



HUG Report:

LOCAL ISSUES ACROSS HIGHLAND

Autumn winter 2008

WHAT IS HUG?

HUG stands for the Highland Users Group, which is a network of people who use, or have used, mental health services in the Highlands. At present, HUG has 343 members and 13 branches across the Highlands. HUG has been in existence now for 11 years. HUG wants people with mental health problems to live without discrimination and to be equal partners in their communities. They should be respected for their diversity and who they are.

We should:

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

We hope to achieve this by:

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

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

HUG's aims are as follows:

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

- To identify gaps in services and to campaign to have them filled.
- To find ways of improving the lives, services and treatments of people with mental health problems.
- To share information and news on mental health issues among mental health service user groups and interested parties.
- To increase knowledge about resources, treatments and rights for users.
- To promote cooperation between agencies concerned with mental health.

INTRODUCTION

Every time we have a round of meetings across the HUG network we always ask our members if there are any issues occurring locally or which exist but haven't been acted on recently that they would like us to know about.

These issues are recorded and then incorporated into regular reports that act as a snapshot into the views and feelings of our members across our network and at a particular time.

They are gathered from a relatively small group of people in some places and therefore can, locally, be highly influenced by the experience of a small number of individuals. We don't think this matters as it is good to have a regular update of issues affecting members across our network. However small the numbers the issues still remain issues and still remain important.

This set of local issues was gathered between autumn and winter 2008 and involved 107 people who were mainly users although some carers and a small number of workers also participated. It also incorporates feedback gathered by the HUG round Table members in the same period. (The HUG Round Table provides direction guidance support and advice to the HUG project.)

SUMMARY

The main themes that were raised across the HUG network were (in no particular order):

- ❖ RESOURCES – there is still a widespread perception that mental health services are not adequately funded across the area and that there are not enough local services. There is also a feeling that remote and rural areas may be particularly disadvantaged when we look at what is allocated locally.
- ❖ ACTIVITY – many people say that they have little to do with their time. They wish there were more creative and structured activities available locally and within mental health services as well as opportunities for voluntary work.
- ❖ ISOLATION – many of our members report being lonely and isolated with little opportunity to socialise regularly. For some people a visit by a worker is one of the key social activities of the week
- ❖ CRISIS – we still feel there is a need for a response to help us when we are in crisis both by providing access to professionals when we need them but also access to facilities such as safehouses.
- ❖ OUT OF HOURS SERVICES - many of us feel worried when we cannot access services at night time, evenings or on the weekend and wish we could. We often have a strong affection for drop in services and would welcome extra opening hours for such services.
- ❖ STIGMA AND DISCRIMINATION- we still feel that stigma and discrimination is widespread in our lives both in work and our private lives and from the public, professionals and families. We see a need for continual awareness raising especially with work with young people.
- ❖ BENEFITS – the changes to the welfare rights system continue to cause anxiety and concern to our members.
- ❖ ADDICTION SERVICES – in a few areas we remain concerned about the lack of comprehensive accessible services for people with drug or alcohol problems.
- ❖ INFORMATION – we would like to see easily obtainable high quality easy to understand information about community facilities and mental health/illness.
- ❖ LISTENING – some of us feel let down by the fact that it is so hard to get people to listen to our concerns.
- ❖ NURSING STATIONS – we remain confused as to why it is so common to see so many nurses stuck in nursing stations when it is obvious that there are patients on the ward who would like to see them.
- ❖ TRANSPORT. Public transport is not accessible or affordable by all of us and may not be good enough to make us want to use it for normal appointments let alone medical appointments.

LOCAL ISSUES BY AREA

CAITHNESS - CAITHNESS WEST

- Lack of resources locally
- The number of CPN's according to population density – is this enough?
- We need more local services
- Access to arts and creative classes would be good
- More activities in the evening would be good
- Having Stepping stones open more evenings would be good
- If Stepping stones were open longer this would be good
- Having quiz nights would be good
- Skills training and computer training would be good
- Expand the services that TAG provides
- More structured activities would be appreciated
- Community based pottery workshops as a therapy would be good.
- Promote social enterprises

Round table members' issues:

- Worries around poverty and money
- Worries about medication: taking it and medication
- Worries about alcohol misuse

CAITHNESS EAST

- Nursing staff may need mental health awareness training (especially in medical wards.) They can have a bad attitude towards people with a mental illness.
- We need staffing for a crisis unit at the local hospital.
- The Haven is very helpful
- When you get to four on a Thursday or Friday then you can't take a crisis as there is a shortage of help available.
- There is still a lot of stigma
- Stigma is other peoples problem
- Out of hours: there is now a local CPN available some evenings and on weekends this is very welcome
- A crisis centre is vital for emergencies
- We need more facilities for people with alcohol problems who are in crisis.
- The methadone clinic – everyone knows each other there but it is still really taboo and judgemental – it is hard to go to the clinic because of this. However the pharmacist is good.
- People sometimes don't want a CPN as other people will see them going through the door into the community mental health team and this carries stigma.
- More time to see specialist services is needed
- Access to the CMHT could be easier

- Using the answer machine in the CMHT in the day is off putting
- Access to a dentist takes a long time, there is too big a waiting list (many of us have poor dental hygiene)
- There seems to be a lack of understanding about mental illness among local police.
- A person in custody was given someone else's medication by the police this caused her heart to stop momentarily.
- We need more specialist mental health social workers
- We need more support workers
- Why do CPNs often not visit people at home? – seeing a persons home environment is very important
- We need more local services.

