Housing Training

We did a day's mental health awareness training with 15 staff members from Key Housing in Fort William in September. It was a great day and we all left on quite a high as the atmosphere during the training and the evaluation were one of the best we had experienced:

'To be able to ask questions and get full answersserious, fun, enlightening: made me feel I wanted to know more – fabulous!'

A special thanks must go to the HUG members who were so brilliant!

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Choose Life Conference

In September I did a presentation at the first Highland Choose Life Conference about the work HUG has been doing to raise awareness of mental health issues with young people. Choose Life is Scotland's national suicide prevention strategy and HUG received some funding from the Highland Choose Life team towards the STIGMA play and the seminars.

Barcelona – visit to the user group

In November I was part of a 30-strong hen weekend party to Spain (and that's a totally different story) but as part of this I was lucky enough to meet up with some of our partners from the Grundtvig trans-European project HUG is involved in. I spent a morning with a very keen group of 15 users and professionals from ADEMM, a user-group based in Barcelona who wanted to learn everything – and I mean everything! – about HUG, how we operate, what we do, what we have achieved.

It was a fantastic experience and the enthusiasm, goodwill and hospitality from the group was great.

Funding Applications

A lot of blood, sweat and tears has gone into writing funding applications to secure the future work of the Communications Project, which ends its current funding in March next year.

The HUG Round Table

As promised here is our report on what the HUG Round Table (our committee) discussed at the last meeting.

We looked at the idea of payment to some of our members for the work they do for us. We agreed that when HUG members are working alongside HUG workers and with other professionals who are all getting paid then we need to look at the idea of recompense where possible. We have a lot of work to do first including how to deal with benefits, how HUG can get an income to pay for this and what to do about those members who do work for us where we would never get payment, would they lose out unfairly? However we have discussed this with our awareness trainers and a large majority are against the idea of receiving payment. Obviously an issue that needs more discussion. Any ideas would be welcome.

We also agreed that we would hold elections to the Round Table at regular intervals the first of these probably being held in February. We will let you know how to stand for election soon.

Then we discussed progress on safe houses which so many of us find important and the worry that we have about the lack of single sex wards in New Craigs.

We then met with Jackie Agnew in New Craigs and raised a number of the issues that we had gathered from our members in the October round of meetings.

Update from Graham

Hello everyone

Just a short article to update you about what we have been doing recently:

Our Reports

The Medication report has continued to receive really good feedback and has been featured in an international users of health services journal. We also gave a presentation on it at a meeting of psychiatrists in New Craigs.

The report on control and inclusion should have reached you all by now. We got great feedback from the Scottish Association of Mental Health, but not much else. It is early days still and we would love to hear other peoples comments.

The report on Psychiatrists that we issued last year has just had an article on it accepted for publication in the Bulletin of the Royal College of Psychiatrists, which is great news.

The report on Employment had a feature article published on it in the magazine Mental Health Today.

The meetings on recovery are now over and involved around 65 people. We have written the notes up, but it will be some time before we have the final report.

Other things

We are still continuing to follow up progress on the TAG unit in East Ross and, by the time you read this, will have met with MSP's in the premises in Alness. Our local MSP's have been very helpful on this issue and deserve our thanks.

We are still pursuing the issue of the demolition of the Gardeners Cottage in Nairn, but have been assured again by local officials that finding alternative premises is still a priority for them.

We are now trying to raise the fact that the premises that Tag uses in Inverness are also under threat.

The Travelling Day Hospital in East Ross has been renamed as the Phoenix and at last we have the good news that it will reopen in January.

Meetings

Over our last round of meetings we gathered a great collection of local issues that are affecting people. They are compiled into a paper on current issues that we will distribute to officials soon. If anyone wants a copy do let us know.

We are also creating a series of briefing papers to send to officials and MSP's to let them know some of the key issues that we are facing.

The Friday Forum continues to meet and discuss and acts on all sorts of issues. These include:

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Filling in questionnaires on advocacy and on medication and patient records. Looking at priorities in mental health and ranking our priorities for the Medication report. Reviewing various DVD's, looking at protocols on self medication when in hospital, commenting on the hospital, its security and the front entrance to it. Commenting on letters and the Mental Welfare Commission website. In addition we have looked at internal HUG issues and projects. There is always something going on in the Forum. If you are reasonably near to us do feel free to come along we would love to see you there.

We have done many other things together which include meeting with members of the East Lothian involvement group, continuing our meetings to look at the community woodland around Craig Dunain and attending the usual round of committee meetings to ensure your views are heard.

HUG members have been doing all sorts of other things too – this includes; attending the SAMH Art Awards, the Art Angels event in Dundee, the Acumen meeting in Argyll, the Citizens Jury on Social Work and so on.

They have also been working on various projects including smoking policies, funding for the voluntary sector providing training on advance statements and attending local implementation groups in their own area.

Heaven On Earth

This is the first of a series of articles from Lucian about the transnational work we have been doing.

For a Romanian guy as me, who travel for the first time in his life outside of the country so at 49 years old it was absolutely impressing, wonderful, terrifying. The fly by the KLM company was also absolutely merveilous (French), even when I was a child I flight not for at once, you know because my father, was working at the Baneasa airport.

What did I say? The Amsterdam airport impressed so much cause it was about 20 times bigger then Otopeni Bucharest airport.

As may be you don't know, I smoke everyday about 40 cigarettes and in the airport of Amsterdam I smoked just only one during the whole time of the flight, but who cares?

Just arrived in Edinburgh we took the bus till the Waverly station where we change the bus but remember if Alina wouldn't be with me I've been deadly for sure. A very funky team! A psychologist and a user!? A team! Splendid, wonderful, magnific.

After that I have to continue the story, the best story of my life. By the way, at the reception of the hotel where we stayed the guy, the older one, the chief I presume told me that I'm the first Romanian guy that he ever seen in his life, and he didn't was so young; he was about 56 years old.

In the last day when we are sitting there, of I was crying and I had tears on my eyes... it will be continued.

Lucian Ionescu
49 years old ...middle of life

A Voice For The Mentally Ill

Dear Mr. Morgan,

I guess you'd still be away when this letter and concomitant article reaches your mailbox. The article is about a chilling experience I had over the last weekend at a village (it's called Nankese) about 60 kilometres away from Accra (Ghana's capital city). I went there for a funeral of a friend's father.

The story is that when I got to the village around 9am local time, the funeral had started and after sitting down for sometime, I decided to stroll to stretch my muscles a bit. I was doing this when I stumbled upon a man dressed in tattered clothes sitting under a mango tree near the market. He was holding a bottle containing water and had a plate with beans and fried plantain in front of him. He had iron shackles on his feet. He made some noises every now and then calling peoples names and places. Clearly the man was mentally ill and he'd been restrained as such from moving from the spot he was sitting. I was touched by his plight and decided to make enquiries as to why he'd been treated in that dehumanising manner. I therefore approached a man nearby who narrated that the man had been mentally ill for about 10 years having been sent for treatment several times. He alluded that the illness was precipitated by a nuptial cause when his wife jilted him and left for abroad with another man. He continued that despite the treatment he'd received for the years of the ailment, there's been no positive result adding that he was shackled by his family due to his forays outside the village going as far as to the capital city on foot. He said the family didn't want to encounter any of such problems and further incurring cost for damages and violence he caused to people and their properties hence putting him in shackles to restrain his movements. It was evident from the narration that the community supports the isolation and the bestial treatment being meted out to the mentally ill person in question. I must say I was stunned and ruffled by the sight of him being treated as an animal. It was most unfortunate and I really rue what I saw.

Indeed studies have shown that only rarely are violent acts committed by people who are mentally ill. This is a message that has been emphasised for years - but each time there's an act of violence, many people are inherently sceptical of that assertion. Still experts insist that large studies support the idea that mentally ill people are no more likely to commit violent acts than anyone else, and in fact may not commit them as expected from their proportion of the population.

