



Welcome to our Summer/ Autumn 2006 Newsletter



Welcome to our Summer/Autumn 2006 HUG Newsletter. Time has just flown by so once again we have been really busy and have lots of exciting things to share with you all.

You have been sending us lots of articles so once more welcome to a bumper edition

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

Alan Goodwin

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

My name is Alan and I am pretty good when it comes to impersonating some members of the goons and other comedians.

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

I have been involved for about ten years. I come to the meetings where we have various discussions which I sometimes get involved in if I can pull myself up and throw myself into it depending on my mood and if I am feeling alright. It also depends on my concentration level. I've written some poems for Moonstruck and would like to do some articles for the newsletter. I've been to workshops and HCCF meetings. I periodically write emails on certain issues and would like to be sure that they are taken seriously and given credence. I also contribute to the reports.

WHO HAS HAD THE BIGGEST INFLUENCE ON YOU?

David Goodwin from Kent has had a great impact and has looked after me like a father. We used to go on holidays and bicycling and staying in B&B's. He has been a guardian angel to me. He has also had a big influence in regard to religion and has brought me up a bit in giving me back faith in human nature as I had a traumatic early life.

WHAT IS YOUR FAVOURITE FOOD?

Devon scones and clotted cream with strawberries and jam which I got a taste for when I was on holiday in Devon. Its not good for the arteries but its great for the spirit.

WHO WOULD YOU MOST LIKE TO MEET?

I would have liked to have met my father again. If I had a time capsule at my disposal I would have travelled back to meet my father in the 1930's. He died in 1964 when I was four years old.

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NAME ONE THING THAT WOULD MAKE YOUR LIFE BETTER?

A cure for mental illness, but I don't think that will ever happen and I don't think I will ever see that. I would also like to see an end to the nightmares that I get all the time.

WHAT THREE WORDS BEST DESCRIBE YOU?

I would like to think I am **positive** although that is not always the case. I would like to be hopeful and a bit of a political **activist** to improve the world and promote peace. I always used to go on CND marches and write articles about it for the paper and write to our MP's. My wife says that I am **courageous** but I don't know where she gets that idea from.

WHAT IS YOUR GREATEST ACHIEVEMENT?

I think my greatest achievement was the continuous pressure we put on the Government over nuclear weapons. I think we had a big effect although the submarines with trident still exist. Getting the nuclear warheads shifted and sitting in peace camps and holding vigils were all very important to me.

WHO DO YOU MOST ADMIRE?

It would have to be Francis she has had to put up with a lot. We have both helped each other out a lot.

Membership

Our membership has risen by 22 people between May and June which is great. People still find out about us mainly through meetings but the web site and professionals are also ways people find out about us.

If you know of people who would like to join then do let them know about us. We now have a new members pack to send to new members which has been some time in the making so apologies to those who have been waiting. It should be winging its way to all our new members in the next few weeks.

Workers Update

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



Update from Debbie

Scottish Health At Work (SHAW) DVD

The final edit has been sent to SHAW for comment and so far the feedback has been very positive.

Newsletter Winter 2006

We are looking for articles for our next newsletter. In particular we would like to expand the discussion on Spirituality.

Training the Trainers

This training course is due to take place on 1st November 2006. We have quite a packed programme to get through but I am sure that in the surroundings of Anam Cara we will all feel ourselves inspired and invigorated.

Training

I have been busy with the Mental Health Awareness Training. So far we have trained Key Housing, Comic Relief, Lochaber College, Stirling University, Caley House, a group of MHOs in Nairn and Inverness Community Mental Health Team.

I have been invited to Thurso on 26th October to speak to Careers Scotland. On 31st October we have been invited to run a short training session with Northern College (Alness Campus) to speak with students on the 1st year care course and then in November a group of us will be going to Fort William to run a day long training Programme.

Emma – educational work with young people



STIGMA play and self-harm workshops with teachers

The last couple of months have been a whirlwind working with Eden Court and the Department of Child and Adolescent Psychiatry to co-ordinate 24 high schools hosting this year's STIGMA play, which toured during September and October. The play reached around 2000 school pupils, aged 14-18 and has been an amazing few weeks with an excellent response from the kids and teachers. We have a huge pile of evaluation forms to wade through but at a glance the feedback from the pupils has been excellent.

To compliment the play we worked closely with Child and Adolescent Mental Health Services to deliver 15 workshops to school staff on the issue of self-harm. These were very well received and included a DVD with two HUG members talking about their experiences of self-harm.

'Free your Mind' Youth Theatre Project

Our work with Eden Court and Inverness Youth Theatre started in early September. We are working with an amazing and inspiring group of 16 young people to educate them about the psychotic illnesses in order for them to then produce a film which will be used to raise awareness with school pupils about schizophrenia, hearing voices/psychosis. It is a really exciting, and challenging, project for all of us but is going really well and is great fun.

Bulletin Board

We have recently set up a HUG bulletin board for the use of all our members.

Hopefully lots of you will find this a good place to chat with other HUG members or raise topics that may be of concern to you.

We have tested three boards and are using www.exboard.com as the official HUG board although when you have registered with this one you may be invited to one of the more informal boards that are run by HUG members.

We really hope that you would like to jump aboard (so to speak).

If you are interested and would like more details then please feel free to contact Debbie in the HUG office on 01463 718817 or e-mail dberry@hccf.org.uk. I will give you the details of how to get connected to our little community in cyber space.

Debbie

Vox

VOX is hopefully going to be our new national user voice. It stands for "voices of experience" and has been in development for some months.

Graham attends meetings of the interim management group which is meeting until we have a fully fledged organisation.

We are really happy that we have a new worker for the group so things will begin to take off soon. We will keep letting you know what is happening with this group.

IN MEMORY

We have a sparse network of members on the west coast. In the Wester Ross area one of our members was John McGinley.

He was a member of HUG for a number of years and although he could rarely make meetings often phoned the office for a chat and a chance to exchange news and ideas.

Sadly John passed away recently a short while after attending one of our meetings. He was a warm and rare person who we were privileged to know – he will be missed by all who knew him.

Update from Graham

Hello everyone

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

Our Reports

THE COMPLAINTS REPORT.

You will have all received this report by now and if you haven't you will soon be able to view it on our website at www.hug.uk.net.

It is great that we have received such a positive reaction from the agencies that we sent the report to. I will let some of the letters we have received in reply speak for themselves:

"I found your document to be most interesting and felt that the way you have gone about seeking the views of people who have used mental health services to be extremely effective.

The opportunity for users to give such clear and succinct feedback is hugely useful to NHS Highland and I would be keen for all of my managers to have the opportunity to read and reflect on the comments of these people who have taken the time to share their experiences.

... Please pass on my personal thanks to your committee for commissioning this work and crafting the response which I felt to be a compelling read"

Elaine Meade – Chief Operating Officer NHS Highland

"...The Complaints Report is a very thought provoking one in which it seems to me the issue is good communication. I have some experience as clinical lead of some complaints that come in... I believe that it is essential to apologise when appropriate for gaps and errors in the service. Some NHS staff believe this can imply blame ,even when no blame exists but I believe that it can help re establish dialogue based on mutual respect, without which no resolution can take place....."

Dr Chris MacGregor Clinical Lead Mental Health NHS Highland

"...it is as ever a thoughtful and well constructed document..... there are some useful learning points for us all and these need to be widely shared and understood."

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Dr Ken Proctor Associate Medical Director (Primary Care) NHS Highland

"... I found the Complaints Report interesting, but was concerned to read that there were issues around complaints by your members....."

"... If a customer has a complaint, we want to know so that we can put it right. Our complaints procedure is easy to use and helps make sure that we give an equal service everywhere....."

John Deniston District Manager Job Centre Plus.

"I think that it is an excellent piece of work and it highlighted some very valid issues..... the findings in the report have provided valuable information and an insight into the way people feel about complaining. I have to admit that I was saddened to read that many people did not know how to complain or did not complain because no one could help them with it. I was pleased to see that people felt that modern complaints systems are more accessible and less intimidating but on the other side understood that some found the formality of making a complaint hard to manage."

The section on what would improve the complaints system highlighted areas that we are presently addressing. I was also interested to see that the report noted that there was no clear route to let people know about when they are happy with a service and this is something we are working on at the moment."

Nicola Farrell Customer Care and Consultation Officer Social Work Department Highland Council.

GREY AREAS

This was Garry's creative work – we have had some comments on it but they are limited as the work is not about any particular service. However the feedback has all been very good and has tended to be that her work was very relevant, thought provoking and very well written. Some people wondered whether Garry ever thought of becoming a professional writer.

I would agree – Garry's work is a consistent delight to read and keeps us based in reality and of what we are trying to achieve.

