



Local Issues in Mental Health Highland Health Board area

AUTUMN / WINTER 2009



**HUG at
Highland Community Care Forum**

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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 approximately 380 members and 14 branches across the Highlands. HUG has been in existence now for 13 years. Between them, members of HUG have experience of nearly all the mental health services in the Highlands.

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

We should:

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

We hope to achieve this by:

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

HUG's aims are as follows:

- To be the voice of people in Highland who have experienced mental health problems.
- To promote the interests of people in Highland who use or have used mental health services.
- To eliminate stigma and discrimination against people with mental health problems.
- To promote equality of opportunity for people with mental health problems irrespective of creed, sexuality, gender, race or disability.
- To improve understanding about the lives of people with mental health problems.
- To participate in the planning, development and management of services for users at a local, Highland and national level.
- To identify gaps in services and to campaign to have them filled.
- To find ways of improving the lives, services and treatments of people with mental health problems.
- To share information and news on mental health issues among mental health service user groups and interested parties.
- To increase knowledge about resources, treatments and rights for users.
- To promote cooperation between agencies concerned with mental health.

INTRODUCTION

At every round of HUG branch meetings we gather information on what local issues are important to our members. We discuss these at each meeting, in addition to the themed discussion topics of the meeting.

This exercise results, over time, in the compilation of a long list of local issues that we publish in bullet-point form in these 'local issue' reports, which we produce every few years.

These reports give an insight into local issues that are particularly important to our members and key issues that are affecting people across the Highlands.

We hope that these reports help officials and decision-makers plan more effective services and give other people an insight into some of the things that are important in our lives.

The following is an overview of the most commonly raised issues across Highland in the last few months. It is followed by an area-by-area list of issues. These are listed according to the time that we met (i.e. autumn / early winter or mid winter).

THE MOST COMMONLY RAISED ISSUES

- We worry about discrimination and the attitude of businesses and employers to people with mental health problems. Many of us are ignorant of the Disability Discrimination Act or doubt that it is effective.
- Stigma continues to be a major issue for us. Some of us think that it will never go away, whilst some of us see the success of the 'see me' campaign and HUG's anti-stigma work and believe that there is some ground for hope. A lot of stigma is also internal and comes from us. We also need to work with family members and friends on this.
- We worry that nurses still spend too much time based in the nursing station when we are in hospital and do not find the reasons given for this satisfactory.
- It is increasingly difficult to get admitted to hospital, in a crisis, especially if you have a personality disorder. We worry that this will ultimately lead to preventable suicides.
- Some nurses have a great attitude to mental illness and others are less positive. This worries us when we meet those with poorer attitudes. We think that compassion and a humanistic approach to us as people is vital when staff approach us. A lot can depend on whether we like a particular member of staff or not when we look at how we view and respond to treatment.
- The 'drop in' centres, across Highland, are very important to some people. We feel it is important that these services are well funded. We are disappointed at the loss of the West Ross outreach service and keen to be assured that the Links clinic lease in Nairn will be made into a long term one.
- We do not like the moves to take people off benefits, especially Incapacity Benefit, and on to Employment Support Allowance. Not all benefits staff understand mental illness or have a positive attitude to us. Using the phone for claims is unpleasant and medical reviews for our benefits are sometimes traumatic.