In May 1988, a report published in the Archives of General Psychiatry in the United States of America and cited by a media report on the internet, researchers gathered in Pittsburgh in the State of Pennsylvania, in which 1,000 people with mental disorders were compared with 500 people who were well and who lived in the same neighbourhood, it was discovered that violence rates were indistinguishable between mental patients and their sound neighbours. That study further found more correlation between crime and drug addiction as well as alcohol-related dependence. And yet the fate of mentally ill persons around the world is one

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of neglect and atrocious abuse as amply narrated earlier. Especially in the developing countries such as mine, victims often get beaten, chained, starved and abandoned. And very unfortunately they've no avenues of making their voices heard.

This kind of treatment which often is taken for granted is nonetheless grounded in deepening STIGMATIZATION of mental illness by society that only consigns its poor victims to social exclusion. Ghanaians, for instance tend to associate mental illness with wickedness and superstition. We tend to associate mental illness with punishment for some violent crimes already committed, drug/alcohol addiction and curses from supernatural forces. And the condemnation is sometimes extended to heroic and sympathetic carers of the mentally ill as well as the determined mental health professionals who attend to the unfortunate victims of mental illness.

Severe mental illness may result from deteriorating psychological problems ranging from general depression, through post-natal and nuptial depression, anxiety, drug and alcohol dependence and schizophrenia among other health factors. And these forms of ill-health generate diverse forms of mental illness in themselves. Thus we are all vulnerable to suffering from one form of mental illness or another at any given time.

Indeed a World Health Organization (WHO) report in 2001 (which I had access to sometime ago), forecasts that within the lifetime of a society, 25 out of every 100 people are bound to suffer from one form of mental illness or another. 10 out of 100 people stand to be victims of mental illness at any particular moment and 1 out of 10 is bound to suffer from severe mental illness - those cases that one sees them on the loitering in the streets. By the foregoing calculation, Ghana with about 19,000,000 human population would have 190,000 mentally ill patients on its hand not excluding 2,000 affected by severe mental illness to grapple with.

And for these 200,000 possible mental patients, the country has just three psychiatric hospitals for them all located in the country's southern part with six practising psychiatric consultants. A real pathetic situation!

Worse still, the WHO projections seem to suggest that by 2020, mental illness will be the second largest disease in the world with as many as 121 million people worldwide suffering from depression with no assurance of access to effective treatment. Global response to this potentially catastrophic challenge is, however disappointing. About forty per cent of countries in the world including Ghana cannot boast of a community mental health policy let alone come to grips with the magnitude of its prevalence in the respective countries.

While developing countries would let their mentally ill persons endure persistent suffering, another dimension of the issues is that poverty is likely to thrive on conditions of mental disorder as it psychologically impairs and physically demobilizes the victim.

Now this is the centre-piece of Psychiatric Support Network's (PSN) contribution to the mental health care of delivery in Ghana and the rest of the world i.e. to extend the focus of mental care delivery beyond diagnosis and treatment in mental hospitals to a

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community-based setting that also involves the family as well as providing a means of sustainable livelihood for the mentally ill.

The basic objective of PSN is to create a voice for and a listening ear to the mentally ill; help to restore them to good health; and facilitate the provision of dignified sustainable means of livelihood that would ease their reintegration into the larger society. It will do this by working with relevant partner organizations in the community.

PSN projects to have a five action-oriented components viz. a) capacity building, b) community mental health, c) sustainable livelihoods, d) research & policy e) management and administration. It is expected that these will be implemented in an integrated manner that holistically focuses on doing the best for the mentally sick persons.

PSN's action-oriented components will be converged and targeted at restoring to normal health for the mentally ill as well as providing him/her with a sustainable means of livelihood. The foregoing process projected by PSN commences with consultation meetings in the community involving the mentally ill persons, their carers, and stakeholders (i.e. Assembly Members, Chiefs, religious leaders and community mental health professionals). At this meeting, participants will be regrouped into smaller buzz groups to identify the concerns of each stakeholder. It will not be intriguing to find out that people at the meeting can be shocked to hear that the mentally ill can speak for themselves. The mentally ill are expected to talk about their dejection and brutal and abusive treatment they receive from their carers and the larger society. This they begin to fight for their rights even at that level.

It needs to be stated that it is information from these consultations that will inform the content of the programmes to be adopted. PSN seeks to deal with the stigmatisation problem by promoting and making representations to the Ghana Health Service to fully integrate the treatment of mental illness into the mainstream primary health care system. In this regard PSN intends to build structures that would serve as meeting point for the mentally ill as well as a working area for community mental health nurses. This project will be dubbed "Hewale Woo Kpee" in the local Ghanaian language meaning 'Encouragement Meeting' The local name factor attached to the project is to enable as many people to participate and associate themselves freely with the mentally ill thereby contributing their quota to deal effectively with the STIGMATIZATION attached to mental illness.

PSN projects to recruit volunteers and other health professionals to assist in training them in such areas as stress and depression management and counselling. Suffice it to indicate that such programmes will go a long way to prevent people from falling victim to any form of conditions that can precipitate mental illness.

PSN intends to support outreach programmes by the psychiatric hospitals to treat mentally ill people. The support will be made in material and/or financial forms. These will be solicited from external and internal sources. Indeed community-based mental health care is at the heart of PSN objectives and it shall do its best to achieve this among others.

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As already made known, PSN is a nascent organization that is yet to stand firmly on its feet. Its material and financial resources are limited.

Putting our lofty objectives into action would inevitably require financial and material backing from groups such as HUG and others within UK and other parts of the world. We have on our part solicited assistance from organizations in Ghana which response have not matched implementation of our initial plans.

HUG has so far demonstrated goodwill and cooperation since we made contacts with them. These we appreciate and are gratified with.

Our sincere belief is that HUG can and will do more to assist us realize our objectives. Their operations as we have learnt lend credence to this belief.

This is the STORY and SONG of PSN !

May God bless us all in our endeavours.

Thanks for the attention. We await your response eagerly.

Dan Taylor
Submitted On Behalf Of
Psychiatric Support Network
Accra, Ghana
Addilorvent@yahoo.com

Meeting our European Partners

Emma, Graham and Kaye went to Edinburgh in September to meet with people from mental health services from Poland, Romania, the Czech Republic, Portugal and Spain. It was as usual a great experience trying to work to common understandings over different subjects ranging from active citizenship to empowerment and employment. It is amazing being a part of a meeting where we all have different backgrounds and many of us can't speak English.

We visited projects across Edinburgh and generally got exhausted. A highlight for me was one evening when just the users from each country met together to learn from each other and discuss ways of increasing the user voice in each others country.

The next visit will be to Portugal by which time we need to be well advanced in the planning for a local project in our own countries.

Tranquility

Go placidly amidst the noise and the haste, and remember what peace there may be in silence.

As far as possible, without surrender, be on good terms with all persons. Speak your truth quietly and clearly, and listen to others, even to the dull and the ignorant; they too have their story. Avoid loud and aggressive persons; they are vexations to the spirit. If you compare yourself with others, you may become vain or bitter, for always there will be greater or lesser persons than yourself. Enjoy your achievements as well as your plans. Keep interested in your own career, however humble; it is a real possession in the changing fortunes of time. Exercise caution in your business affairs, for the world is full of trickery. But let this not blind you to what virtue there is; many persons strive for high ideals, and everywhere life is full of heroism. Be yourself. Especially do not feign affection. Neither be cynical about love; for in the face of all aridity and disenchantment it is as perennial as the grass. Take kindly the council of the years, gracefully surrendering the things of youth. Nurture strength of spirit to shield you in sudden misfortune. But do not distress yourself with dark imaginings. Many fears are born of fatigue and loneliness. Beyond a wholesome discipline, be gentle with yourself. You are a child of the universe no less than the trees and the stars; **you have a right to be here.** And whether or not it is clear to you, no doubt the universe is unfolding as it should. Therefore be at peace with **God**, whatever you conceive **Him** to be. And whatever your labours or aspirations, in the noisy confusion of life, keep peace in your soul. With all its sham, drudgery and broken dreams, it is still a beautiful world. Be cheerful. Strive to be happy.