Round Table members' issues:

- The need for support for those returning to work including people with learning disabilities.
- Worries about benefit changes
- The need for out of hours support
- The need for crisis services

SUTHERLAND EAST

- A person was told that they couldn't do voluntary work as they had a mental illness and could "wind the other person up." The exclusion of people from voluntary work because they have mental health problems is wrong
- Access to peer support is important
- See the positive in the experience of mental illness
- Mental health awareness training is needed in Golspie high school
- Benefit changes –we need to find out what people who are going through this are experiencing
- There is a great deal of anxiety about incapacity benefit changes
- The accommodation of the community mental health team is not good enough; it is bleak.
- Mental health seems to get less resources than other conditions
- The stigma of mental illness still needs challenged
- The attitudes of some families to people with a mental illness is poor and uneducated.

Round Table member views

- Worries about the changes to incapacity benefit.

EASTER/MID ROSS

- Too much stigma
- Transfer between Raigmore and New Craig's can be traumatic requiring the use of friends transport rather than hospital transport, travelling in house clothes that are blood stained and long waits at the other end.
- In crisis you need help in the community and hospital
- Some people arrive in dirty or inappropriate clothing at New Craigs and the only way of getting new ones is to rely on fellow patients or kind nurses as there is no clothes store
- It can be almost impossible to be admitted to New Craigs with certain diagnoses despite the support of GP's and being in deep crisis.
- What should we do in crisis? We need somewhere to go if hospital is not permitted
- We need more out of hours working by the community mental health team.
- We worry about the benefit changes
- We need support to go medicals and should be able to choose the day we go not the day they tell us to go.
- We can't always use public transport when we are ill
- We need help to help us deal with feelings of rejection; when we are refused help we harm ourselves more the more we are rejected
- We need more funding for mental health services
- We need more local services.

Round table members' issues

- It is increasingly difficult to be admitted to New Craigs especially for those with certain diagnosis or who regularly self harm.
- GPs can struggle to get their patients admitted to hospital
- There are worries about changes to incapacity benefit
- A new day hospital has opened on Fridays in Dingwall. Initial feedback is encouraging.
- It would be good to research the impact of employment support allowance on people

INVERNESS

- Get nurses out of the nurses station
- Get nurses interacting with people
- Having more to do in hospital would be good
- Access to work would be good
- If you want to work you should be able to but we need help on what to disclose about ourselves when looking for work
- Discrimination can stop people working

- The mental health act is dreadful the compulsory treatment order has too much power and seems too routinely used. Being forced and controlled feels awful
- How do we prove the effectiveness of the Disability Discrimination Act.?
- Sharing of information is increasing and can feel bad. It may go too far – what are the limits?

NEW CRAIGS

- We need better information
- Nurses are stuck in the nurses station'
- Nurses often don't listen to the patients
- There is a lack of smoking facilities
- Stigma is bad (especially if we come from different cultures)
- There are cultural problems. If you are not from Scotland, when you are ill you may worry that you will have to pay for care. In India we don't have such places as New Craigs it's very bad. Here is luxury compared to India but what will happen after we go to a home from New Craigs? Who will we see? What will it be like?
- Being able to get into town and having the energy to do it can be hard
- Some of the nurses are very good but they need to understand people from different cultural backgrounds when they are communicating with them and realise that people from different cultures communicate and show emotion in different ways.
- The food is much better than it was
- Its easy to get into hospital but hard to get out
- It would be good to have a Highland recovery group
- Access to professionals if you don't have a severe illness can be hard
- Being able to drive when ill can be difficult
- Proper partnerships and empowerment for users
- If you are from India you may have no understanding of how people expect you to act or what to expect from them. You go through racism and isolation and don't understand the system and how it works.
- Coming here works for me "I had ECT and feel very good"

NAIRN

- Stigma – we are still seen as different
- People still avoid us
- Families could do with training in mental health
- Family can lack understanding
- People still say "pull yourself together"
- We can feel alone and isolated which is bad for our mental health
- We need help in how to challenge bad attitudes ourselves
- Some families can be very sympathetic

- The links centre is on a three year lease to the community mental health team we want continuity and certainty; it is a very welcome resource.
- Being able to do voluntary work without our benefits being put at risk
- We worry about incapacity benefit changes; it increases sickness and paranoia
- It is hard to get good information about benefits
- If you get extra money when on benefit it is hard to know how to deal with it
- Getting housing when homeless; the allocations policy is seen as tougher; if you have no connection to the area what do you do?
- There is a lack of privacy in the jobcentre for benefit phone claims
- Using phones for benefits is not good; it's better face to face
- Not knowing enough to know that the links centre exists for people with mental illness is sad.