FUTURE REPORTS.

Our Progress Report – we are now trying to give everyone an annual progress report of what we have done on your behalf and with your help every year. You will all have had this report by now – we hope that it shows how much we have all been doing.

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Our meetings on Inclusion have been written up and have shown that we have a very clear vision that although we want and need to be a part of ordinary society many of us also benefit and prosper from the services and support that we also get from our own mental health community.

Our report on Incapacity Benefit is going to be a strong criticism of the present way in which we are assessed for incapacity benefit and an even stronger argument about our fears for the proposed changes to our benefits. It is unlikely that the report will be produced before the new Act comes into being so if any of our MP's are reading this do get in contact with us – we are very happy to give you a preview.

Our meetings in August were about spirituality and also about the smoking ban – if any of you couldn't make the meetings then you can post your ideas on our message board – see page 6 for how to join it or you can write to us or e-mail us with your comments. If you wish to give your views in person but outside of a group meeting we can sometimes meet up separately.

Pause for Thought

My favourite quotations from the author Virginia Woolf

Fiona

My own brain is the most unaccountable of machinery – always buzzing, humming, soaring, roaring, diving and then buried in mud. And why? What is this passion for?

My world is not yours; nor yours mine. But if we both remember that neither world defines reality and that there need not be that opaque and enclosing wall, then perhaps we can begin truly to see and hear one another.

On the outskirts of every agony sits some observant fellow who points.

One likes people better when they are battered down by a prodigious siege of misfortune than when they triumph.

One has to secrete a jelly in which to slip quotations down people's throats – and one always secretes too much jelly!

SDF Highland Involvement Group

I am emailing to enquire if any of your HUG volunteers would be interested in becoming a volunteer with the SDF Highland Involvement Group.

The SDF brings together ex-drug users (stable on prescription or drug free) as a group of volunteers who are trained and supported to undertake various user involvement activities. The activities focus on ensuring that service user's views inform the planning and decision making process of drug services in Highland.

To date this has included an Inverness Service User Consultation on Drug Service Accessibility, a review of Needle Exchange Provision in Easter Ross and research into discrimination, among many.

Future work will focus on Employability Research/Survey, the users' experience of Integrated Care and taking part in a national Methadone Review.

If any of your volunteers have experience of the drug services and have opinions they would like to share, I would be delighted to speak to them. Please let me know if any of your volunteers are interested or if you have any further queries.

Regards,

Nina.

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What is Lupus?

Lupus is rather like M.E., with the same vague symptoms, such as very tired, depressed, no motivation. Lupus affects the different organs. I take many drugs, two for depression and to help me sleep, all the others for Lupus.

Lupus can be triggered by different causes – mine was prolonged sun back in the 1970s, known as the “Indian Summer”.

Coping with Lupus, by Robert H Phillips PhD Copyright 1991. Although this book gives a lot of information on Lupus, it has good advice for others such as M.S., Diabetes and M.E. sufferers. It is stressed that one should read an up-to-date book on the illness. This book is rather elderly, (but not passed its’ sell-by date!)

The first advice is to read and understand, then tell family and friends. You will need to 1) adjust your lifestyle, 2) cope with emotional reactions (your own and others), 3) have the correct medication, 4) correct diet.

After the Lupus section, there is a large section on all the emotions. How did you cope with the diagnosis? Was it intense anger? Afraid of the medication? Scared that you can't cope? Guilt?

Joining a support group will be very helpful, attend the meetings, read the specialized magazines produced, meet others and share problems (HUG is an excellent example). Some self help hints: laugh, share jokes, make own jokes. These help one to relax and help you to cope with your problems. Pinpoint by making two lists: a) modifications – things you can do something about, b) can't do anything about it? Start to plan your thinking. You need to *change* the way you think.

There are chapters on the following 1) Depression, 2) Fears and anxieties, 3) Anger, 4) Guilt, 5) Stress, 6) Other emotions such as grief, feeling lonely. Each has an excellent summary, useful as a check list of what to change and how.

There then follows a section on general lifestyle, physical changes, pain medication, weight changes and diet, rest and exercise. These compliment the life changes that have already been started. Also how to cope with family, job, GP.

This has proved to be a very interesting and helpful book. I recommend it for advice and also for support. I am donating this book to HUG, so others can benefit as I have. Again, to end, a plug for the summaries – GREAT.

P. Hossack

Life

In a real sense all life is
interrelated.
All men are caught in an
inescapable network of
mutuality,
tied in a single garment
of destiny.

Whatever affects one
directly affects all
indirectly.

I can never be what I
ought to be until you are
what you ought to be,
And you can never be
what you ought to be
until I am what I ought to
be.

This is the inter-related
structure of reality.

Rev. Martin Luther King,
Jr.

Local Issues

We have at long last become more
organised in raising issues of local
concern to our members which is just as
well as there is no shortage of things to
pursue.

To see the whole list of issues raised do
call us and to raise local issues in the
future feel free to phone, pop in to the
office, e-mail us or use the message
board.

Every branch has raised issues but a
selection includes:

In Caithness we discussed older people's
services, recovery and local planning.

In Nairn we discussed prescription
charges.

In Mid Ross we discussed respite care.

In New Craigs we talked about how
helpful the new gym sessions were.

In East Sutherland we talked about the
importance of diagnosis and getting good
information at this time.

There were many more issues raised in
these groups and we will keep you
informed of developments.

Mental Health Act Principles

The new Mental Health Act is based on a set of guiding principles that should apply to your care and treatment under the Act. Anyone who takes any action under the Act (for example psychiatrists, mental health officers, the mental health tribunal, nurses, hospital managers, members of the multi-disciplinary health and social care team) has to take account of the principles. There are 10 principles:

- 1. Non-discrimination** - People with mental disorder should, wherever possible, retain the same rights and entitlements as those with other health needs.
- 2. Equality** - All powers under the Act should be exercised without any direct or indirect discrimination on the grounds of physical disability, age, gender, sexual orientation, language, religion or national, ethnic or social origin.
- 3. Respect for diversity** - Service users should receive care, treatment and support in a manner that affords respect for their individual qualities, abilities and diverse backgrounds, and properly takes into account their age, gender, sexual orientation, ethnic group and social, cultural and religious background.
- 4. Reciprocity** - Where society imposes an obligation on an individual to comply with a programme of treatment or care, it should impose a parallel obligation on the health and social care authorities to provide safe and appropriate services, including ongoing care following discharge from compulsion.
- 5. Informal care** - Wherever possible, care, treatment and support should be provided to people with mental disorder without the use of compulsory powers.
- 6. Participation** - Service users should be fully involved, so far as they are able to be, in all aspects of their assessment, care, treatment and support. Their past and present wishes should be taken into account. They should be provided with all the information and support necessary to enable them to participate fully. Information should be presented in an understandable format.
- 7. Respect for carers** - Those who provide care to service users on an informal basis should be respected for their role and experience, receive appropriate information and advice, and have their views and needs taken into account.
- 8. Least restrictive alternative** - Service users should be provided with any necessary care, treatment and support in the least invasive manner and in the least restrictive manner and environment compatible with the delivery of safe and effective care, taking account, where appropriate, of the safety of others.
- 9. Benefit** - Any intervention under the Act should be likely to produce for the service user a benefit that cannot reasonably be achieved other than by the intervention.
- 10. Child welfare** - The welfare of a child with mental disorder should be paramount in any interventions imposed on the child under the Act.

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Principles in Practice

Earlier this year I attended the development workshop of the new Principles into Practice Network hosted by the Mental Welfare Commission for Scotland in Edinburgh. The Commission have a remit under the new Mental Health Act to promote the principles of the Act. HUG is a partner in the network, and the network aims to provide a forum for mental health service users, carers, service providers and professional groups (this includes learning disability and older adult services) that will promote good practice by sharing information about what the principles mean in practice.

Information gathered by the network will be used to inform service users about the care and treatment we should expect and help educate mental health professionals to give us the best possible care and treatment. To achieve this, HUG has been asked to gather examples of how the principles are working. Please take a moment to read the principles and think about how they were applied to your care and treatment. For example:

- Were you treated with respect?
- Were your views about your care and treatment listened to?
- Did you (and your carers) get information and support to help you take part in your care and treatment?

If you are a service provider please think about the principles and how you can promote awareness and best practice in your work.

HUG would like to hear your experiences of the principles - good and bad - and you can get in touch with Graham or any of the HUG workers in any way you prefer (telephone, e-mail, letter, arranging to meet for a chat). If you are currently detained for care and treatment in New Craigs we would be happy to come and visit you for a chat if you wish to tell us about your experiences. We are also interested in hearing your experiences of the new Mental Health Act in general and, in particular, the new tribunals and community based compulsory treatment orders. Any examples you give us will be kept within HUG's confidentiality policy and we would always ask your permission to share your stories with the principles network which would, of course, be anonymised to protect your identity. The Commission will use examples in a series of new leaflets and posters which HUG helped to design and there will be a new area on their website devoted to principles in practice.