- Transport is a problem for many of us. We can be a long way from local services, public transport can be sporadic and unreliable and we can have to travel long distances for services. However, there have been some recent developments in improving the transport infrastructure that we welcome. Some of us cannot use public transport and many of us are unsure how to get bus passes. Having to make our own way home from hospital (especially at night) can be very difficult.
- Some of us would very much appreciate understanding and coming to terms with the causes of our illnesses and by doing this, finding solutions to our distress. This sometimes seems like a remote prospect.
- We believe that it is becoming increasingly fashionable to re-diagnose people with a personality disorder. This is often not helpful and can lead to poorer levels of assistance.
- Dialectical behavioural therapy (D.B.T.) can be very good for some people and less so for others. We would like to see user-based measures of satisfaction with it and also measures to look at the follow up people get after these courses as some people feel abandoned at the end of D.B.T.
- Whilst many of us agree with the need for medication, a lot of us would call for a more holistic approach to treatment with the use of complementary and alternative therapies as well as non-western approaches to mental illness. Some of us would like to see recovery approaches that may also allow us to see if we can manage and flourish without medication. The medical model is not redundant but there are other models that deal with mental illness that are also useful in our recovery. Many of the different supports that we get from counselling, social work and support workers fit with this.
- Alcohol and drugs can be very bad for people's mental health and we think that it is a particularly bad problem for many people with a mental illness.
- Creative activity can be very helpful to our mental wellbeing
- Many of us can become very isolated. We need more access to social activities and the reasons for isolation need to be addressed.
- There are many voluntary organisations and other services but many of us do not know what these are.
- The support we offer each other is very important we need to further develop peer support.
- Hope is a key component of recovery that we should promote responsibly.
- It is important that the Patients Council in New Craigs re-opens
- Community mental health teams often provide a life saving service.
- We believe that the recession will have a negative effect on peoples well being and mental health, and we worry that the recession will lead to misguided cuts in mental health services. We believe that they are already beginning to happen.

LOCAL ISSUES

Caithness

Autumn/ Early Winter 2009

- The issue was raised as to whether the amount of money spent on mental illness in Scotland equivalent to that spent in England, Wales and Northern Ireland?.
- Members were wishing to know whether funding is available when you are in financial crisis. There is a community fund but people did not know how to access it. Sometimes having a washing machine could make a big difference.
- We need to find out what local businesses' attitudes to disability and mental illness are and, if necessary, change the attitude of employees to people with mental illness or disability.
- The Disability Discrimination Act can be a good tool but lots of people don't understand it or obey it. Discrimination still occurs in employment.
- It can sometimes be hard to understand what doctors, whose English is not their first language, are saying.
- People are not aware of the talents of people with a mental illness
- Stigma is still an issue but we can create it with our own attitude.
- Stigma is still a big issue but it is not so bad nowadays. The education of young people is much better.
- Nurses still spend too much time in the nursing station; they are either too busy to see you or you are not ill enough to be seen.
- It is difficult to get admitted to hospital if you have a diagnosis of borderline personality disorder.
- There is still stigma about the Haven despite its increased and more positive profile.
- The physical 'place of safety' still exists but it is not staffed. The use of it and of staff could be better; they are not always available or of the right grade for a crisis and possible transport to Hospital.
- The attitude of some nurses to people with a mental illness is not always positive; there is still a feeling of 'them and us'.
- Addiction problems can be as major as mental illness
- NSF Wester Ross outreach closed due to the high costs. We worry about the future of the whole organisation across Highland and Scotland. It is very much needed.

Sutherland

Autumn/ Early Winter 2009

- Incapacity Benefit is very important but more and more people are being taken off of it. A lot of people now fail the incapacity benefit medical (and medicals can be very traumatic).
- Voluntary work can be a very good thing to do.
- There is a belief that benefits staff have a financial incentive to get people off of Incapacity Benefit and into work
- Politicians and officials don't seem to care about us and seem to have little understanding of our lives, especially in rural areas like this. However, local politicians such as John Thurso are easy to get to and speak to they seem to have local interests at heart.
- People don't understand that it can be miles and miles to get to the nearest shops or that the nearest petrol station can be eleven miles away. Public transport can be difficult because of the lack of buses.

- There are worries that there will be changes to our entitlement to bus passes
- The Training and Guidance Unit is very good.
- Some of the buses going down from Wick bypass small villages but local buses have been put on to cover them. This is good.
- One of us waited eighteen months to see a psychologist by which time there was no longer any point in seeing her. We can need help for a long time and not get any. Eventually we have to get through using our own resources
- If professionals think that you know all about the problems you face and what needs to be done, they sometimes say there is no need to help you as you can do it yourself. But you still need human support despite this.
- Sometimes people have to travel to Inverness in order to see professionals.
- The local community psychiatric nurses are very good.
- Staff are only good if you have a rapport with them. If you don't get on well it doesn't work even though you see them a lot.
- Cognitive behavioural therapy can be good but the number of sessions don't feel as though they are enough.
- It can be very hard if you want to find solutions to your problems because often, no one can offer any.