BADENOCH AND STRATHSPEY

- More socialising is needed
- More groups – get together and meet each other locally
- More opportunities for work would be good
- Challenges and education about discrimination at work
- Having things to look forward to
- Too much stigma and isolation
- It is hard to get to other places such as Inverness or within the area for medical or therapeutic reasons using public transport.
- It is too expensive to use public transport if you are on a low income and yet not entitled to a bus pass.
- The Healthy minds club needs more support continuity and funding

LOCHABER

- Homelessness – how do people who are homeless get to doctors and GPs and Community Psychiatric Nurses?
- How can we achieve local change
- We need to get more professionals to come to the local implementation group.
- We should invite professionals to come to HUG meetings
- Build partnerships between users and professionals; maybe the professionals could influence HUGS need for secure funding
- Help HUG to grow and change, give it space for growth
- Discuss the future of HUG and what it should be doing at a future meeting
- We still need safe houses they should be there for anyone in distress
- Access to transport to New Craigs has still not been sorted properly
- More concentration on local help in Lochaber is needed
- There is a shortfall in funding for the drop ins which needs sorted

- Help find alternatives to diazepam and valium
- Advertise the addictions user group locally
- Get HUG leaflets developed and send them to GP surgeries
- Help HUG members do more local campaigning
- Help people deal with isolation
- People are still left alone in crisis and it can still be hard to get help quickly
- More investment in mental health is needed
- Stop staff in A&E concentrating on your mental health when you have come in with a physical problem.

Round table members' issues:

- there is a worry that there is a shortfall in funding for the Glengarry centre
- there are worries about changes to benefits and the attitude and knowledge of job centre staff about this
- There are worries about when there are changes to CPN cover through secondment or sick leave.
- It would be good to look at recovery in the whole; sickness, mental health, physical spiritual and emotional health.
- It is good to offer peer support by using our experiences hope and support to help each other.
- It would be good to increase peoples' knowledge on issues they need help with.

ARGYLL

- The attitude of NHS 24 can be good and can be bad
- Choice in health how real is this? I.e. could a user choose Inverness rather than another hospital to stay in?
- Why is Helensborough in Greater Glasgow health board where services are provided by them but bought by Highland
- Consultation over services in Argyll. The consultation with users and carers is getting better but they could come to ACUMEN/HUG meetings and also meet individuals who can't go to these groups
- Access to voluntary work could be better
- Some units in Argyll were meant to have psychiatric beds but they were never developed
- ACUMEN should give a view on the Argyll option appraisal
- It can be boring in hospital
- Outings out of hospital are good (Christie ward used to be good for this)
- A development worker for Oban mental health forum would be good
- Support workers; are they more about maintenance than growth
- Psychiatric Emergency Plan doesn't seem to link into the redesign process i.e. the place of safety has been decided already

- 'One step up' is still running but no one knows its future and little information about what is happening is being provided
- Too many nursing staff stay in the nursing station in Lochgilphead
- There is a lack of activity for long term patients
- We need access to staff to talk to in hospital
- When asking for information – you are passed on to the doctor instead of being replied to.
- Having a physical illness when you are mentally ill is often not picked up on
- Staff can dismiss carer views
- You need to be sure that you will be treated with basic respect and courtesy by staff
- The stigma of mental illness; not seeing people as individuals or giving them dignity in public (but also encountering the same in mental health services)
- Stigma on public transport can be hard
- Better awareness is needed in schools re mental illness and distress
- We need easy access to physical assessments out of hours

SKYE AND LOCHALSH

- Travel to Inverness for appointments. Some medical appointments are made before it is possible to get to Inverness by bus
- When the police intervene they can assume that you are in the wrong if you are mentally ill
- You need to watch how you behave because of the assumptions of other people
- Bullying by young people and the effect on the young victims mental health is a concern
- Is there counselling in G.P. surgeries across Skye and Lochalsh and how long do you have to wait for it?
- Access to counselling is sometimes quick and when it is, its is a godsend
- We welcome the clinical psychologist for Skye and Lochalsh and Wester Ross

Round Table members' issues:

- Access to housing is important
- There are fears around benefit changes
- There can be a need for communication between Am Fasgadh and New Craigs confidentiality concerns may mean that information cannot be released and therefore users cannot be supported by the mental health association.
- Is the issue of illegal drug use increasing?

WESTER ROSS

- Dealing with boredom is hard
- Contact with people is important
- “I look forward to seeing the outreach worker for days and also to my injection as I see so few people”
- Loneliness is a problem
- Dealing with attitudes to mental illness is important
- Dealing with attitudes as your degree of illness changes
- The cost of helping people on the West coast is higher than elsewhere but this is not a reason for stopping services such as NSF outreach

CONCLUSION

We hope that this document provides valuable information to anyone interested in the views of the people about the services that they use and the lives they lead in Highland when they have a mental health problem.

We would like to see these comments incorporated into local and regional planning and policy meetings when mental health services are being considered and will continue to canvass our members' views in order that we can keep documents like this as up to date as possible.