Your experiences of the Mental Health Act are very important and the Mental Health Act principles can be used to help you to be listened to and treated with respect. We will also be discussing your experiences of the new Act at future HUG meetings.

Fiona

The Friday Forum



We continue to hold meetings of this group in the office. Attendance is good but they are very much about speaking out and doing the campaigning work we sometimes don't have time to do ordinarily and although we try to make them fun and enjoyable they are not a support group. However we always welcome new members and will do our very best to make anyone new to the group comfortable.

Over the last few months we have done all sorts of things some of which are listed below:

- ◆ Commenting on what the criteria should be to allow someone to be seen by community mental health teams.
- ◆ Looking at a strategy for older people.
- ◆ Looking at crisis standards.
- ◆ Gathering views on Braeside Day Hospital.
- ◆ Meeting people from the Western Isles
- ◆ Meeting people from the Scottish Executive to talk about the Mental Health Act.
- ◆ Meeting people from the Mental Welfare Commission to talk about a variety of issues.

If any of you want to come along then we will be delighted to see you, just phone the office on 01463 718817 to be put on the Friday Forum mailing list.

GOOD MOOD FOOD

Here is this months "Good Mood Foods"

Sleepy Sesame Chicken

The combination of B vitamins in chicken and vitamin E from the sesame seeds ensures a calm nervous system and good circulation. In addition, sesame seeds are especially rich in niacin and folic acid. This light, easily digested recipe makes a quick and perfect meal after a busy day. Indigestion is a common cause of insomnia, but you won't suffer after eating this dish.

- 4 tbsp **sesame oil**
- 1 boneless, skinless **chicken breast**, cut into very slim goujons
- 1 **garlic** clove, finely chopped
- 1 tsp **sesame seeds**
- 350g or 12oz **mixed vegetables**: carrots, celery, courgettes, Beans, peppers, cut into julienne strips
- 200ml or 7fl oz **organic vegetable stock**
- 85g or 3oz trimmed **asparagus spears**
- 225g or 8oz can **crushed tomatoes**

- 1 Heat the sesame oil in a wok or large saucepan.
- 2 Stir-fry the chicken, garlic and sesame seeds for five minutes.
- 3 Add the mixed vegetables and continue cooking for another five to seven minutes.
- 4 Stir in the tomatoes, stock and asparagus spears and simmer until the vegetables are tender—approximately five to ten minutes.
- 5 Serve with rice.

Taken from the Good Mood Food book by Michael Van Straten



GOOD MOOD FOOD

Here is this months "Good Mood Foods"

Pine-A-Berry compote

Whether served as a wonderful wake-up breakfast special or a perfect, energising dessert, this mixture fits the bill. Stimulating enzymes and loads of energy-giving fruit sugar from the pineapple, the slightly tart flavour of the blueberries and the vitality minerals in nuts and seeds would wake up Rip van Winkle

2 thick slices of fresh **pineapple**, cores removed
1 punnet of **blueberries**
115g or 4oz mixed crushed **seeds** and nuts
4tbsps **runny honey**

- 1 Place the pineapple slices on an oven-proof plate
- 2 Fill each core area with blueberries
- 3 Scatter the seeds and nuts on top
- 4 Drizzle with honey
- 5 Place under a pre-heated hot grill for three minutes

Taken from the Good Mood Food book by Michael Van Straten



A Personal Viewpoint

As an elderly lady who has had depression for many years, one eventually learns to live with and accept depression. I have good periods and bad periods. After moving up to the Black Isle six years ago, I found a few new problems. The first and biggest was the transport. I now needed to ask my husband to drive me everywhere. I had been used to travelling by bus, train, underground, ambulance, hospital car and taxis to where I needed to go. Now I have to ask, which can cause friction at times. Now we have accepted that there will be a car trip to shops, GP, hospital and friends.

The shops in Inverness are very good – plenty of choice – and an enormous Tesco! This shop now seems to sell everything. No wonder the small village shops suffer. In my youth, there were separate bakers, butchers, fish mongers, green grocers, stationary and book shops. Now Tesco – all in one!

I must say, I am thrilled to be able to see so many varieties of wild animals, birds, dolphins etc. The seasons are also very enjoyable, and we are lucky to see either cows or sheep in the farm fields from our kitchen – dolphins from the lounge. I enjoy reading, a habit developed as each winter I had a spell in bed! At present, I'm re-reading 'The Da Vinci Code', as the film has just appeared. I also do jig saws – 500 or 1000 pieces. These need to have a table for themselves.

At present, the gardens are beginning to look better, with tulips still in bloom, and the few brave flowers on the shrubs.

I spent an enjoyable in Nairn on respite. This is very good, a change for myself and my husband. Respite provides a change of scenery, people and food. I enjoy it. I am very lucky to have a friendly and helpful GP, I find this very important. Several visits to Raigmore and New Craigs have been successful.

At the moment I am on a high – comfortable and stable. I've lots of 'ups and downs', or perhaps one should call them 'steep learning curves'. I have managed to sort out my benefits and pension.

I hope this has been of benefit to some of you. I find HUG very helpful.

P. Hossack

The Sunday Post

We received a cheque for £100 from the Sunday Post.

It was raised by the Scottish Association for Mental Health quiz team in the charity quiz which appeared in their February 5th issue.

They wished that the money be donated to the Highland Users Group

Letters to HUG



Hi everyone

This is the new letters page that I promised in the last newsletter. I hope you all find this a useful addition to the newsletter and that we can generate some interesting topics and replies.

Happy letter writing, **Debbie**

Dear Graham

I hope you are well, I'm doing okay.

I would like to let you know that HUG is doing a really good job of the work that they do, and they work really hard. Tell all the members of HUG that I say a really big WELL DONE and keep the good work up.

Yours sincerely

Miss Kay Maclennan

Dear Graham

I always read the Reports and Newsletters with interest. The Recovery Report stimulated me to writing to the Scottish Recovery Network for information. The reports are well set out and easy to read.

I have had schizophrenia since 1970, but am stable on medication, and attend Bruce Gardens Day Centre. I have my own council flat.

Yours

Keith Murdoch

The Scottish Medicines Consortium (SMC)

Patient and Public Involvement

Developing Medicines:

It generally takes about 12 years to develop a medicine and make it available to the public at a cost of around £300 million. Before the medicine can be marketed it needs to be granted a licence from either the UK Medicines and Healthcare Devices Regulatory Agency (MHRA) or the European Medicines Evaluation Agency (EMA). The granting of a licence requires consideration of the safety and effectiveness profile of the medicine when compared either to a placebo (if there is no other treatment) or the current standard treatment and that the substances within it are of good quality. Up until October 2001, when the SMC was established, the job of comparing one medicine to another in the clinical situation (i.e. effectiveness) and considering the impact on NHS resources was left to individual health boards. By providing a single point of advice, SMC has reduced regional variability in access to medicines.

The SMC:

SMC is made up of people from across Scotland with a knowledge of and interest in medicines: this includes 3 lay people. No members of the SMC are paid for the work they undertake for SMC and all are required to declare any conflicts of interests that might be seen as possibly biasing their decision e.g. a pharmaceutical company may have sponsored a project they were leading. SMC considers medicines from a pharmacological, economic, clinical and medicine-user perspective. It consults with experts in the field including patients and their carers, deciding whether the medicine is clinically effective and represents good value-for-money.

Public Involvement:

An *individual* submission of evidence from either a patient or carer cannot be considered by SMC but individuals are encouraged to contact the relevant Patient Interest Group who will collate individual's responses/evidence in the form of a Patient Interest Group submission to SMC. The Patient Interest Group submission contains information about what it is like to suffer from the health problem to which the medicine is targeted. This includes information about the perceived advantages and disadvantages of existing medicines and the potential benefits and impact of the new medicine upon the lives of people with this health problem. This is an important opportunity to ensure that the patient's voice is heard. These views can, and do, make an impact on the decisions made.

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Decisions:

SMC's decision, together with a detailed explanation, is communicated to NHS Boards, their medicines committees and the pharmaceutical company who make the medicines and, 4 weeks later, made public. SMC classes some medicines as 'unique' which requires all health boards to make the medicine available to patients within an agreed timescale. Health boards, aware of the health needs of the population they serve, have discretion over whether they will recommend to their prescribers a medicine that is not classed as unique but has gone through the SMC process. There are many reasons for this e.g. the medicine might be considered as having no advantage over existing medicines that are available to treat the condition. In addition, it is important to remember that health board funds need to provide the full range of services whether it is maintaining buildings, providing operations, introducing new technologies, updating old equipment, or recruiting and training the workforce. Finding the money for medicines both old and new is but one call on their funds.