East Ross

Mid Winter 2009

- The need for continued staffing for East Ross TAG (Training and Guidance Unit) is very important
- We need to re-open the Patients Council in New Craigs Hospital.
- We need better access to psychological therapies.
- We need better access to training for people working in mental health. i.e. care workers and TAG staff who could benefit in basic skills in dealing with users and when they should pass us on to other professionals.
- We should encourage Mental Health First Aid training.
- People shouldn't have to walk home from New Craigs if they live in Inverness and are not assessed as needing admission, especially at night.
- We can get superb help but it sometimes seems to depend on where you live as to how extensive the help is.
- We have to be referred to a Community Psychiatric Nurse (CPN) by a GP. This takes too long and acts as a barrier.
- GP's used to be able to authorise bus passes but now we have to rely on our C.P.N. This is no use if we don't have a C.P.N.
- The Benefits system is very confusing and hard to deal with and navigate. We can get given the wrong advice.
- Recreational activities can be very good for you (such as bowls) it could be good for people with mental illness to test out activities such as this and to get involved in new activities, which can provide exercise, enjoyment, company, interaction and inclusion.
- Leaflets in Hospitals and Health centres are rarely about mental health.
- Hospital transport - We need to fit the criteria in order to use it. It can be hard to get access to this even though we need it.
- If we are called from the County Hospital and we dial 1471, it gives an 0800 number which doesn't take incoming calls. We often only get access to answer phones when calling about our health. Crisis numbers are often 0800 numbers but if we have mobile phones we have to pay for the call, which is bad if we are in crisis and we have no credit but are charged to call. We need to make free numbers for crisis lines that can be used by people with mobiles.

Mid Ross

Autumn/ Early Winter 2009

- We worry that many people are being re-diagnosed from other illnesses to borderline personality disorder.
- There is often little support after dialectical behavioural therapy has finished. There is a feeling that there are mixed results to dialectical behavioural therapy. It would be good to contact people who have been through dialectical behaviour therapy to see if they thought it was helpful.
- Boundary changes mean that people cannot get support from Mid-Ross Community Mental Health Team if they live east of the Cromarty Bridge but some people who use groups in the Mid-Ross area do so because they can't face the people in their home towns of Easter-Ross.
- The changes in the benefit system are very worrying. Especially around Employment Support Allowance and Incapacity Benefit.
- There is a three month waiting list for the Shirlie project which is not appreciated.
- Active prescriptions for health have been stopped which is very bad.

Mid Winter

- It can be very hard to trust social work, especially if we have lost our children through their intervention; we can feel betrayed and abandoned.
- We need more awareness about mental illness in the community. We need more family awareness of mental illness, as they often don't understand us. It would be good to have programmes on television that involved the family and helps them understand what we are all going through.
- The NHS can keep us alive by the use of medication, by preventing suicide attempts and helping us get out and about.
- Bus passes are very good; losing a bus pass can be awful.
- Active prescription for health was very good.

Wester Ross

Autumn/ Early Winter

- Moral among nurses may not be that good. It is hard when the nurses don't like you. If you are not sectioned the nurses can't boss you around so much and need to be more persuasive this is good but shouldn't happen when you are sectioned.
- You are not always sectioned despite being ill and suicidal. Staff say that they can't stop you attempting suicide and therefore do not admit you to hospital or section you. One person who attempted suicide six times in a week was not admitted or sectioned and ended up killing himself.
- Some nurses are very very good and others awful. Sometimes nurses are very firm and this is not always bad.
- In Affric ward we worry that the nurses spend too much time in the nursing station.
- Getting out in the fresh air when in hospital is very good. The food is now ok in New Craigs
- New Craigs is better than Craig Dunain but still suffers from a legacy of the old culture among the older nurses; a bit cliquy and old fashioned.
- We need a more holistic approach. It is very much a medication approach when dealing with mental illness. We do have things like complementary treatment in hospital but only one physiotherapist assistant does this to any great extent at the moment.