(Desiderata)
(Max Ehrmann)

Submitted by Lorna Hardie
HUG Member

Thanks

Sue donated at least 60 books on mental health to HUG. They are perched high on our shelves in the HUG offices. Please feel free to borrow them when you visit, but do remember to sign them out and return them. Some of the books are very hard hitting so be a little careful of them if you are feeling delicate.

Maureen also gave one of her regular donations. Many thanks to her too.

TRAVEL CARDS

For some years now people with mental health problems in the Highlands have been entitled to use travel cards, which gives free travel on the buses and discounted train journeys.

Although there is a feeling that not enough people know about them, and initially they are hard to get, many of our members have them.

Here are some quotes from people who use them:

" I lost my driving licence for a short time due to a psychotic episode, were it not for my travel card I would have been stranded at home unable to get anywhere. It lessened my distress at having my licence taken away, and it enabled me to continue my daily activities".

" I can't drive because of my mental health problems. As I'm not employed, I cannot afford the normal bus fares, so were it not for the travel card I would not have been able to get the treatment I so desperately needed, nor would I have been able to maintain my independence in relation to shopping for myself and keeping appointments. Now I also see the travel card as a tool that enables me to help others, as it facilitates my travel throughout the Highlands on behalf of HUG".

" I use my travel card every month to visit my children. It gives me half-price travel to Glasgow, and if I feel like it I can jump on a bus to go on a trip to lift my spirits and help me feel better. It is also a means of identification.

There is a process required to receive a card in that we need a certificate to present at the Service Point, which we get from the Community Mental Health Team confirming that we have a mental health problem, and that we are entitled to free transport in the Highlands. Two passport photos are required".

" I feel that my travel card is a real bonus. I live quite a distance from the City Centre, and would struggle to afford the normal bus fares to get into town every day. If I did not have a travel card I would probably become quite isolated".

Despite the advantages of travel cards there are also people with mental health problems who cannot use public transport, and therefore end up very isolated. The use of travel cards fits very well with the requirements of the Mental Health Act to provide travel assistance, and we welcome it.

There is currently a consultation exercise on the Scottish Executive's proposal to give free Scotland-wide bus travel for older people and people with disabilities, (including mental health problems). HUG will be responding to the consultation, so if you want to express your views, please contact the HUG office.

Graham

Graham is our friend
Though we drive him round the bend.
He has a heart of gold
Though his hands are rather cold,
and he's getting rather old.
Hey! Who says he's old?
That's our friend Graham.

By Tabitha Loughlin

A POETIC RESPONSE

SUPPORT AND CHANGES

Is there hope in your life or mine,
We will find it only if we dig deep,
We pay with heart and soul as our fine,
We must believe we are happy with no
weeps.

It is not any good knowing what's wrong
That is if you don't act upon it and fast,
Believe in what you are doing in song,
You must keep it in heart to last.

We come seeking support and changes,
Remembering is the hardest part to keep,
We must seek and find all in the ranges,
The changes we find, we must remember
and keep.

By S. Wilson

*A poetic response from East Lothian about
user involvement.*

GROWING UP

It seems like only yesterday
I was just a child at play.
I would waken each new golden day
With life so happy, carefree and gay.
Time's soft sweet wings have long since
flown,
The world has left me on my own.
They say to me with hearts of stone,
You don't need us now you are grown.

By Tabitha Loughlin

WHITE NOISE

The noise of a television as it warms,
with no derision
We listen to the character of the plastic
crack
With electric precision on a mission
To create imaginary stranded
standards
Of the colours we hear
Then my entitlement lets me justify
White noise

anon

CONCERNING NOSES

A long time ago it seems, from some evidence, that our ancestors were predators. That is, the evidence of our eyes, which face forward. Eyes like those are designed to focus on tonight's supper, as it gallops across the plain. Eyes at the side are there to keep an eye out in order not to become some other creatures supper.

But what about the nose? Could it have some part to play in focusing in on the target?

I began to wonder this when considering what happens when someone's nose is "put out of joint". There is a task to be done. People are trying to "keep their eye on the ball" until the task is finished. Not the time to lose sight of priorities. Up pops the person whose nose has been put out of joint: just as intelligent as everyone else, just as capable as everyone else, and sets out to "chase hares" all over the place.

Why does this happen and what can be done about it?

Perhaps we could all try not to put noses out of joint in the first place. But with the best will in the world it will happen. Perhaps being aware of it is as good as it gets.

By Garry

Incapacity benefit

One of the results of our report on Employment was that we had a visit to the HUG Friday Forum from Chris who works with the Scottish Association of Mental Health.

We had a long talk about incapacity benefits and the worries of our members who have already come off of it or been reviewed. We also talked about the growing concern that many people have that the benefits system doesn't really understand our lives when faced with benefits – for instance we may outwardly appear fine but that does not have to mean that we are well enough to work.

Chris described a possible campaign on the subject if the proposed welfare reforms are implemented. Our initial thoughts are that we would welcome the opportunity to join in with it if it does go ahead. We will keep you posted.

We also had a long discussion about payment for short pieces of work when on benefits. Thanks to Chris for really good information which helped our thoughts move forward a bit.

FAMILY AND CARE IN THE COMMUNITY

I think the social isolation of people with mental illnesses experienced as a result of the policy of care in the community magnifies the therapeutic importance of the family immensely, even and especially whilst living in Sheltered Accommodation. I have friends including staff members at the project I live in but being able to 'go home' as I call it is still tremendously important. It helps that my parents know what to do in a crisis and learned this from experience. Otherwise it may be that going home to stay overnight (as I do) would not be possible.

It also helps in that a change of scenery is tremendously important. A change is I have heard it said as good as a rest. It is even better - following this line of thought further - that you are able to go on holiday with relatives, at least once or twice a year to break the year up and especially during the long winter months. People who have supportive families are also a lot happier around Christmas time and more so if you have nieces and nephews (I have one of each). Without this contact there may be a need for anti-depressants.

I guess in a way I am very lucky to have all this family input. Years ago they say if any one in the family had a history of mental illness it was never talked about. With the media image of 'lunatics' I am sure families still have a hard time coping with the stigma. Carers need carers themselves but may perhaps experience isolation because they feel they mention problems like this to friends. As a result there is a great reliance on health care professionals who are already overworked.

Often too it is only the immediate family that has much direct contact with medical people and social workers and their understanding of the acute nature of mental illness, the ins and outs of hospital, stigma and many other aspects will not be shared by other relatives etc. This can create the odd problem when your parents go on holiday and there is a crisis. I guess the first impulse is to ring your family for help but they cannot always be there. Ringing another relative instead can be a bewildering experience for them so sheltered accommodation is a very good answer here in case of emergency.

Another important point is that severe problems with paranoia fuelled by general hostility to mental illness from the community can mean that everyday functions like going shopping are very difficult. Again going with a family member to the supermarket or shopping mall can not only be supportive but also vital. This also gives an experience of normality and to that extent overcomes feelings of social exclusion as well. Many people I know do not have the confidence to do this and in my case family support was needed. It also helps you on the way to greater independence.

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The opposite effect is also true – that families have to push the sufferer to go out and do things because it can sometimes be too easy not to confront these problems. You can easily for example avoid going out and get just about anything off the internet. Learned behaviour from bad reactions to going out can lead to a phobia so getting a push to go can in the end increase your confidence. There are no hard and fast rules for when to push and when not to but I think this is an important point. It can just as easily be argued why go out if it makes you ill which again is I think a legitimate issue.

Another large area is family support during visits to doctors and psychiatrists etc. This is I think important because the turnover amongst medical personnel is quite high and they do not have the time to ponder any one individual case for long nor to fully read the case history. Family will as a result probably know a lot more than the doctors and social workers involved and in my case have often been the only constant element throughout an illness which has varied a lot through fifteen years of problems. As a result for example I rely quite heavily on having someone to assess the trend as compared to the past.