If you would like to find out more about SMC, including an expanded version of the information provided above, you can visit www.scottishmedicines.org.uk. You can view a list of medicines that will be assessed in the near future and look at decisions already made by SMC. If you would prefer a paper copy of any information you can telephone SMC secretariat on **0141 2256874**.

The HUG Round Table

The Round Table is our committee and has room for a representative from every branch. At the meetings we discuss progress, future plans and policy as well as holding the occasional training event and meeting with officials.

We have a number of vacancies. If you are interested in any of the positions do phone Graham to discuss this.

We also have room for people to come to a meeting to see what a meeting is like and for observers to attend.

The areas we have vacancies are:

Sutherland 1 space
East Ross 1 space
Mid Ross 1 space
Nairn 1 space
Badenoch and Strathspey 1 space
Wester Ross 1 space.

Special Notes

The reality that mental health crises rarely fit into normal working hours of 9am-5pm is well documented. Out with these hours we all rely on NHS 24 to provide us with the care and treatment we need and it is estimated that a quarter of calls to NHS 24 are mental health related.

A moment of thought:

It's the early hours 02:17 to be exact and you have been awake for 2 nights in a row now. You have a long history of mental ill health and have a diagnosis of Bipolar Disorder. You live alone and are feeling very agitated. You have been feeling low in mood and have recently started to hear a voice again. You have stopped taking your medication and are now feeling desperate and can not go on feeling this way. You can remember being told about NHS 24 and you dial the number.....

In order to help the nurse or doctor who do not know you, make an informed decision about your care and treatment, particularly at times of distress, when you may be unable to communicate your needs effectively. It is helpful for you to develop a crisis or relapse plan with details of what has helped in the past? What treatment or interventions helped alleviate your distress? What are your early warning signs? Medications you are currently taking and who is available to support you at home? To name but a few!

This can be kept with you at home or shared with the people who are important to you and may help to support you.

In some circumstances it would be helpful to share some of this information with NHS 24. Community Mental Health Teams previously had no way of sharing information with out-of-hours staff but are now able to share information through a system called 'special notes'. This means that personal details and specific aspects relating to an individuals care can be held on the NHS 24 database and any time that the individual makes a call to NHS 24 these details will appear on a computerised screen wherever they are in the United Kingdom. The hope is that the caller will receive prompt and consistent care that has been identified by the individual as helpful.

General Information on Benefits

1. Find out what you can apply for. Know your facts – check these out – wrong information may be given. Keep up to date.
2. Give all facts and information to the questions. Do a rough copy – get a knowledgeable friend to help you. CPN or Social Workers should be able to help here. (Medical knowledge from a referee seems to be helpful).
3. Keep all correspondence from the Benefits Office – letters give you your amounts due for the financial year.
4. The Citizens Advice Bureau – and other agencies should be able to help you.
5. Apply – and if refused – appeal – and keep trying.

P. Hossack

Have Your Say

The 'see me' campaign has launched the first-ever national survey of people's experiences of stigma and discrimination because of mental ill-health. We need your views!

The anonymous survey has been designed to gather detailed information about the way in which stigma affects not only those with experience of mental health problems but also the people who provide support. We are keen to ensure that all service users and carers get chance to complete the survey – it's your experience that counts, after all.

HUG members can take this chance to let us know how stigma really affects your day-to-day lives.

The survey will give 'see me' valuable information to help the campaign decide where we should target our efforts to best effect in future. It has also been designed to find out whether those directly affected by stigma think that 'see me' is making a difference where it really matters, in people's behaviour towards them.

The survey, which will run throughout August, September and October and can be completed by visiting the 'see me' website at www.seemescotland.org or by filling in the Freepost questionnaire being distributed across Scotland.

Can you help to get the survey out to others? Leaflets can also be ordered direct from 'see me' either through the website or by calling 0131 624 8945.

Beyond Prozac

This is a must read for all who have had the misfortune to need the services of a psychiatrist or imbibe the drugs they promote. As one with some commercial experience of the world of the pharmaceutical industry, I found the revelation of some of their machinations riveting. The book also gives a ray of hope to those who believe there are other remedies to the chemical strait jacket of drugs. I cannot recommend this book enough.

CSM

Review of "Beyond Prozac" by Dr Terry Lynch

This was an excellent read, chiefly because I felt Terry Lynch was agreeing with what many users had felt, sharing his own doubts about the efficacy of medication and the dubious "science" by which they are justified by the psychiatric profession.

Having been a G.P. for ten years, Dr Lynch retrained in psychotherapy, realising that the quick fix solution that he as a G.P. had resorted to, often with the tacit approval of his patients, was inadequate and sometimes counterproductive.

Far better, he discovered, was taking the time to listen to his patients (which doctors rarely can afford) and getting to the root of the problem, rather than simply masking it with medication.

His philosophy seems to be: it is understandable and perfectly logical that an individual will behave in a desperate way if he has suffered major traumatic events in his life. He attributes much of the increase in suicide rates, particularly amongst young men, to environmental, as opposed to genetic causes.

He speaks with compassion about patients of his who have undergone all kinds of treatment with little noticeable improvement. In many cases, he feels that the medication has either dulled their creativity/sensitivity or even delayed the process of healing. Indeed, some patients who eventually took matters into their own hands and came off powerful drugs started to get better on their own.

He is an avid advocate of talking therapies. His view is that much of the increase in diagnosis of psychiatric illness is down to the kind of "society" we now live in. The individual is expected to cope alone. When we ask a person "How are you?" We don't expect them to actually give us an answer! This is seen as a sign of weakness.

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We cannot be ourselves: we are expected to conform to what our parents / our boss / our peer group want us to be. It is difficult to have any self-esteem unless we gain it, to a certain extent, from others' opinions of us, so we try to ensure they have a positive image of us. It is not therefore really surprising that an individual will exhibit 'delusions of grandeur' if he has perceived himself to be insignificant over the years.

Consequently, relationships are at the heart of the problem: if we can't be honest with each other or devote adequate time to building and keeping up our relationships, it is not surprising that we are ostracised and abandoned to a solitary existence. This is no good for us and no good for society either.

I respect Terry Lynch, because he has had the courage to challenge the received wisdom of the medical fraternity and question the whole basis of drug "therapy". He points out the bad science attached to the justification of medication. When choosing suitable subjects to trial the drugs, companies exclude individuals who do not conform to their expectations, so the trials are biased from the start.

He allows patients and facts to speak for themselves: you draw your own conclusions. However, it is refreshing to note that a doctor with such an open mind has been selected to work on the Irish government's Expert Group on Mental Health Policy which will dictate policy on mental health over the next twenty years.

John Sawkins, 8 May 2006.

Moonstruck

Our arts magazine is still looking for articles and creative work.

Lizzie is keen to meet anyone with any offers of help or contributions to make.

We are getting close to the first issue and for those who have sent in work – don't despair – its all there waiting until we have enough to publish our new revitalised magazine – and for those of you who have work but haven't got round to sending it in – don't delay – we welcome all contributions – we don't expect genius but love to get anything you feel other people might like to read or see.

Autism Development Officer

I am working as the 'Autism Development Officer' on a project which should improve services for people who have Autism or Asperger Syndrome (also known as 'Autistic Spectrum Disorders'). Andrew Denovan (see page 28) is a member of the planning group for this project.

People with Autism or Asperger Syndrome usually have a lot of difficulty with social relationships, with social communication (such as understanding facial expressions, understanding tone of voice or gestures, and understanding what other people think), and often have very strong interests in very few topics or activities. Sensory information and a lack of structure or organisation can also cause problems for people with Autism or Asperger Syndrome. People with Autism often have a learning disability in addition to their Autism.

Asperger Syndrome can sometimes be confused with Schizophrenia, but the two conditions are different. Unlike most people with Schizophrenia, people with Asperger Syndrome have had this condition since early childhood. Hallucinations and delusions are not part of Asperger Syndrome. Medication does not help with the social problems that people with Asperger Syndrome have. Unfortunately, there is no dedicated diagnostic service in the Highlands for people who have Asperger Syndrome.

Many people who have Asperger Syndrome also have Mental Health problems. However, conditions such as depression and anxiety appear differently in people with Autism or Asperger Syndrome, compared with how depression and anxiety appear in other people. This makes it harder for medical staff to detect mental health problems in people with Autism or Asperger Syndrome.