- You need to stimulate your senses in order to help you re-engage with the world.
- We could change the physical environment around us to improve mental health, especially in hospital
- We should look at using Ayurvedic medicine, Chinese medicine and herbal medicine in hospital.
- Sometimes we have to resign ourselves to taking conventional medication.
- Poor relationships can lead to poor mental health, and constantly being told negative things about yourself can hugely damage your wellbeing
- We all need to look at the spiritual side of wellbeing; we can't just leave it to religious leaders and churches, it can transform lives. Getting into nature is good.
- Mental illness is inevitable as long as we have a world environment and society like this one. For this to change we need to help change happen.
- Debt can be a part of mental illness and can increase mental illness
- Acceptance and coming to terms with things can stop the trauma and misery of illness.
- Alcohol is very bad for people's mental health.
- Community is fundamental to wellbeing. HUG is a community.
- Accepting help from neighbours and being offered it is very important. Company and friendship is good for mental health.
- Creative groups are very good.
- Diet and exercise are very good for mental health. We can lose the ability to diet and exercise if we are ill.
- We need more social opportunities – we can be very isolated.
- We have to promote hope, optimism and motivation to get back into life. Humour makes a huge difference.
- Some of the experiences of mental illness such as hearing voices or being high or low, could be better seen as natural rather than illness. Mental illness can sometimes lead to us being closer to our own real self.
- Reality is variable – we need to remember this when we look at mental illness. In the 'West' we still tend to just treat the physical body instead of the soul or mind. Sometimes mental illness is part of a journey of transformation that needs encouraged.
- Stigma is still a huge problem. Society makes us hide mental illness. We need to demonstrate by our own behaviour the need to be respected and accepted.
- Some communities are very accepting of mental illness
- Stigma has improved over the years. The 'see me' campaign is a good thing.
- It might be better to accept ourselves for who we are rather than the negative of seeing ourselves as ill.
- What is the right decision for us is not always the obvious thing to other people; finding out what is right for ourselves can lead to very good mental health

Mid Winter

- GP's are getting much more aware about mental illness locally, they can pick up on warning signs and intervene to help us.
- It would be good to demonstrate the talents of people with a mental illness. There is a great deal of creativity amongst us; we should show it.
- The general mental health care in Wester Ross is superb. It is friendly, kind and understanding. There are some very good social workers, CPN's and support workers. The NSF Outreach service was also good but its funding was stopped.
- Transport – public transport is poor. There is only really the choice of 2 buses to Inverness a day, (maybe because of lack of demand) but it is needed. It would be good to have an evening bus. Poor transport limits many options and makes living more expensive. There is no community car scheme across the whole area.

- If we have morning appointments in Inverness, people often can't make them using public transport. They are therefore a waste of time and do not acknowledge rural areas.

Inverness

Autumn/Early Winter

- Having a diagnosis of personality disorder can stop us being able to use hospital beds.
- There is a suspicion that people are being taken off of antidepressants and put onto anti-psychotics or mood stabilisers because this helps service managers meet certain 'targets'. But this is probably just a rumour.
- There is a worry that psychologists are reducing the number of sessions that they do with individual people because they are short staffed and need to reduce waiting lists.
- The wait for a psychologist can be months. We should recruit psychologists from abroad and help them to convert to British qualifications. There is a big turn over in psychiatrists.
- It seems to be getting harder to get into New Craigs hospital.
- The WRAP Recovery training course is very good and we should have more of it.
- We need more adverts about different services and therapies.
- Lots of people don't know about HUG.
- We need to pass on information about the voluntary sector and NHS services.
- People are sometimes not getting to the route of the problem i.e. dealing with the legacy of sexual abuse but only through the use of medication.
- Dialectical behavioural therapy can be fantastic but there can be a real crisis afterwards because there is limited follow up which can lead to us feeling abandoned.
- Some people can't cope alone.
- In a lot of places where people gather, such as drop in centres, women can feel intimidated if sexual advances are made towards them. This is very bad if they have a history of experiencing sexual abuse.
- You can go through a bad spell and say you can cope and leave services as a result but you may still need them. There should be routine follow up to see how people are a few weeks after they are discharged from services.
- We need more support and self help groups.
- Ward rounds can be intimidating.
- Loneliness is a huge problem. People can hide away and isolate themselves when ill.
- Poverty increases loneliness. Unhappiness increases loneliness.
- Increasing use of drugs and alcohol leads to increased mental illness.
- Some people would like to come off their medication in safety in a safe place where they can express themselves and see if they can come to terms with their past and maybe manage without medication in the future. Sometimes medication damages us physically - it can be good to have a review to check on it.