There is also, I think, a professional stereotype that parents worry unduly - especially mothers – and press the panic button at the first sign of trouble. This is a tricky one but can, it seems, be overcome in the following way. The first thing to do is indeed to call for a doctor at the first sign of trouble and to say why regardless of what the doctor might think. In my case my family have had me sectioned several times but when I got to hospital it became very apparent to the doctors why. From that moment on they paid very close attention to my mother's opinions and a social worker even remarked "no one knows you like your mother!" Schizophrenia is always taken seriously by doctors and repeating episodes are very common too, so ringing doctors should not be seen as over reacting.

Curiously, the support groups for carers and families, though they are informative, are not in my family's experience always what they should be – even when run by psychiatrists themselves. My mum described them as a group of people just sitting around moaning. Then again the indiscriminate nature of the illness (ie that it can affect just about everyone and anyone) means that a lot of people are simply thrown together from all walks of life and thus it can be very hard to break the ice, not to mention being cheerful. Maybe relatives just don't feel anything but depression when someone in the family has a serious illness. In my case coming to understand more about it – and I was classed as particularly severe - helped with this aspect too.

In the end there are probably a myriad of other ways in which families help the patient outside of hospital including in all the ways we have and need to rely on them during normal life. The emotional aspects, feeling wanted, being loved (etc, etc) are the most profound and important, loss of this aspect through stigma or whatever just creates a void here and makes the negative experience of the illness worse. Again there are so many potential positives. I have been ill for 15 years but never once have had depression. This I think says a lot about the importance of family to mental illness.

Towards recovery

I thought it might be an interesting topic for some people to know what it is like to feel a sense of recovery from a long term mental illness. What follows is a personal account of how I feel at the moment, though I think what I have to say might surprise a lot of people - especially those who still have the illness in an acute form. Maybe I am just being negative and sceptical about things – time will tell.

The first point, it seems to me, is that the only bigger shock than getting schizophrenia is recovering from it! It seems after a long period of suffering that it will never end. But believe me it can (to varying extents) occur. This presents some perceived problems however. For one there is the need to overcome institutionalisation and especially in the case of Sheltered Accommodation learning to live independently. When you are ill all this seems like a major difficulty and indeed the prospect can be quite frightening but when you are well it is amazing how quickly you adapt. Within a short space of time the illness can seem like a distant memory, although during a symptomatic phase you can find yourself wondering things like: how will I pick up the pieces of my life after such a long time?

Another thing I think is an important issue is that some people may be bitter at all the years they wasted by being ill as a result of the suffering that a mental illness can inflict. Often though I think that many people will not look back and simply get on with their lives. There is another worry, more important, and that is the thought of relapse. In my experience the longer the recovery period the less immediate this thought seems. Life has a habit of focusing you on the here and now and not looking forward or back. This can actually be suitably distracting though such thoughts can inevitably creep into or else remain at the back of your mind. It has often been said to me, for example, that when doing well people relapse because they think its OK to stop taking the medications. This is effectively equivalent to thinking that the illness is all in the past and that one is not going to relapse again.

There are some more practical problems with getting ones life back on track. After 15 years for example will ageism in the job market hold you back from pursuing a decent career? How do you explain mental illness to an employer and justify many years of inactivity? What kind of mortgage will I get or will I have to live in a problem area? Here I think that although there are problems with employers attitudes to mental illness there are also special national colleges that can provide individuals with suitable training and preparation. Sadly there is still discrimination here as there are opportunities but some people I know have a very positive attitude here. I would be very interested to hear from people's experiences with respect to jobs and housing. Many people still experiencing mental illness also have to cope with problems on top of the illness.

Even assuming one gets a decent job, earns enough to have a decent standard of living (as compared to getting disability benefits) and / or makes new social contacts amongst people who are not ill, I do not think that the feeling of recovery is the momentous singular event many might imagine it might to be.

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There has been no feeling of immediate relief, much less of euphoria, as improvement can be quite a gradual thing – even to the point that there has been, as in my case, no sharp feeling of a contrast between illness and wellness. During this recovery phase the illness simply fades into the background of our lives and new worries can take over though hopefully not as severe.

This all depends on the reason for the improvement as well. In my case being prescribed a decent sedative calms and even soothes my nerves, though I still experience all the same voices and delusions. Not being fearful means I can cope with these problems really quite well but I must still take the medication. Again this involves side effects which unlike the illness do not go away. Again this can be a very disruptive force in a persons life as for example imagine how sleeping twelve hours a day severely restricts job and leisure opportunities and any social or family contact which might be newly available.

In general though I think ones quality of life is profoundly different during a recovery period, though it is quickly replaced by the same taken for granted feeling most people seem to have towards their health (physical and mental). Then all lifes 'normal' problems with relationships and job stress present themselves and sometimes must be weighed up against the severity of the mental illness - whether that was schizophrenia or depression. Again balancing the scales here is also just as fundamentally influenced by how discrimination affects ones life chances and consequently whether depression can be in turn created by returning to the so called state of normality. The potentially optimistic view here that life can be wonderful might seem a little rosy to many. Indeed it may be 'usual' to have a certain amount of depression in life as it affects one in three at some point.

The best first step in recovery is therefore to have a very long holiday, to pursue or develop new interests (or old ones) and to generally enjoy life as much as possible. Not to dwell on the past or future and not to have to rush into any stressful commitments simply because you are now classified by the system as well. Indeed in Victorian times it was thought that a period of convalescence is just as important to recovery from illness as medical care. There should be no pressure here to get on with things as quickly as possible because 'time is short' nor for that matter to fulfil ones responsibilities to society etc. This should help to slowly build confidence which can be severely damaged by a mental illness.

This last point is in many ways the most important question about the after effects of a mental illness. To this extent I think it is important to be as active as possible whilst you are still ill and to avoid the rut that inactivity breeds – a kind of bored laziness. I also think it might be necessary to see a counsellor to help establish a new direction in life. In my case I have been ill so long I can barely remember or imagine what life was like before and many of the previous interests I had – namely academia – no longer enthral me. But again may be that is just me. Having done a lot of courses whilst ill is confidence building and helps with prospects of facing the big bad world again. I am not sure what the future holds but it has to be better than schizophrenia.

By Martin Wetherby

GOOD MOOD FOOD

Here is this months "Good Mood Foods"

Garlicious Soup

The term 'garlic eaters' has derogatory overtones in today's society, but how wise such people are! Forget your phobia about the smell of garlic and boost your machismo with a big bowl of this soup. Garlic protects the heart, lowers cholesterol and improves circulation— and you know what that means. Add an extra boost from the ginger, and you could be in for a big surprise.

1 large head of garlic
4 tbsp extra-virgin olive oil
400g or 14oz young courgettes, trimmed
but not peeled, cut in half lengthways and sliced.
1 medium potato, peeled and finely diced
600ml or 20fl oz organic vegetable stock
1 medium onion, finely chopped
1/2 tsp ground ginger
2 tbsps toasted pumpkin seeds

- 1 Peel the garlic cloves, place in a roasting pan and roast in one tablespoon of the oil at 200 C or 400 F or gas mark 6 for 15 minutes.
- 2 Simmer the courgettes and potato in the stock for 15 minutes
- 3 Soften the onion in one tablespoon of the oil. Add the ginger and continue cooking for two minutes.
- 4 Combine all the ingredients, including the remaining oil, in a food processor or mouli and liquidize.
- 5 Sprinkle with the pumpkin seeds and serve

Taken from the Good Mood Food book by Michael Van Straten



Moonstruck

is

Seeking

ARTISTS

For its January publication!

Moonstruck is an arts magazine by and for people in the Highland's communities living with mental illness. We welcome all contributions in the areas of artwork, photography, and creative writing (English and Gàidhlig).

Future issues will also include a listing of local cultural events and arts groups, helpful websites, reviews, contests, letters to the editor, adverts, artist profiles, and more.

Fancy becoming an editor? Please let us know. We welcome your partnership.