There are not enough appropriate services for adults with Autism or Asperger Syndrome in the Highlands. This lack of services is becoming more of a problem: Autism and Asperger Syndrome are now more often detected in children and adolescents than in the past, and many more young people with these diagnoses are now reaching adulthood. We hope that the project which we are working on will lead to better services, including Mental Health services, for adults with Autism or Asperger Syndrome in the Highlands.

For further information, contact: Simon Webster, Kimmylies Building, Leachkin Road, Inverness, IV3 8NN. Phone 01463 703436, Email simon.webster@highland.gov.uk

Adult Aspergers

I am an adult with Aspergers Syndrome. I am 38 now and was diagnosed 2 years ago. On receiving the diagnosis I was amazed to find out I had a neurological condition (Aspergers Syndrome) and that I wasn't just 'weird' or 'one of those clever people with no common sense or a bit 'psycho', and there was a reason for my lack of social perception. Although it was liberating to receive the diagnosis I was still faced with a lot of the problems which can be experienced in the Autistic Spectrum.

All my life I have suffered severe depression, anxiety and other mental illnesses (although the Autistic Spectrum is not a mental illness) so I decided to put my trust in psychiatry and with the aid of psychotropic drugs I tried to alleviate some of my mental health problems. But I was soon to find out that with the lack of understanding amongst Mental Health professionals, especially psychiatry and their lack of knowledge perception, empathy and just a basic ignorance toward people with Autistic Spectrum tendencies my mental health took a serious turn for the worse. This continued for about two years until I was eventually hospitalised in New Craigs where astonishingly I was met with the same lack of understanding and empathy, and more worryingly there was little desire to research the latest knowledge and understanding of the condition amongst the psychiatrist and the nurses.

I was lucky I had the support of the Scottish Society for Autism (SSA) who were wonderful, enlightened and surpassed themselves with the help and support they gave me. They were also struck by the lack of professional understanding and care I was receiving. With the support of the SSA we challenged the care I was given and was to get a second opinion but the psychiatric and nursing care if anything got worse.

Suffice to say my ordeal continued and I am still receiving support in order to come to terms with my mental health, but I am also trying to use my experience to help eradicate the misunderstanding and misconceptions of Autistic Spectrum Disorders.

So now with Simon Webster (Autism Development Officer) and the 'Adults with Autism Planning Group' we're trying to raise awareness and the proper support needed, but also a voice and representation can also help the individual or group and the ability to share experiences also helps.

The Highland Users Group (HUG) is one such organisation which helps in this and now HUG has realised there is a significant number of people in the Autistic Spectrum who could benefit from HUG. They are now, with the help of Simon Webster, other groups, i.e. SSA and myself hoping to involve more people in the Autistic Spectrum. Unlike psychiatry HUG realises the many difficulties and problems we experience in everyday life, i.e. sounds, light, social phobias, anxiety, claustrophobia etc and are trying to make certain HUG activities are 'Autism friendly'

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HUG are an open and empathic group and they would be happy to forward information to anyone who makes contact either personally, by phone or e-mail.

The future looks slightly brighter for people in the Autistic Spectrum and with the help of SSA, AWAPG and other groups like NAS and HUG we could all benefit and eventually release the potential of the Autistic Spectrum!

Mental Health Leadership

There is a project involving a number of countries from across the world that has been set up to share ideas and news in mental health and to promote leadership in our communities.

They held their most recent conference in Scotland and HUG were privileged to play host to two user delegates; Larry from America and Monica from New Zealand.

They met up with HUG members and participated in our activities. It was great to meet such active and inspiring people from other countries.

After Larry and Monica visited us in the Highlands we went down to Edinburgh to meet people from across the globe.

It was an exciting event; Graham helped run two workshops on inclusion and then later on spoke to the whole conference as part of the final session when users gave their opinions.

Meeting other users from across the world and learning new ideas, finding out new ways of seeing life was truly exciting especially as people were so open to different views and ways of expressing our experience.

However one of the confusing aspects of the conference was the readiness of everyone to say that the whole mental health system was 'toxic', a new word to us; sometimes the anger of users and shame of professionals was palpable and yet to us this was confusing – yes there is much to be angry about but we do know that many of our members have had fantastic help from conventional services and that many of the people who help us have devoted their lives to this task and need thanked for it rather than criticised. What do you think? Are we too mild and too thankful or do we represent a collective view that is, if not delighted with services, at least appreciative of what everyone is trying to do?

Grundtvig2 in Prague

In late June, three Highlanders (-an Englishwoman, an American and a Finn-) and a Glaswegian landed in the historic city of Prague to take part in a group meeting of the Grundtvig project. Our reception was warm (-33 degrees Celsius-) and humid. Poor Emma had her flight cancelled, but finally we were all present, and after the usual chaos the meeting got started.

Grundtvig is a three-year programme with partners from Portugal, Poland, Romania, Czech Republic, Catalonia and Scotland. Our aim is to provide tools for mental health service users and professionals for working together and setting up projects to initiate and improve services to users. The emphasis is on working together - this is a social inclusion project. Representatives from each partner organization meet at each others' bases from time to time and between meetings do their homework in preparation for the next gathering.

The sweltering heat made it hard work for some of us, but we learnt a lot from each other and from the very interesting visits to institutions working in the mental health field. We visited a sheltered housing, arts and crafts outfit, a remarkable sanatorium, and an organization providing supported employment, psychotherapy, education and "etc.", according to the programme. The indoor work involved some lively debate and much picking of everybody's brains.

In the evenings, we rambled in the Old Town, taking in the sights; some members were delighted to find that the local Debenhams had a sale on! It is a bit strange to go abroad and bump into shops like Tesco's and Marks & Spencer's - McDonald's is so ubiquitous that it goes nearly unnoticed. Much hilarity was caused by Albert from Barcelona, who demonstrated to us in the Old Town Square a toy he had bought for his nephew. Delighted little children gathered around and threw money at him! We also found a castle being built of wooden bricks: you buy a brick, paint it with your greeting or message and add it to the structure; the money goes to helping people with mental health problems.

Back home, we shall now discuss and design our contribution to the project and do some further research in preparation for the next group meeting in Bucharest in November. We are told that it is likely to be very cold there, so a statistician would conclude that, on average, we should feel quite comfortable!

Marja-Liisa

Highland Carers Project

Highland Carers Project is part of the Highland Community Care Forum and The Princess Royal Trust's network of carers centres and projects throughout the UK. We aim to provide information and support for anyone who is caring for a friend, neighbour or family member, who couldn't manage on their own, due to old age, disability, physical or mental illness, or addiction.

We do this by providing information, advocacy, telephone support groups, developing young carers services and ensuring carers' views are passed on to policy makers and service providers.

Carers Information Service

A confidential, low-call rate Information Line provides carers in Highland with a listening ear and information about caring. Our resource library contains information and guidance on a huge range of subjects from transport to trust funds and benefits to bereavement. Referrals are made to relevant agencies in the voluntary and statutory sectors as well as our own Advocacy Service. A free 'Information Pack for Carers in Highland' is offered to all carers.

Contact: 08457 660026 Mon & Fri 1.30pm - 4.30pm Tue, Wed, Thu 9.30am - 12.30pm or carers@hccf.org.uk. All calls are charged at local rate and are strictly confidential.

Carers Advocacy Service

Highland Carers Project offers advocacy support to carers throughout the Highland area. Advocacy is about helping people to have their voices heard and their views taken into account. The Advocacy Service can help with a variety of issues, including making a request for a social worker, opening a record of needs for a child, making an application for housing or drafting a letter of complaint. The Advocacy Service has 2 full-time workers and 3 part-time workers as well as a number of volunteer advocates. Most of the volunteers are or have been carers and they all bring valuable experience to their roles. The service is available for all carers living in the Highland area and is free of charge and confidential.

Contact: Tina Morrow on Tel: 01463 718817 or e-mail: tmorrow@hccf.org.uk.

Carers Connect

Highland Carers Connect brings small groups of carers together for a weekly social chat by telephone conference. We provide the opportunity to make new friends, share experiences, and offer and receive support in the comfort of your own home. All you have to do is pick up the phone. The service is free and confidential.

Contact: Kathleen Murray on Tel: 01463 718817 or e-mail kmurray@hccf.org.uk.

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New Craigs Relatives Advocacy

The residents of New Craigs long-stay learning disabilities provision are moving into homes of their own in the community, following recommendations from the Scottish Executive that all such hospitals should close by the end of 2005. The Highland Carers Project is providing advocacy to the relatives of these individuals throughout the period of the move, to ensure that relatives are kept informed, involved and supported at all stages of the process.

The residents concerned are also being provided with their own advocacy, through Enable, throughout this period.