Mid Winter

- The squeeze on local authority budgets is a huge worry. It could have a big impact on mental health services, likewise but to a lesser extent is the coming impact on the health budget. With the recession, many of the advances we have made in mental health may disappear.
- How much gets spent on mental health services a year? Is it equitable and how could it be made equitable if it isn't?
- We need to do preventative work this would save money in the long-term.

- Should areas with higher suicide rates get more investment or areas with more rurality or other indicators of need? How do we work out the need for each area and what formula should be used?
- We need politicians to tell us what they intend to do about mental health and to recognise its importance. Though there may be a lot of cross party support for most themes that are raised.
- Transport: Stagecoach has a monopoly. It was good for a while but some areas have good buses and others not. It can be hard to travel with public transport. Bus passes make a huge difference but there is a lot of misinformation about people's entitlement to them.
- Being barred from New Craigs, apparently because people don't get on with the staff, or being discharged because people are not doing what they have been told to do. Is this ethical?
- If we report that we are 'getting down' there can be a lack of response from G.P.'s and psychiatrists. Being told that they can't stop us completing suicide despite a few previous attempts, is not always helpful. "It's up to you" doesn't go down well as a response to our requests for help.
- We need to improve New Craigs – We can't always speak to a nurse, can't get sleeping pills even when we only need one to deal with crisis. People often don't get back to us despite saying they will. We can be left with the impression that it is more up to us to help ourselves than to expect help from services. There is nothing to do if can't sleep at night. We need to stop nurses congregating in the office and help them to interact more. New nurses get worn down by New Craigs if they try to make a difference. It sometimes feels less a place of treatment and more a place people are put until they get better.
- Raigmore can be very good for people who are admitted with an overdose. They can be very empathetic and good with us.

New Craigs Hospital

Autumn / Early Winter

- The price increases are having a negative effect on people's mental health.
- The bus to New Craigs is often busy and doesn't always take you to New Craigs or turn up at all or, if not that, it is early or late.
- Some people don't feel listened to by services.
- The pain and suffering of other people and its effect on us increases mental illness and addiction.
- Gossip or lack of confidentiality about people can be hard to deal with.
- We need better communication between agencies. We should link together for fundraising.
- There is a lot of spending on nuclear power and arms but not on mental illness.
- The government makes a great deal of money from medication. There is an incentive to promote medication rather than other therapies. The drugs companies are very powerful.
- There is a big drug and alcohol problem amongst people with a mental illness.

Mid Winter

- We need services to be sustainable and 'eco'. Services of any sort need to take a mutual responsibility for our environment.
- Therapy should be based on holistic systems and be sustainable. We need more complementary therapies in hospital.
- Peer support is very helpful and should be developed
- Services should be able to take risks and have a minimum of bureaucracy.

- What is the purpose of the hospital? Is it clear about what it is there for?
- The Patients Council should re-open.
- If people are perceived as having 'an attitude' then they can be discarded by services and workers.
- We need a house where there are many therapies on offer but clients using them are, in turn trained in these therapies so they can use them for other people.
- It should be easy to have physical contact if in hospital i.e. a hug.
- Loneliness can be awful.
- There is sometimes nothing to do if you don't drink
- We need user-run services, we need artistic events run by users, we need a user-run arts festival.
- We need to focus on recovery.
- There are some excellent nurses in New Craigs. There can be very focussed planning to give people support in hospital and when planning for discharge into the community.
- There is a need for more counselling in the Hospital. It would be good to address the issues we are facing in hospital early on in our stay through discussion and problem solving.
- There is a good range of activities on offer in the hospital. Nursing staff are very helpful when patients try to organise their own activities.
- Protected time on the wards has got off to a good start but could be improved with a wider range of activities and discussion groups.
- Having the gym is good but it would be good if it were open longer.
- The hospital is an essential tool in patient care and acts as a life saver for many people who could not be helped in this way at home.
- One to one time with nurses can be very helpful and beneficial.
- The atmosphere in the hospital is often positive and cheerful which is often because of the actions of the staff. Many of the nurses demonstrate genuine care for patients.
- There is a degree of independence in the hospital despite the ease with which people can lose this.
- The food is good for those on a special diet but can very hard to obtain if you need it. We rely on nurses to press our case for a special diet. If you are not on a special diet, the vegetarian option is not always good. The food is well balanced and nutritious.