Moonstruck contributions and queries can be directed to:

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CHANGES IN THE TRAINING OF JUNIOR DOCTORS

Over the next few years training of junior doctors is undergoing some significant changes. Previously after graduation from medical school a new doctor had to do one year as a pre-registration house officer usually in either general medicine or general surgery before then going on to do further training for example in medicine surgery or general practice. This meant that many surgeons or physicians for example would only have exposure to psychiatry for a brief period during their medical student years (sometimes as little as 3 weeks training) and gained no further experience in it afterwards.

In order to try and make sure that new doctors have as wide a range of experience as possible the Government are now introducing what is known as a Foundation Programme which will run over 2 years. Now following graduation from medical school a junior doctor will move into a foundation programme. This consists of 6 four-month slots. The first year is initially still being spent in general hospital but in the second year the doctor will be spending more time in the sub-specialities including psychiatry, paediatrics, obstetrics and gynaecology. There are obviously some disadvantages to this system the main one being that some junior doctors will now only spend 4 months in psychiatry rather than 6 months which may affect continuity of care for some clients. However, overall it is felt that these changes will be generally beneficial and will improve medical education. This will mean that there will be more doctors around who have had experience in psychiatry - for example those who may go on to be surgeons in the future may also have done a period of 4 months in psychiatry. This will not only increase their knowledge but also make them more able to deal with any psychiatric problems in a general hospital with more skill and empathy.

These changes will be starting in August 2006. There are further changes in medical training planned in the future and I will update you on these as they come on-line.

By Doctor David Gordon
Consultant Psychiatrist & Clinical Tutor
New Craigs Hospital

Recovery

This is another HUG publication. One of our members Anne Marie wrote down her highly personal and inspiring story of how she went into the depths of illness, and managed over a number of years to come out the other side of it into a brighter life.

We have distributed the booklet to all our members, but still have a few copies left. If anyone else wants to get a copy please give us a call at the office.

A Mother's Story

This is a story about my struggle to keep my young twins.

I myself was brought up in care all my life. Childhood abuse and neglect is my history. I was considered mentally and physically handicapped and was mute from my earliest years.

I have no extended family apart from grown up sons who live in Glasgow. They were always a strong support and they experienced the pain we all experience as a family but instead of ripping us apart this pain has made us stronger.

I live in a council flat in Inverness and the boys (my children) were sent to Fife on a foster placement. The social worker came and told them they were going to live in Fife. My boys were begging social work and me not to be sent away but I could not change this for my darlings. The pain was immense for us all.

The day came and I had not slept all night as I knew they were taking them the next day. I was off my head; the thoughts I had were if they do this then committing suicide would be my only option.

That morning I did not send the children to school. Then the officials all arrived at my door which I had barricaded. The children sensed my fear; I could not protect them, they were being taken away. The school teacher, social worker my support worker and eventually the police came because I would not co-operate by letting the twins go.

I walked into my bedroom and that is all I remember. No one knew that I had swallowed all my pills. Within minutes I was down and I remember nothing after that. I woke up in intensive care and was then transferred to New Craigs. I had a break down – everything was out of my control.

I was admitted to Ruthven Ward but after one night there I asked to be transferred to Morar Ward which at the time was the all women ward. I had been admitted there before; I was too broken to be around men especially possible drug addicts.

This was the first admission that I had had where I was sectioned for my own safety. Self harm became the obsession. Although I tried to run away I was not sedated but instead was put on constant observation. I cut myself with my razor – I so wanted something sharper –but it was easier to get hold of razors. I also attempted to hang myself.

I was in hospital for three months. I had no fight I just thought that I had lost everything I loved and it was my entire fault. I had no desire to live and if I had the opportunity I would have killed myself. But I was being watched; I resented it, they were stopping me from harming myself, they were not my friends, I wanted to die.

I spent Christmas and New Year in hospital. I was broken - I had no fight left.

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Prior to discharge I was allocated support at home. I contacted Advocacy Highland and I was lucky to meet Linda. She came along to social work meetings with me when I was so ill that they intimidated me. Having an advocate meant that when I was too emotional or intimidated by all these people making decisions about my children, I got support to speak out and they had to change their attitude towards me.

Linda is still my advocate and I still receive support at home from Highland Home Carers. I also found a fantastic solicitor and began to fight back.

The advocate came with me to all the meetings with the lawyer and social work. They started to listen when they saw I was fighting back.

Luckily the children are in a fantastic foster home with Barnardos. Although they are experiencing post traumatic stress they are getting a lot of support and last New Year they told me that they wanted to stay there.

I have my visiting rights and have fought to retain my parental rights.

Every month I travel to see them. If I had not fought to keep them where they are the local authority would have put them in the Highlands. I have prevented them from getting lost in the care system, and another shift with the help of the lawyer.

At present social workers are trying to make me give up my parental rights voluntarily which I am refusing to do – please wish me luck.

Margaret

Reaching Out To Everyone

We had a series of meetings recently that made us think about how we reach out to our members.

It is hard enough to join in and speak out when you have a mental health problem but it may be even harder if you also have a disability, come from an ethnic minority, are maybe gay or disabled or a single mother or a part of some other minority group.

We know that some of our members do have these experiences but we haven't talked about the subject enough: do you feel included and valued? Do you think we could do more to make you welcome? Do you have any ideas about how we could change to make sure all our members feel as much a part of HUG as anyone else? Maybe some of you want to speak out about these issues – we would love to hear from you.

Treatment in the 60's

At one of our Friday Forum meetings we were shown a DVD that Keir downloaded from the internet. It was a police training DVD produced in the 1960's in America.

It was fascinating to watch - not just to hear some of the outdated terminology, but also to realise how little has changed in some ways since then.

We thought other people might like to watch it – it could be a good discussion tool for professionals who have to deal with us when in distress.

You can download it for free from.....

<http://www.archive.org/details/Bookedfo1960>

part 2 is here

http://www.archive.org/details/Bookedfo1960_2

<http://www.archive.org/details/movies>

Smoke Signals

Are the Greatest Good and the Common Good the same thing? At the moment I think not. Take smoking for example. Few would argue that our general health would be better if no one smoked, which is why the Scottish Executive is pushing ahead with a smoking ban in indoor public areas. Some of us have been asking if there could be an exception to this for non-residential centres catering for people with mental health problems. We have two concerns, one that people who need to come out and meet with others will stay away and become more isolated. The other that if an ill person is having a crisis, a worker telling them not to light up could be the last straw.

One way round this would be if centres could designate a room as a smoking area. This is to be allowed at the moment in residential places where people are detained, for example on a section. At the moment it is proving difficult even to get this considered, and one of the obstacles seems to be the principle of the Greatest Good (of the greatest number). If this principle is accepted then, morally, the small number who would experience hardship can be discounted.

If, on the other hand we use the principle of the Common Good, then no minority group can be discounted. There might not be an easy solution, but people can be asked to give time to look for some solution.

Competition

CHALLENGING STIGMA

ART COMPETITION: FIRST PRIZE FIFTY POUNDS

The Scottish Executive gave us some money last year to develop a series of anti stigma posters.

We are very keen to gather a series of artworks that we can use both in printed form and perhaps on our website to raise awareness of mental health and challenge the stigma of mental illness.

If any of you think you might have an artistic talent do get designing we would love to see what you can do.

We are looking for posters that challenge the stigma we face as people with a mental illness. We are keen to show the diversity of who we are, to show that we have things to give, that we have a right to be seen as valued individuals in our community. You get the idea....

We are not worried about what medium you use just so long as we can use your poster in a printed form.

We will draw together a group of HUG members to judge the competition and select the winner.

Please send entries to us at the HUG office by the end of January with a letter giving us permission to use your work to challenge stigma if we wish, and letting us know whether or not you want your name credited to the poster.

Once we have selected the winner and converted the posters into the right form we will return your entry.

We have checked with the benefits agency about offering a cash prize. There would not appear to be a problem for a one-off cash prize unless the cash takes you over the allowed savings limit for income support. Please feel free to contact Debbie in the HUG office if you are in any doubt and I will give you the information I was given by the jobs advisor or give you a number to ring.