Contact: Diana Wortham on Tel: 01463 718817 or e-mail: dwortham@hccf.org.uk

Young Carers Development Service

The Young Carers Service aims to enable young people aged under 18, living in the Highland area, whose life is affected because someone in their family has a physical or mental illness or is misusing substances, to access appropriate support in their local area. Young carers can access the service by phone or by text. Whatever the level of caring they provide, they are entitled to free, confidential information to ensure they get some help. The service also provides information for professionals who come into contact with young carers and is developing a range of services under the Highland Young Carers Strategy.

Contact: Frances Nixseaman on Tel: 01463 718817 or e-mail: fnixseaman@hccf.org.uk

Highland Carers Network

A Carers Network of over 900 members receive our quarterly 'Carers Network Bulletin', providing updates on benefits and legislation as well as occasional mailings on useful topics such as carers' events or consultation exercises. Each year during Carers Week, Highland Carers Project holds an event for carers and invitations are sent to every Network member.

Contact: To join the Network, please contact the Information Line at lo-call rates on Tel: 08457 660026 or e-mail: carers@hccf.org.uk.

Solicitors

We have details of a solicitor in Aberdeen who is available to represent clients requiring legal advice in relation to Mental Health matters. His main practice relates to representing clients at Mental Health Tribunals.

If anyone wants a business card from me just contact Debbie on 01463 718817

The Police and Mental Health

I have had ongoing mental health problems due to my brain injury for many years. In this time I have had some involvement with the police service due to the fact that one of my minds takes over and as a consequence I can say and act things that are not me and are misconstrued and misunderstood by even certain doctors. If the doctor can't understand my problems or treat me properly I can fully understand why the police don't understand when they are called.

An example would be when I attended A&E with a physical problem which I didn't feel was addressed properly/correctly. I became distressed and requested a CPN. As a result of falling out with the CPN through no fault of my own I went back to A&E to apologise and seek the help that I really needed. As I waited outside to see the CPN again a police car arrived and I was arrested. They asked me who I was – I didn't realise that I had done something so bad that the police needed to be called but they have to uphold the law and do their job and come out when requested.

I felt that the police were understanding of the fact that I had a physical problem and as I explained to them about my brain injury I honestly felt that they respected both my physical and mental health problems as well as they could in the position they were in. They handcuffed me but they helped me into the car and were very gentle and respectful and acknowledged the fact that I have mental health issues. When I arrived at the police station this was explained to the desk sergeant. Through the night I was on suicide watch. I tried to explain to certain officers that I needed medical treatment but because I had been arrested looking for that treatment at hospital the police were unable to seek it for me.

The desk sergeant was fantastic. He tried to find out about my brain injury and mental health problems and made sure that I had support. He said that it was their policy not to release someone like me without being sure I had help from the hospitals such as Raigmore or New Craigs. He did everything he could to help me relax before I was released. He also enquired whether I had psychiatric help in place and I explained that I see a psychologist on a regular basis. He offered to phone (even though it was the weekend) to see if he could find a way of getting her to help me straight away. I knew it wouldn't happen but I really appreciated it on my release.

I should have been put back in the cell before I was picked up by a responsible adult but they let me get dressed and wait in the waiting area which felt really good and relieved the anxiety and took so much hurt away from me.

To improve all this I would say it would be helpful to us if the police service could, for people like us, have qualified professionals in their service in place at any time to help those of us with mental health issues out of a situation which is beyond our control. There are some police who would benefit from mental health awareness training, should we be in the cells in the first place just because we lose some control when we get upset due to misunderstandings between us and professionals who don't understand how to treat us?

Collin

The Church of Jesus Christ of Latter Day Saints

Many people think that our beliefs are not Christian beliefs. This is not true. We are Christians and we celebrate Christmas, Birthdays and Easter.

Easter is an important religious celebration in our Church. Easter is the day Jesus was raised from the dead (resurrected). We believe that Jesus was born on Christmas Day. We believe that the proper gospel was restored to the earth by Joseph Smith.

Man had changed the words of the bible to suit himself so much that Joseph Smith was confused which Church to join because they were all saying they were the right Church and they were all saying things contrary to each other, so he couldn't tell which was the right Church.

As he was reading the bible one day he came across a scripture that said something like, "Whatever he wants to know, ask God and if you really want to know then he shall tell you." So he prayed.

While he was in a grove of trees one day he knelt down to pray. He could not speak. The devil had hold of his tongue to prevent him from speaking. We are told that darkness came upon him and he feared that he would soon fall in to sudden destruction.

Suddenly there was a pillar of light above his head so that the adversary had no hold on him any longer. When Joseph opened his eyes and looked up, he beheld two people standing dressed in white robes and surrounded by a light that exceeded the light of the sun. The people were alike unto other. One of the people raised his hand to the right of him and said, "This is my beloved son hear him." Joseph was then told none of the churches were right and he was to join none of them. He was also told that he would be the prophet of the true church.

We are sometimes called Mormons but prefer to be called Latter Day Saints. We are called Mormons because the keystone of our faith is based on a special book called the Book of Mormon. Mormon was a prophet of old who lived a long time ago. One of the sections of the Book of Mormon was written by him.

We believe in not drinking alcohol, teas or coffee. We also don't smoke. We believe in this because we are taught that our bodies are made by God and they are our own individual temples (a place where God might like to dwell). God will not stay in unclean temples so we must not defile our temples. We also believe in not thinking unclean thoughts.

We believe in not judging others or holding grudges against people. We are taught to forgive and forget. This is important because we must love our neighbour and treat others the way we would want to be treated ourselves. Grudges break up friendships and families.

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We believe in not having sex before marriage, as sex is a special ritual that should only be done between a husband and wife. As well as an earthly marriage until death do us part we believe in marriage for eternity.

We also believe in helping those who need our help. I helped others by doing a 100 ft abseil down the Wick Hospital chimney. I raised over £100 for children and young adults who have leukaemia and other bone marrow diseases. They desperately need a bone marrow donor who has the same blood type as they do. Sadly, without one they will die. Every £50 means that one person can be saved. The money is needed for research to find cure for these children.

I was very scared going down the chimney. I was so scared that I couldn't let go of the man's arm at first. I had my eyes closed all the way down. When I was about half way down, the chimney felt smooth and I thought that I was coming to the bottom so I put my feet down and crashed into the side of the chimney because I wasn't at the bottom yet.

When I got to the bottom the man and my Mum took my picture. "Smile" they said, "I am" I replied.

Wall to Wall Talk

A friend from the South was talking about a visit to one of the Caithness Gardens. I didn't think of it until later, but then what struck me was not what he had mentioned, but what he seemed not to have noticed, they are there to protect the garden from the effects of the far North weather, and give what is in the garden the chance to flourish, and to be noticed, and give pleasure.

The walls do nothing to change the weather, but if they were not there, as time went on the plants would either not be there anyway, or would be pleading to be put out of their misery. But the walls are there, seemingly not doing anything except being around. But things are often more than they seem.

Take the new round of HUG meetings about to start. Many of us have been there, done that, are still waiting for the tee-shirt. I guess that a year, two years, five years on people will still be there, talking over the issues, and how the issues affect them. So what changes? Some will have moved on, some will still be there; all will need others to understand what is happening to them.

When one or two stones come out of the wall (Caithness walls are natural stone, not man made brick) they are replaced, because until our weather changes dramatically, that shelter will still be needed.

Until the pace of people's 21st Century lives changes dramatically we will need the shelter of groups which can enable us to talk and persuade other to listen.

Seasonally Affected Disorder

There is an old saying: 'Laugh and the world laughs with you, weep and you weep alone.' If you live with someone suffering with depression, you will know this is not always true. You are very much involved in their struggle.

A number of years ago, my wife diagnosed herself with SAD. Until then, there were frequent visits to the doctor in winter with vague symptoms and many different cures attempted to no avail. Once she discovered she suffered from SAD she began light treatment and things got much better. However, she still suffers from depression in winter and, sometimes, needs anti-depressants as well as light therapy. I enrolled her for life membership of the Seasonally Affected Disorder Association [SADA], now no longer available, one of the best moves I ever made. I have learned a lot from discussing things with other SAD sufferers and their spouses. I thought it might be useful to other partners to share my experience.

Here then are some snippets of my experience for those, like me, who live with someone who has SAD.

Firstly, I write this as a man. I think it is more difficult for us blokes because we have trouble in recognizing emotions. We are fixers: 'You give me a problem and I'll find a solution.' This is a man thing. The trouble is your partner doesn't want you to fix it and you couldn't anyway; she wants you to listen and sympathize. What you need is loads and loads of tolerance and patience. Sometimes there seems to be a grim determination to be miserable. She doesn't actually want to be miserable but she can't help herself. There are times when she wants to be comforted and times when she pushes you away. Trouble is, you don't know which it is. It is much more important to risk being rejected than not to try. Another thing, when she is in public, you wouldn't know there is anything wrong. She appears quite normal to everybody. She reserves the misery for home. If she is really bad, she doesn't go out.