Nairn

Autumn / Early Winter

- The Links Clinic is really, really good we hope it carries on for a long time.
- We need to know about the facilities that exist. It can take us a long time to know what there is available to us.
- We can isolate ourselves from family and friends when we are ill. It is very important to socialise.
- Activity is great. Getting out is great. The Wednesday outings from the Community Mental Health Team are really, really good but if you have a physical disability you can't always join in.
- There is still a lot of stigma. It will always be there. People don't want us.

Mid Winter

- The Links Clinic lease is uncertain. It is a positive, bright and airy environment which is greatly appreciated by the users.
- Family and friends are a great help and can be key in people's recovery.

Badenoch and Strathspey

Autumn / Early Winter

- The care workers in the Community Mental Health Team are very good.
- The Healthy Minds Group lives in tenterhooks. It nearly collapsed recently but support and referrals from the Community Mental Health Team got it going well again. It has very little money and is self-funding which makes everything a struggle.
- Transport can be a problem. There is poor public transport and often people cannot use buses anyway and have to rely on lifts.
- Professionals can be so busy that you worry that you are bothering them if you contact them.
- After 5.30 pm there is nothing to use locally and it can be too stressful to phone up a phone line, which a stranger will answer.
- You can feel stupid and guilty if you try to get help. People can need the help of someone else to get access to services. Going somewhere new can be very frightening.
- Peer support is very important.
- The C.P.N's are overstretched and suffer if they are not fully staffed.
- The Community Mental Health Team is very good and saves lives. If you are discharged from the Community Mental Health Team you can feel very isolated.
- Repeating our story to professionals is hard.
- The new psychiatrist is welcome.
- Talking treatments are very important. Alternatives to medication are important.
- Having a good G.P. is very important there are some good GP's locally. If you find one that is very good it is very helpful.

Lochaber

Autumn / Early Winter

- We need the finances for drop in centres to increase. The drop in centres are really good.
- We need to plan for an increase in the need for mental health services with the impact of the recession. As we get poorer our wellbeing will decrease.
- Being able to find a way of dealing with aggression is important.
- Music and creative expression is very important.
- We shouldn't give up hope.
- We need to look out for each other.

Mid Winter

- We need the cognitive behavioural therapy (C.B.T.) post back; now that the C.B.T. person in the area has retired.
- Occupational therapy (O.T.) hours went down from 5 to 3 days a week. The funding saved didn't go to fund mental health but was 'clawed back.' We want our O.T. back.
- There is a lack of mental health officer (M.H.O.) coverage, especially out of hours. When the rota does not adequately cover the local area.
- Belford hospital should be able to act as a rural general hospital that can accommodate people with a mental illness, even if only on an emergency basis.
- In crisis we need a quick response. We need help immediately before it all goes wrong. We need a local crisis response for these situations.

- Transport to New Craigs in an emergency: there are still delays and difficulties due to emergency service.
- Transport to Inverness from rural communities is very difficult and important.
- Hospital transport volunteer drivers - If we can't get there by public transport we do not necessarily get transport from Scottish ambulance service via volunteer patient transport.
- The Local Implementation Group (L.I.G.) is well attended and vibrant with a huge commitment to working together in Lochaber. There is a great will to be creative which is very good. But there is not enough two way communication between the LIG and the Highland Mental Health Network or Operations Group. Councillors attend the group too. It is very good to see this.

Skye and Lochalsh

Autumn / Early Winter

- Some people think the drop in centre should be closer to the centre of Portree, others think it is accessible enough. The food at the drop in is superb.
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- Transport is a problem – it can be too expensive to get to the drop in by taxi and too far to walk. There should be subsidised taxis for people with a mental illness.
- We need more regular bus services. We should develop car sharing schemes or community car schemes.
- We need more supported places in mainstream employment.
- We need to stop discrimination and harassment at work. We need to challenge stigma.
- Welfare reform is a worry; there is a lack of information about what is happening.
- We need access to good quality furniture if we don't have much.
- We need to promote creative activities as therapy in themselves.
- Many of us can't afford to go out for recreational activities.
- We need good benefits advice from the Benefits Agency. We shouldn't be asked intrusive questions by the Benefits Agency. People shouldn't assume that benefits claimants are fraudulent. The benefits system is too impersonal. Having to use the phone to get benefits is very bad.