Change

"Behold My Servant whom I have chosen;
My Beloved, in whom I am well pleased;
I will put My Spirit upon Him, and He
Shall show judgement to the Gentiles." *(Matt: 12 – 18)*

"Come unto Me, all ye that labour and are heavy laden,
and I will give you rest.
Take My yoke upon you and learn of Me;
For I am meek and lowly in heart;
And ye shall find rest unto your souls.
For My yoke is easy, and My burden is light." *(Matt: 11, 28 – 30)*

The scriptures, the Holy Word of God, are always able to cut deeper than a two-edged sword, to cut through bone and marrow, into the very heart of the individual sinner who is being challenged by the Holy Spirit – challenged to change from the life they are living and to admit that they're wrong, and to see that the one true way, the Lord Jesus Christ, is the Way, the Truth and the Life.

Have you been there? Are you there now? Are you willing to be taught this way?
Are you happy? Are you satisfied? Or are you still searching?

There seems today to be so many untruths, so many substitutes to keep us from the only Truth, to keep us down, to keep us suppressed, to keep us depressed, to hold us back until we cry out in desperation and in pain in our suffering for ourselves and those that we love.

Scripture tells us that "Whosoever comes to Me (the Lord Jesus Christ) I will no wise cast out". Have you sought Him? Have you borne these burdens long enough? Can you seek the only One who can help, is willing to help, and indeed promises to help? All those who come unto Him with an honest desire, and consistently and persistently cry out in prayer to the Lord Jesus Christ, Who knows them, loves them, and has died for their sins.

The change has to be made by each individual; no one else can do it for you. As long as you remain undecided you are being pulled both ways. It is in reaching out, grabbing, deciding, knowing and believing where you would rather be, what you would want to do, and what you would really like to believe in, that you obtain the help that's required to go on seeking truthfully, indeed to be drawn by His love, to know you've made the right decision; to know that it's right because you become more willing, more hungry, more thirsty, and "He (she) that hungers after righteousness shall be filled". You also gain new strength to stand up for what you know is right and to fight against the lies of the Lying One, and to resist all that has been holding you back.

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the miracle of salvation, belongs only unto our Lord; He brings us back to the Father who created us, who gave us life, and now gives life eternal.

We are adopted, blessed and sealed as part of the family of the Living God, having had our sins forgiven through the blood, the precious blood of our Lord Jesus Christ. There is no sin that cannot be forgiven.

I myself, being born again, am told to go out and preach the Good News of the Gospel of our Lord Jesus Christ. Because I am dead to self, that is my old way, and am alive in Christ, I cannot stop talking about the greatest change in my life.

Thank You Lord Jesus.

Thank you dear reader. I pray that this will meet you at your very own point of need.

Having believed and received the Lord Jesus Christ into your heart and into your life, He promises never to leave you or forsake you.

"Abide in Me, and I will abide in you" FOREVER.

Amen.

By Ronnie
Lochaber HUG

We welcome Ronnie's contribution. We try to publish as many views as possible and would remind you that the views in the newsletter are not necessarily the views of HUG. Spirituality and faith are recurring themes within our network. We would encourage more views on any aspect of the different faith traditions for our next edition.

HUG Website

I am going to be doing some work on the HUG website over the next few months. My interest in web design started about four years ago and I have been teaching myself Dreamweaver over the past couple of years. I did a basic course with the Open University two years ago, designing websites using Netscape Composer and Microsoft Frontpage.

We have lots of exciting new ideas including getting more photos and artwork onto the website.

The first job will be to update the reports and to make sure that the latest newsletters are on the site.

As they say keep watching this space www.hug.uk.net

Debbie

Practice Nurses

For the past three years I have been working as a Practice Mental Health Nurse. I am based in three health centres, Dingwall, Strathpeffer and Tain and I meet my patients in each of these locations in what I like to think are pleasant surroundings. My post was set up to reduce the number of referrals made by GPs to secondary mental health services, for instance Community Psychiatric Nurses (CPNs). It was felt that a fair number of these referrals were inappropriate for the CPN Service who should be focusing on major or severe and enduring mental health problems such as schizophrenia or bi-polar affective disorder.

I deal with and come in to contact with a wide range of mental or, as I prefer to call them, emotional health problems. Most of my referrals will involve some degree of anxiety and/or depression. If a person is depressed, it should be termed 'mild' or 'moderate'. However, I find that on many occasions these terms are meaningless as the person experiencing the depression, whilst not perhaps experiencing a 'severe' depression, often has difficulty in carrying out everyday tasks and activities. I often meet people who are going through a crisis in their lives. Perhaps their partner has left them, they may have to deal with a traumatic event such as the death of a loved one, or they have been involved in a road accident.

My contact with patients can vary from one or two meetings to between three and eight. These can be weekly or fortnightly and once things start to improve for my patient, one a month. We are flexible and where appropriate contact can take place over a number of months.

Meetings with patients can have a different focus or emphasis, which might allow a person to explore issues around a specific life event, or if he/she is anxious or depressed we can discuss approaches or strategies to improve their situation. We sometimes use a cognitive therapy approach as we know that when a patient is depressed there can be a tendency to focus on negative thoughts and forget about the positive things going on in their lives.

Frequently my patients will have been prescribed antidepressants by their GP. My role has a health education aspect to it and I often find the people are not using their medication in the way it was intended. They might not be taking it according to their prescription and sometimes could be taking alcohol in a way that could be potentially dangerous. I will stress to patients that whilst medication is often helpful in dealing with depression or anxiety, other areas have to be looked at. This can include making changes to their lifestyle or setting small achievable goals and gradually beginning to feel better.

Most of my patients are referred to me by GPs, and some by other members of the Primary Care Health team, such as Health Visitors and Community Midwives. I also have close links with the Community Mental Health teams based at Muir of Ord and Invergordon, and CPNs will accept referrals from me when I feel that my involvement with them is no longer appropriate. In effect, my role is really what could be described as a 'filter'. The vast majority of people that I meet with do not need to be seen by any other mental health professional.

I really enjoy my job and, although it can often be stressful, I think it is a privilege to meet and help people and hopefully make some positive change in their lives.

Advocacy

Recently I had a horrible experience in New Craigs and didn't know how to get my message across.

But between HUG and Advocacy Highland, somebody heard my distress and through listening to me and not judging me I found a way to carry on. I don't know whether I would have survived without this.

It is very hard to express how I felt – I knew little about HUG and didn't even know that Advocacy Highland existed. Who could believe that a positive phone call could save someone's life?

I want Sheila and Maya to know the huge difference that they made, they have given me my life back again.

I want to make sure that no one will ever be in the position that I was in, and hope that by speaking out through groups like HUG and organisations like Advocacy Highland that this can be achieved.

Hopefully through the right bodies liaising with each other, nobody should have to cry for help and that cry should change from not to being acknowledged by professionals such as psychiatrists and G.P.s, to an acknowledgment of mental health issues and the knowledge we have as users/patients.

Colin McLeod

My Treatment In Raigmore

I went to Raigmore with a physical problem. I was worried about how they would treat me as I also have a mental health problem.

I explained the fact that I have a mental health problem to the nurse who I saw first of all, and the fact that I felt it wouldn't be right for me to be in an open ward because my mental health problems mean that I can have trouble mixing with people, and because I can get a bit paranoid about the people who are around me.

I was astonished that they gave me my own room. This was absolutely fantastic and put one of my minds at rest.

From then on in the staff were absolutely brilliant. I believe that they understood my needs and met them fully. I felt that the staff respected me and acknowledged my mental illness, but without any prejudice.

By the way the food was really good.

Collin McLeod

[It is great to hear this story about positive treatment as we have been hearing some rumours recently that some of the staff in Raigmore find it hard to understand how to treat us or react to our situation. Let's hope that these positive stories continue.]

Depression Alliance Scotland

New self-help support group planned for Inverness

DAS is planning a new self-help support group in early 2006 in response to the number of enquiries we receive through our information services.