This can be really confusing and probably accounts for a number of failed relationships. It is worth noting there is nothing logical about depression and it is very hard to sense the mood of your partner. You are going to get it wrong a lot of the time. This does not mean it is not worth trying. Deep down she will know you are trying to help and support her.

Most SAD sufferers I have encountered see the use of light therapy or anti-depressants as a sign of failure. As winter approaches you may spot little signs showing she needs to start light therapy or anti-depressants. The subject must be raised tactfully because she will be feeling she has failed again. Remember the sooner she starts, the easier it will be.

My wife needs an hour of light in the morning and another hour in the evening. During that time she is mostly confined to her chair. I try and help by doing the odd chores so she doesn't have it all to do when she gets up. Again, she feels it is her fault she is not up and about.

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To summarize, what you need most is tolerance and understanding. She doesn't want to be like she is and she needs your support.

>From SADA Newsletter 58 May 2006

Note: for anyone who suffers with depression, whether it varies with the time of year or not, regular exposure to 'blue skies' or strong light is worth trying. The recommended lamps are rated at 10,000lux and simulate daylight. More information on suitable lamps and light boxes can be found at www.sada.org.uk.

AJT

Beacon Hill

As long as anyone could remember the beacon had been at the same place on the headland. And as long as anyone could remember there had been a keeper of the beacon. Each keeper used to be a hermit, a quiet person who kept himself to himself, except at busy times in the village when he would be there to lend a hand with the lambing in spring or the harvest in autumn. But every evening before the sun went down the hermit would return to the headland to see the beacon was lit. The boat skippers knew the beacon and could get their bearings from it to avoid danger.

A time came when the hermit was aging and becoming infirm. The women in the village worried about him. If they didn't send the bairns round with bannocks and cheese through the day, and soup in the evening he would never feed himself. And he fretted so much if the beacon was not lit that the widow who stayed in the croft beside his would go up on the nights when he was not fit, and see to it.

The women were unhappy about this and spoke to the important men in the village. Something should be done. The men shook their heads and counselled the women to discourage the widow from going to the beacon, that was the man's work, they said, and if the old man could not do it, then that was that.

So a night of storm came when the beacon was unlit. The next day the old hermit managed to walk out to the beach, and there were splintered planks of wood. That evening a boy came from the village with a feast for the old man. But the hermit turned his face to the wall, and had no will left to live. Meanwhile, the important men in the village were busy. They had good things to distribute among the people, and in the village everyone knew who to go to for their share of the good fortune.

Some of the women wondered what would happen to the beacon, but none of the important men seemed concerned to find a new keeper. As time went by the people became used to going out along the beach on the mornings after big storms, looking to see what good things had been washed up. Some would tell stories of the old hermits who used to stay by Beacon Hill, but what they had been doing there no-one was any longer sure. Nothing of any real importance in the workday world.

Peer Support and Advance Statements

On 4th May, a group from Augment attended a Peer Support Development Day in Perth to offer our contributions as to what constitutes good Peer Support and Support Workers. The suggestions made will be taken forward and used as part of a consultation process to examine the possibility of introducing this to the NHS Tayside area.

Although this was not mentioned during the conference, Peer Support Workers would be excellent, not only by helping service users to prepare advance statements but also by acting as named persons should service users be facing the Mental Health Tribunal as they would be able to act as advocates on their behalf.

The reason for this point being raised is an important one. Last week an Augment volunteer attended what they thought was a routine psychiatric appointment. However, it became apparent that the volunteer was going to be compulsory sectioned following only two prior meetings – one with the case manager and one with the psychiatrist. This was hardly enough time to make a proper diagnosis, let alone refer this person for a CTO. In great distress (during which time there was no effort to try to calm this person), the volunteer asked for our Project Manager, Donna to come. Donna managed not only to calm this person down but also advocated on their behalf, enabling the person to answer all relevant questions and through supporting the volunteer avoiding an almost certain compulsory section. A recent report by the Highland User Group pointed out that professionals could use Mental Health First Aid Training stating that ‘the professionals who may encounter us when distressed [should be] taught how to de-escalate tense situations.’

This incident is mentioned not only because it provides an excellent example of how Peer Support Workers would operate, but also what would happen if no advance statement was in place, stating what treatment was preferred. The volunteer in question is now going to make such a statement, outlining the treatment they want in case this should happen again.

As a result of these events, we strongly urge any service user who has not yet made an advance statement to do so as a matter of priority in order to prevent incidents of this nature from happening and avoid the unnecessary distress and anxiety this can cause. If you have not completed an advance statement and wish to know more, please contact Augment's offices on 01241 434405.

Using Music in Daily Life

From the moment we wake up until we go to sleep, and possibly even out with these times, we are surrounded by sound. It can be helpful to become more aware of how we, as individuals, are affected by sound.

How often have you heard yourself say *'you don't listen to me'*? This is because of the difference between *listening* and *hearing*.

Hearing is passive in as much as it happens to you – the sound is there but you don't necessarily process what you are hearing. Listening is active – it involves actually taking in the sounds, processing and reacting to them.

You can appreciate the difference by trying this simple exercise –

Take a moment to notice what you are currently hearing. Now shut your eyes and really listen for a couple of minutes. You will probably become much more aware of noises you hadn't noticed before you shut your eyes and 'actively listened'.

This is actually a really good exercise to do to calm you down a bit if you feel you can only spare two minutes.

If you listen to music at all, then something has already been going on between music, your body and your mind even if you've never really given it much thought.

Unlike watching television, though, music doesn't 'do it for you'; it just inspires your imagination.

Think about what factors might have influenced your musical choices and needs, for example –

- Past experiences
- Temperament
- Personality
- Childhood memories
- Continued experience
- Desires and aspirations

No two people will feel exactly the same about a piece of music, what might be slow and relaxing to one may be slow but boring to another. Music has a meaning beyond itself though too, we each connect what is currently happening to us and how we feel, with the music we are listening to.

Another interesting exercise can be to try and compile your life story in music. Think of memories from as young an age as you can and list the pieces of music you associate with them e.g. pieces that remind you of holidays, friendships, etc. You can do this for either just happy memories or also for the more bittersweet or sad ones. It can be interesting to see if you can learn anything from this list.

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Although this is something I often suggest doing, until last week I had not actually created the time required to do it myself. I spent a very long night (I thought it would take maybe an hour but many hours later I was still there...) during which I selected various pieces of music which held memories for me. It was more of an emotional rollercoaster than I had anticipated but was also an amazingly cathartic experience, remembering happy and not so happy times. What astounded me too though was that of the first six of my pieces, five had a very similar theme of which I had not previously been aware. It really was well worth doing and something I need to spend more time on and will definitely continue to encourage others to do.

What music should I listen to?

We are all capable of assessing what is right or wrong for us. Music is largely intuitive. You will know by your response to the music if it is right for you. If you play something which is not suited to your mood you will most likely feel irritable.

Each piece of music though is made up of different elements and we all have our own preferences for these e.g. pitch, melody, harmony, rhythm, tempo, intensity, timbre, etc. It can be useful to become aware of your own preferences.

More effective use of music is not about the right songs to sing or the best music to listen to – it is simply about using the kind of music you feel you need at the time. It is helpful to notice what you like and play it often so that you know you can depend on it in certain situations.

What can music do for my life?

There is probably nothing new here, but music *has the potential* to:

- relax
- energize
- promote clear thinking
- help meditation
- cut through 'psychological noise' i.e. the daily worries, fears, expectations and negative self-messages
- help control moods
- filter out the world
- provide a 'safe place' where we can escape to when things are going badly, etc.....

10 Suggestions for using music in your daily life

1. Do you wake up to a harsh alarm clock or the news on the radio? Try instead waking up to some pleasant music, perhaps something which gradually increases in pace to gently waken you.

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2. Try singing in the shower. It is a bit of a cliché, but does work. The moist air is good for the larynx and the noise of the shower acts as white noise which can help minimize your inhibitions. Singing is one of the best ways to include music in your life because using the voice helps bring more oxygen into the system which can help you feel better in general. Songs can also help us express ourselves by linking with the cultural, political, spiritual and emotional events that define us.
3. As you get ready for the day try playing soothing but livelier music.
4. Hum a tune while walking the dog.
5. Sing around the house or choose some motivating music while you do the hoovering.
6. Sing while driving – no one else can hear you there. If driving long distances try listening to something like techno rock which is a good energy source.
7. If it's allowed – try listening to music at work. Baroque music is often a good choice for helping concentration.
8. Play background music while having dinner.
9. Use music as cues to help children with routine e.g. singing the same songs each night at bath time and bedtime.
10. Try switching off the TV half an hour earlier than usual and taking that time to actively wind down from the day by listening to some relaxing music.