Mid Winter

- We need access to cheap food and furniture. We need access to cheap transport
- Harassment from neighbours due to illness is unpleasant.
- The Increased costs of rural living have an impact on our wellbeing.
- Not being able to have a bank account if we live in poverty increases other costs.
- Safe houses are needed.
- The good value of Advocacy Highland needs to be recognised. The value of voluntary organisations such as 'crossroads' and 'CAB' and charity shops also needs to be recognised. 'Rag tag and textiles' are very successful and helpful.

Oban

Autumn / Early Winter

- The re-development of services is a major development and is being discussed with members of the community health partnership. It is very good that the re-development of services is going ahead. It is an exciting time for everyone. Will there still be enough hospital beds available if needed after the redevelopment of services?

- How can we change staff attitudes, the way that staff treat patients and the way they speak to them and to carers is sometimes not acceptable.
- People keep quiet about how they or their loved ones are treated because they are frightened about how this might effect their treatment.
- The involvement of staff in training (that included users) on the 'Ten Shared Capabilities' was cancelled due to poor staff uptake. This seems very poor.
- Respect is central to user involvement.
- We need to stop the police having to be involved when people are in crisis.
- Is the medical model the only way of looking at psychiatry? There are lots of different ways of looking at how people with a mental illness should be treated.
- We need training for carers. We need better trained community staff.
- Mental illness is a long term illness but free prescriptions do not exist yet for this. They should do.
- The need to measure user-satisfaction with services is very important.
- Lots of people who are going for medicals for Disabled Living Allowance are losing it.
- There is a feeling that Succoth ward is not very pleasant. Many of the nursing staff on Succoth ward seem to have problems with finding compassion. There are services available on Succoth ward but you have to know about them and ask for them; nurses don't seem to encourage patients to get involved or use them. It is very hard to get access to the internet, a computer, or a printer on Succoth ward. There are no user meetings on Succoth ward.
- There is a need for counselling, listening, befriending, support, support workers and social workers, not just a reliance on drugs.
- Discrimination is still present and may never go away.
- Occupational Therapy at Argyll and Bute hospital is very good. Physiotherapy at Argyll and Bute hospital is brilliant. The support staff at Argyll and Bute hospital really seem to care.
- The advocacy worker at Argyll and Bute hospital is invaluable.
- Ward round/multi disciplinary team meetings can be hard to attend and often don't feel that they are worthwhile.
- The Intensive Care Unit is good and full of compassion.
- Social workers are hard to get and very important if you are homeless. When you have one they can be very good.
- It is unpleasant if you smoke and are in hospital.
- The food in hospital is bad.
- Not all psychiatrists seem to listen.
- Peer support from users is very good.
- It can be hard to make complaints about NHS Highland and their response is not always helpful.
- It can be hard to get visitors in hospital and there is still a lot of stigma.
- It would be good to look at alternative drug free approaches to recovery.
- Being put off of Incapacity Benefit is not good and can be unfair. The attitude of Benefits staff is not always good.

CONCLUSION

The preceding list of issues raised by members of HUG is, as usual, comprehensive and extensive.

Sometimes it is hard to understand, by reading a bullet point, what exactly is meant. However, we hope in most cases people will know what we are talking about and be able to act on the issues we have discussed.

We realise that not every issue we have raised can be dealt with, or even that there is a solution to some of them, but we do expect people to try to deal with the issues we have raised where they can and to link between agencies where joint work would lead to better outcomes.

Some of the issues we raise are emotional and aspirational and may be about self-discovery and coming to terms with our conditions. These may not be immediately relevant to managers but they may be very pertinent to our therapists and could be usefully looked at by them.

Because we look at a series of issues across the HUG network, sometimes the issues described in this report have only been raised by one or two people. However, we still think that it is important to pay attention to them.

We hope that each report is looked at in conjunction with the preceding report in order that common issues that are long term are addressed as well as those new issues that are becoming more widely talked about.

ACKNOWLEDGEMENTS

With thanks to all the members of HUG, and other mental health service users, who contributed to this report.



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