The group will be facilitated by volunteers, most of whom have themselves experienced depression. The group will meet fortnightly, and will be based, like all our groups, on respect for other group members and confidentiality. We have a DAS Groups Code of Conduct but more importantly, the group will have its own ground rules and both volunteers and members will have a part to play in maintaining these, or reviewing them when the need arises.

Although groups are discussion based, and offer a place to share information, support and personal experiences, each DAS group decides whether it would like to invite guest speakers, hold taster workshops, occasional social events and so on.

It's hoped the group will start in February 2006, but if you would like to go on our mailing list, please contact Mel at the address below and we'll let you know when the group is going to start.

We are also still looking for volunteers to facilitate the group, so if you have group work experience (although you will be offered training and support), and experience/understanding of depression, please get in touch to find out more.

DAS Information & Signposting Service
(Mon, Tues, Thurs & Fri 10am-2pm):
Or email:

0131 467 3050
info@dascot.org

· For self-help groups and volunteer enquiries
contact Mel O'Riordan on 0131 467 3050
Or email:

groups@dascot.org

My Experience with the DVLA

Several months ago I was unfortunate enough to receive a letter from the DVLA saying that my drivers licence was being revoked. This was not the first time this had happened. In the past I had had my licence revoked on two occasions, however, the basis of these revocations was sound and I had no problem with them although it still meant going through the process of getting my licence back and dealing with the DVLA. On this occasion though, I knew that their decision was wrong. I decided to challenge it in court and I hope that some of what I have learned might be useful to others. While I've written these suggestions with the most recent events in mind much of it is also relevant in any dealings with them.

- Be aware that whenever you have to deal with such a large organisation there is likely to be some stress and frustration involved. If you decide to challenge a decision of the DVLA (and if you think they are wrong then you have every right to do so) the procedure will almost certainly cause stress and each individual needs to weigh up whether it is worth it to him or her. If you go ahead then you should get lots of support and try not to let it become your life.
- The DVLA like their forms and will tell you that those are all they need. I found though, that it is certainly worthwhile getting supportive letters from everyone possible and submitting these as well, whether or not they are actually required. The DVLA seem to want to keep things as simple as possible for themselves but this may mean that they do not have all the information to allow them to reach the right conclusion and the more you have the more prepared you will be.
- Having submitted any forms, letters, etc. don't assume that they have arrived safely and will be being dealt with. An employee told me that the standard time from receipt of a letter to it registering on their computer system (and then being processed) takes three weeks. This seems ridiculous and yet when served a court writ they managed to have a reply to me within 24 hours.
- Telephone them regularly to check on progress – daily if necessary – don't be afraid of harassing them, as after all, it is important to you.
- Ensure that every time you make any contact you note the date and time and the department and full name of the person you are speaking to.
- Keep copies of all correspondence and obtain copies of all reports or letters sent from others. This is partly so that you yourself have the maximum information at all times (after all it is about you) and also because things regularly seem to go missing once they have reached Swansea.

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- Remember too that the patient is entitled to see all DVLA correspondence including reports 'unless it would cause serious harm to physical or mental health' S1 No413 Data Protection (Subject Access Modification) (Health) Order 2000. I requested the complete file from the DVLA after the situation was resolved. This was helpful to me – I found out who had said what and was then able to establish who had been honest and helpful and who to trust in the future. I was also able to learn from it more about how the DVLA actually makes its decision and what is and is not important to them. This will hopefully mean that I would be even more prepared should a similar situation arise again.
- Obtain and make sure you understand the relevant legislation e.g. Motor Vehicles (Driving Licenses) Regulations 1999, 'At A Glance Guide to Current Medical Standards of Fitness to Drive', Road Traffic Act 1988. With the Internet it is now easy to access these. If you cannot understand what you are reading find someone who can explain it to you. It is important that you are very familiar with the legal side of things because I have found that very often employees of the DVLA will tell you things which are wrong, and it helps to be able to quote the relevant law to them.
- The DVLA advise in their letters to let them know if you intend to take court action. You do not need to do so and in my view this is only so that they have more time to prepare.
- They also advise that to take court action can be expensive and unnecessary. While it is true that it might be expensive, I think that this is designed to put you off, it need not be expensive and there is nothing to say you have to use a lawyer. I also think that it may very well be necessary – I certainly noticed things got done much more efficiently when their legal department were involved.
- The right of appeal against their decision is, in Scotland, a summary procedure, which in itself means that it should be a fairly speedy process. When loss or restriction of a licence means a loss of income or other real difficulty then you can see the advantage in going down this route.
- The right of appealing in court also does not preclude you from negotiating with the DVLA or reapplying in the normal way. Although they never made this clear, this was something I also did so that whichever system dealt with it quickest, I would get the fastest resolution possible.
- Almost all correspondence from the DVLA is in the format of standard replies. Some of these look very much like personal letters but have a code number on the last page. You may find then that they are not directly answering your query, etc. and this is because they will just be issuing a letter that is an approximate match.

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- If you are not satisfied then don't hesitate to use the complaints procedure – follow the instructions but be prepared to take your complaint further. I used this procedure to complain both about the original decision and also the time taken to resolve things. I went progressively up the 'hierarchy' from customer services manager to the chief executive as I failed to get a satisfactory answer.
- If you are still not satisfied that your query/appeal, etc is being dealt with efficiently then you can of course contact your MP. This was something else I did. My MP was incredibly helpful – I felt as much as anything he should be aware of how slow and inefficient the DVLA was. I also thought it was important for him to realise what the effects of this might be on the public. At times during the whole process I did feel very stressed and could easily see the temptation in thinking that it might be easier to give up with the consequence of losing my work, causing my husband to have to reduce his hours to transport children to school and nursery, etc. and ultimately to possibly have to rely on the benefits system. Again, the involvement of the MP meant that someone else in an influential position was asking for answers – whereas they wouldn't worry about taking their time replying to me, they were much quicker in replying to him and with more comprehensive answers.

I hope these suggestions might be of some use. As I've said, the process was incredibly stressful and took up a lot of my time but at the end of the day I have no doubt that it was worth it. We have the right to ask questions, make appeals, etc and despite the DVLA not making it easy to do these things that doesn't mean we should be put off. I appreciate that it is not always easy to feel you have to fight for things and at times I was very aware of peoples preconceptions (misconceptions!) about me based on just my medical history. This was brought home to me during the first court appearance. Having worked as a solicitor I knew both the local agent for the DVLA and the Sheriff and was aware that their attitudes towards me were different. It seemed to be difficult for them to see me in the context of someone with mental health problems (and who according to one report may pose a danger to the public) as well as being a fellow professional.

At the end of the day though I won, the DVLA returned my licence and withdrew from the court case.

The author of this article wishes to remain anonymous but would welcome comments by e-mail

Redrock@jemimaville.com

Thistle Travel Card

There are many people throughout Scotland who have difficulty using public transport because of age, disability, illness, anxiety or lack of confidence. We depend on family, friends, and carers to take us out to the shops, to the doctor's, to our local drop-in centre, to meetings, for a day out or a night's entertainment.

The Thistle Travel Card Scheme was designed to make it easier to travel independently using taxis, buses, coaches, and trains. Introduced by a consortium of voluntary organizations which represent service users and carers, it is supported by the Scottish Executive, and transport companies throughout Scotland.

The card works by letting transport staff know that they may have to take extra time with us. They are able to assist the cardholder with counting out money or change, checking that we know where we're going and which stop we need, explaining travel information rather than handing us a timetable, allowing us time to get seated before motoring off, telling us when we've arrived at our destination, assisting us with boarding and departing, and any other special needs.

The card is specially designed with a *thistle* logo. On the back of the card is a clear plastic pocket for personal information, either an emergency contact number, an address, or the name of the place we are traveling to....whatever we need to help us on our journey.

There is no registration needed for the scheme. There are no requirements or restrictions. Simply pick up a Thistle Travel Card brochure from any local transport booking office, local authority concessionary travel office, day centre, carers centre, or local surgery. The cards are attached to the front of the brochure and ready for use.