What else can I do?

If you only have two minutes, try the exercise I mentioned earlier but take time to get comfortable and notice external sounds first before noticing breathing, etc.

If you have half an hour try this:

Find a comfortable place, free of distractions and think about what you are about to do – create an imaginary bubble, switch off the phone, decide not to answer the door, if you're worried about falling asleep then set an alarm. Turn your focus to your body – notice any tensions and make sure you are comfortable. Make sure the temperature is OK. Now turn your attention to the music you have chosen to listen to.

When it finishes notice how you feel and reflect for a while on this – be patient with yourself though, as it takes time to learn how to concentrate on an internal process. Also remember that if at any point the music triggers an uncomfortable memory or you become anxious, angry, etc. then you are free to switch it off. I know it sounds obvious, but just because you've set aside thirty minutes doesn't mean you have to stick with it. It is your process, about your wants and your needs.

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A variation on the above is to use music that you know to release stressful feelings as you remember lovely past experiences, memories, places of beauty, etc...

Over the years I have been compiling suggested music listening lists and I'd be happy to offer anyone some different suggestions if it would help. I am hoping to put these lists on my website in the near future for easier access. I'd also love to hear from anyone else who has found useful ways of using music.

If anyone is interested in this please get in touch with Debbie (HUG) who will pass your details on to Aileen.

Policies

As we develop as an organisation so are we developing policies about how we work?

One of these policies is a confidentiality policy – we know that many of our members think that this is an issue that is crucial to their involvement. If you want to see this policy please phone and ask for a copy.

We are also developing other policies which include a mental health one an environmental one and an ethical one. If you have any ideas to contribute they would be welcome. Sometimes what seems simple is tricky – for instance if we travel for a day to meet one of our members in a remote area can we justify this when we are creating pollution for a meeting that may last for only an hour? Or if we are wary about who we accept money from do we have to worry about where our main funders invest their money before they fund us?

We would welcome your views. The message board may be a way of carrying on this conversation.

Other Issues

There have been lots of issues raised recently and an update of some of them follows;

NAIRN

No replacement has been found for the Gardeners Cottage and we have been asked to assist in looking for alternatives which is very dispiriting. However two of our MSPs are following up the issue.

EASTER ROSS

We have had great news that the TAG unit whose premises have been so precarious have now found bigger and better rooms which they are guaranteed to have for the next year.

DOING WELL BY PEOPLE WITH DEPRESSION

We wrote about the need for therapeutic groups to talk and discuss issues of importance to us and have been told that as part of the 'doing well by people with depression initiative' there will be 8 new posts created to support people who are depressed. This is excellent news.

PLACES OF SAFETY

We have been informed that an enhanced escort and ambulance service should result in a more rapid response to people in crisis which is great news but, sadly, have been told that not every area in the Highlands will have a place of safety to go to in crisis and this could cause unacceptable situations to develop.

COGNITIVE BEHAVIOURAL THERAPISTS (CBT) IN SKYE AND LOCHALSH

We had heard a rumour that there were to be some new CBT workers in this area but sadly have found that this is untrue despite the fact that they could be hugely helpful. On the positive side there will be a self help worker employed to help people with anxiety and depression which is great as is the agreement by psychological services on the need for these services.

ALTERNATIVE THERAPIES IN NAIRN

We have heard that there are limited alternative and complementary therapies in Nairn but if people want to use various therapies ranging from yoga to meditation we have been given some contact details.

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TAG IN LOCHABER

We are delighted that TAG Highland has been so supportive of our view that there should be a unit in the area to help people back into work.

FUNDING FOR MENTAL HEALTH SERVICES

We have had a detailed letter from Roger Gibbons (Chief Executive of NHS Highland) trying to explain how funding for health services are allocated –this is available in the office.

RESPIRE CARE

We have had a detailed letter from social work about changes to the funding for respite care which is also in the office.

YOUNG PEOPLES SERVICES

We have had a very honest response from the Department of Child and Family Psychiatry who say that according to the new national framework – ‘The Mental Health of Children and Young People - a Framework for Promotion Prevention and Care (2005) - Highland Child and Adolescent Mental Health services are under resourced by about 50%. We will be following this issue and trying to find out why such an important and valuable service has so little money earmarked for it when we know that it can do such a good job and at such an early stage.

YOUNG PEOPLE IN NEW CRAIGS

We are delighted to hear that the Hospital is trying to access new funding to enhance their training for staff that help young patients in the hospital.

PERSONALITY DISORDER

New Craigs is in the process of training staff in dialectical behavioural therapy which can be especially effective for people with personality disorders. This should be great news as we worry that this group of people may have received a raw deal until recently.

DIETICIANS

We are really pleased that extra investment means that there will be more time allocated for dieticians in New Craigs which is excellent news and an area dear to the heart of many of our members.

Relationships and Loneliness

All my life since I was first aware of love between a man and a woman as the normal thing I've never been able to think otherwise until this day. I'll cut this long story short, simply by saying why the sunny weather and summer makes me so sad.

Let's imagine a warm sunny day, fluffy clouds aloft, rolling hills and leafy trees and scent in the air. It's a country park (say) and couples walk gazing into each others eyes cuddling lost in the bliss I know I've missed. That bliss is the nearest natural feeling to touching God.

I'm telling you this as I've never been able to tell it in words before despite being haunted and tormented by loves absence all my life because I was damaged in sexual attitude at birth.

I even recall in Winchester while being in a crowd, as a teenager I felt boiling anger at my missing out on love when seeing others embrace. Good looking strapping lads with their fair shapely girlfriends/wives beside. The emptiness I felt was so bad it made me feel an inadequate stupid and overgrown kid. Mad even.

Also at this tender time I was trying to keep jobs down only to have them go, due to couples at work taking the piss out of my facial features and hunched tall figure.

When I did finally find my ex wife in a mental health hospital I did find that magic walk on clouds feeling. That was in July 1967. Soon after I was taken to a hospital and she remained behind 200 miles away.

A year later she was freed and when we met up in Winchester train station I straight away noticed the magic was gone – even so trying to feel normal I courted her and married with one son born a year later.

However I found myself looking inward at my inadequacies and the relationship didn't work.

The magic left an emptiness which I can only fill by working long hours. We split in 1972. Despite the magic gone I missed her a lot, but in a few months got over it and found a new job in the lovely city of Edinburgh.

I was there a week churning out jobs galore and strangely full of joy. I felt proud with a reason to live again.

However since that time my belief in human nature has been blunted due to an unfortunate experience that affected me for a long time.

Access to HUG Meetings

As some of you will remember we carried out a survey of our members views some months ago about what works well and what needs improved.

Over the next few issues of the newsletter we will report on our work following the findings of our survey.

DISABLED ACCESS TO HUG MEETINGS.

One of the concerns of our members was about disabled access. We have a mixed reply to this:

Our branch meetings:

There is full wheelchair access in the Thurso, Wick, Golspie, Alness, Dingwall, New Craigs, Nairn, Kingussie, and Portree meetings.

The Inverness meeting is usually held up stairs and there is no accessible toilet. The Fort William meeting room is accessible but there is no accessible toilet. The Wester Ross meeting in Gairloch is not accessible and the Achiltibuie meeting has no accessible toilet.

If you wish to attend any of these meetings but cannot manage because of access issues then we will make sure that there are other ways in which we can meet or contact you to gain your views and opinions. Just give us a call and we will work something out to suit.

Our office:

The HUG office has full disabled access and a disabled parking bay outside the front door.

Other forms of access:

We can provide an induction loop for those who are hard of hearing and if necessary can arrange BSL interpreters for people who are Deaf .

We can provide our written materials in a preferred font size or on tape or CD.

If any of you have ideas or queries about other forms of access do let us know.

.....and finally

Are you interested in Saving our planet

As you can see this has indeed been a bumper issue of the newsletter.

You will notice that this newsletter is printed in a slightly different way from usual, this is because our poor old photocopier at HCCF is just getting too old to cope with all the printing that HUG does.

Outsourcing printing adds an additional financial burden to our budget not to mention the costs to the environment of all this paper.

If you would be willing to receive all future HUG mailings including newsletters and reports by e-mail please could you contact Isla in the HCCF office who will put you on the e-mail list. **lcuthbert@hccf.org**

Please bear in mind that some of our publications are quite large and may take a while to download if you are on dial up internet and if you want to print them off you would need a printer and plenty of paper. There would also occasionally be forms for you to fill in and send back to us which can be done either by e-mail or by using your own envelope and our freepost address.