The Thistle Travel Card is the perfect companion to the Highland Council Travel Card. Together they enable us to enjoy the freedom of travelling on our own knowing that assistance is available to us whenever and wherever we need it along our journey.

Supporting People

My experience of 'supporting people'

It has been two years now since I lost my children and was admitted to hospital where I spent three months. Prior to discharge I was introduced to support workers who were willing to come to my home and have since been supporting me for 7 days a week. It takes the pressure off of my friendships; had I not had the support I don't think I would have lived or cared about myself or my environment.

The depth of knowledge that support workers have about me is that they see me at my most vulnerable but they build up a trust that I haven't achieved before. Their dedication and continuity of care has enabled me to stay out of hospital. There are times that I am really bad but I have the trust from Highland Home Carers.

I can also access the out of hours service if I need to. I can only describe my home carers as my living angels who are there when I need them and who help me care for myself, who take care of my home and medication and help me want to care.

I had heard that the Supporting People fund was barred from taking new clients so I went to meet Stephen Pennington from Highland Home Carers to ask the following questions:

Tell us about supporting people and what it does?

We are committed to helping individuals to stay at home and to listen to what's been said by them. Part of our work means that there are less depot injections as people are being helped in their own homes, we help people to have control over their own medication.

Highland Home Carers are employee owned and receive funding from the Backsie Trust Partnership. The employees are also on the board of management. Most staff are recruited by word of mouth and although not everyone is trained before they start they do get training to do the job when they start.

How do people get referred to it?

Individuals can refer themselves, but they can also be referred by social work, housing (especially for homeless people) G.P's, community psychiatric nurses or people's own families.

Highland Home Carers provide personal care and then there is Supporting People. Personal care is where people provide care for people such as bathing, bedding, respite care and sleep-overs and then there is Supporting People where we help people in their homes. Sometimes we help them find houses to live in, in addition we help people maintain their tenancies. This may also mean helping people go outside if they struggle with this or to attend events outside of the home.

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Who can get help from Supporting People?

Obviously people with mental health problems but also people with learning disabilities, people who are homeless, people with dementia. The majority of the clientele have mental health problems.

What can the home carers do to help us?

They provide both support and home care. In addition to what has already been said they can help with finances and also support us to attend meetings for instance helping with our care plans and meetings with the Social Work Department.

There is also a 24 hour helpline for clients to use in crisis. It is used by clients and we find that people do not misuse it... if needed people will get immediate help or additional visits to help them to continue to cope at home.

How do you support and protect the home carers?

All home carers go through enhanced police disclosures to make sure that no one gets involved with your care that shouldn't be. The carers are given profiles of clients and always introduced to their clients. They also have support from higher management to both improve standards and help if anything goes wrong

Are there any risks involved when the home carers help us?

We have found that the risk is negligible, but staff will always be supported by higher management should there be any problems.

How will the new Mental Health Act affect your service?

Will it mean that you need to employ more support workers to help people in the community?

At the moment there hasn't been any effect on us as it will take a while to work its way through the system. The immediate effect is on social work dept .where people are very busy with it. Any change in the law has to have the best interests of users at heart which I think this does. In time it will affect supporting people; the act makes listening to users essential which we all agree with. I think ultimately it will increase the likelihood of people being treated at home which is where most people want to be rather than in institutions.

We hear rumours of cuts to supporting people. How will we be affected?

This is not true. Supporting People have not had cuts and we are always getting new referrals.

Do you think supporting people has been a success?

A huge success

Do you have anything else to tell us about supporting people?

I have been managing Highland Home Carers for two and half years. We buy in training and have also received in house awareness training by HUG members. It is not always necessary to have an SVQ to work with us. It is more important to have people who see and respect our clients as individuals. Because we are employee owned we find that we attract more workers with more commitment to the job.

Loneliness

"How many of us live alone?" I asked this question at the last round of HUG meetings. Most hands went up. We had been discussing various things that we viewed as obstacles to our own recoveries. In light of this, it was interesting to watch the discussion of *living alone* turn quickly to one of *living lonely*. Is there a difference?

Some of us live alone whilst interacting within a community of family, friends, colleagues, and/or neighbours. Some of us are grateful just to catch a moment of solitude in an already overcrowded existence. Aloneness has its place. Loneliness, however, is being alone when we don't want to be..... Within our thoughts, our feelings, in our life, the world, the cosmos. Being alone is a choice, but what of loneliness?

Loneliness can seem beyond our control. We may feel sadly passive, almost resigned, to it. Even the sound of the word suggests itself....a constant sorrow, a loss of sense of self and meaning, a hunger for love and closeness, a feeling that something is missing, the emotional geography of willed isolation, the nothingness of despair, the numbness of overwhelming rejection or abuse, the shadowy companions of anger, hatred, fear. In our loneliness, we are all too reminded of our uniqueness when we would rather feel a sense of belonging, connection. How do we cope with loneliness?

We can begin by accepting the fact that we're lonely, admitting it, expressing our feelings about it...experiencing it fully and letting it point to the source of our pain. We can challenge the reality of our negative thoughts, and make changes. Once we have identified the source of our loneliness, we're in a position to manage it. Since this is a time of personal focus, we can use it to explore all those solitary activities which give free expression to our feelings...writing, artwork, music, even keeping a journal.

Sometimes, loneliness can make us lethargic, not wanting to do anything. This in turn feeds our sense of isolation, and undermines our confidence. Although it may seem almost impossible to do, just get going. A sudden change of activity can turn our thoughts around. Have positive expectations. Focus on enjoyable things....an afternoon at the cinema, a ballad session at the local pub, an author's lecture, a language course, a trip to the next town, lunch in a museum, window shopping, resting in a pew in a quiet church, watching children play in the park, sitting on a bench by the river feeding the gulls, a browse through a bookshop. Lonely for company? How about inviting a friend over for tea or visiting someone lonelier than ourselves. Volunteering. This gets us out meeting people, helping others and it makes us feel good. Interested in sports? Photography? Join a group of people who share the same passion. Chat with shopkeepers, bus or train passengers, wave and smile. Engaging in passing courtesies adds to a sense of community and belonging. Remember family and friends. Ring them, email them or write a letter. Just a few minutes conversation might change the way we feel. A good dose of laughter shared is often the best tonic.

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And if we do feel the need to unburden our troubles, we can seek out the compassion of a good friend who expects our call at times like this...or a pastor, teacher, GP or counsellor. Have a circle of contacts at the ready, so there is no hesitation or guilt. Visit the local drop-in centre for an afternoon. Ring up any one of the many free phone organizations, even for just a chat. Physical activity lifts our spirits. Take a walk in the hills or woodland, we are never alone in nature. A pet makes for good company. If not an option, then visit someone who has one, or offer to look after it for them on occasion.

The point about loneliness is to transform it into something of positive value for ourselves. Loneliness is like pain, it tells us there is something amiss. Learning how to cope with it turns it to our advantage. We come out of it knowing more about ourselves, and perhaps others. We grow in ways we never imagined. When we look upon loneliness positively we are controlling how we are affected by it. We needn't suffer. Loneliness is a feeling not a condition. It's telling us something about ourselves. The question is.... what?

HUG AUTUMN/WINTER 2005 NEWSLETTER

We hope you have enjoyed this edition of the HUG Newsletter.

If you have any comments or observations about any articles in the newsletter we would love to hear them.

We are thinking about adding a letters page to the newsletter. Would this be of interest to you?

Comments.....

We are always interested to get feedback for any of the work that HUG does and we would love to get feedback about the newsletters that we send out. Please circle the appropriate comment or feel free to add your own

In particular do you feel that the newsletter is.....?

- a) Much too long
- b) A bit too long
- c) About right
- d)

Would you prefer to get the newsletter.....?

- a) more often
- b) less often
- c) about the same frequency as now
- d)

Thanks for your help. Please return your comments in the freepost envelope supplied