



PSYCHIATRISTS

This report contains the views of 80 members of Highland Users Group about why people are often reluctant to see a psychiatrist.

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WHAT IS HUG?

HUG stands for Highland Users Group, which is a network of people who use mental health services in the Highlands.

At present, HUG has approximately 305 members and 13 branches across 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 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.
- ◆ Educating the public, professionals and young people about our lives and experiences.

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

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THE REASONS FOR THIS REPORT

We often talk about the psychiatrists who help us with our mental health.

Some of these conversations are about how effective we have found our experiences of psychiatric care, and at other times about experiences to the contrary.

On occasion, we are aware of the temptation that we could draw up a 'league table' of psychiatrists in the Highlands, but have always resisted this partly because it would be very unfair of us, and possibly at times even unjustified because we know that the perceptions of one person about another can vary considerably from individual to individual.

In the spring of 2003, we as an organisation, were approached by a consultant psychiatrist who posed what we thought was an unusual request. This professional wanted to find out some of the reasons behind why so many of us find it very difficult to consult with psychiatrists. If psychiatrists are there to help us at particularly painful times in our lives, then surely we should be glad of the opportunity of such help?

We agreed to approach our members to explore this subject and, as a result of a series of meetings involving 80 people, have produced the information that has formed this report.

A large proportion of the contents of this report could be perceived as quite negative. It should, however, be borne in mind by the reader that the *emphasis* of our meetings was based on why we are sometimes reluctant to see psychiatrists rather than a general overview of the ways in which they have helped us. HUG members were at pains to say that many psychiatrists can be great helpers and healers, but the reality for many of us is that we have to live with experiences that are often traumatic and damaged. This sometimes means there is little prospect of a *speedy* recovery. We felt that psychiatrists are in the privileged position of being witness to some of the inner pain we experience, but being witness to this means that they sometimes also have to deal with our disappointment and anger when those to whom we have turned for help are unable to find solutions that sometimes don't work.

This report, therefore, is offered along with an apology to those professionals who have devoted much of their lives to helping us, in the hope that the spirit behind it offers a way to move beyond the diversity of perceptions, misconceptions and mythologies that we can all have about each other in any walk of life. Such differences can so often bedevil our collective efforts to improve the services that we all use or provide.

EXAMPLES OF THE *STEREOTYPICAL PSYCHIATRIST.*

We examined some of the attitudes we felt the public had of psychiatrists, and also the perceptions some of our HUG members had of psychiatrists *before* they had actually met one. We felt that this may shed some light on our apparent reluctance to seek help.

The discussions we had revealed a number of distinct stereotypical images around our perceptions of psychiatrists which are as follows:

'THE NUTTY PROFESSOR':

An eccentric, absent minded, untidy, dishevelled East European professor (probably wearing a white coat) who people see whilst lying on a couch.

'THE ALOOF INTERROGATOR':

An imposing intellectual who is usually male and wears a suit. He comes across as arrogant and remote, and sits in a big chair. He delves into people's minds and lives and changes them as a result of this.

He is possibly close minded and pompous, maybe slightly 'scary', but sometimes a very clever and perceptive person.

'THE POWERFUL MAN':

A man who has the power to lock up the criminally insane and any other person with a mental illness. His remit seems to be simply to 'put people away.'

'Brain washers' and 'clinical dictators' who turn people into zombies with medication.

'THE MIDDLE CLASS CONFORMIST':

People from a middle class background, who are university educated and part of a system that respects conformity and authority. They would usually tend to 'side' with either the police or employers, and agree with the views of family members rather than that of the patient.

'THE ANALYST':

People who pry into and analyse the dreams and childhood of other people. They are 'mind benders' and are sometimes people of whom patients would be wary. They are people who are likely to suggest that what patients are thinking is wrong.

'THE MENTALLY ILL PERSON':

People who are damaged themselves and have chosen this career because they have never sorted out their own problems.

APPARENT 'IGNORANCE':

For some reason many people seem to be completely ignorant of what psychiatrists are actually like, and have very little idea at all about what help they are likely to be offered. Such ignorance can itself cause great anxiety.

There was agreement within the group that these images are often wildly inaccurate, (not least because women were never mentioned), but that they probably do hold *some* grains of truth. They have probably been created by a general antipathy towards psychiatry by the general public, and also as a result of the relatively recent history of abuse in mental health services.

The media can also be responsible for the distorted coverage that is sometimes conveyed about the role of psychiatrists and their actions, which serves to encourage such stereotypical images.

ARE PSYCHIATRISTS REALLY LIKE THIS?

Whilst everyone within the group agreed that some elements of the stereotypical images were true, a great many of us have had different experiences.

Some of us have nothing but praise for our psychiatrists.

For example, we have access to a person who is there for us, and who gives us time to speak about our lives. They are respectful, down to earth, good communicators and very understanding. They provide very useful assistance.

They make a concerted effort to gain insight to our inner worlds, and give us

information about the risks they feel we may be taking in relation to our actions, but afford us the freedom to choose.

They can be very open minded, and can offer a clear perspective in order to help us to focus. They can maintain a dialogue and still respect our point of view. They can be very perceptive and do see us very much as people rather than a 'diagnosed illness'.

They provide a very important service that is sometimes life saving. Some of us have complete faith in them, and are secure in the knowledge that this service will remain available to us and can be accessed when we need it.

Some of the more recently qualified psychiatrists can be especially helpful as they have fresh viewpoints and perspectives.

They can help us back into mainstream life and back to the point at which we can resume activities such as work, something that many of us may have had to give up for a time as a result of our illness.

Most psychiatrists hold their position because they care about both the quality of service provided and us as people. This can be a job that demands much from the individuals involved. There do, however, appear to be those who *do* just see their position as a job with a wage. As recipients of such service, we find this apparent attitude a difficult one with which to cope and, most importantly, to help us progress towards recovery.

Some of us did note, however, that it can take a great deal of time to get to know and trust a psychiatrist, and that initially they can sometimes come across as quite forceful in the way in which they get us to agree to treatment. Some of us felt that we did not get the help we felt we needed, and that we were often left to our own devices.

We felt that, although our appointments to see them are very important to us we were, at times, just part of a long conveyer belt of patients the psychiatrist was seeing. This experience can often lead to a clash in the different expectations we have of each other.

Concern was expressed within the group in relation to the way in which some

psychiatrists appear to unwittingly collude with the 'pedestal position' sometimes afforded them by ourselves as patients and the public. By apparently agreeing and feeling that *they* are experts and in a position of superiority, we can be left feeling more vulnerable to dependency, and open to further damage.

Some of them appear to be very negative towards our prospects, and may have very set ideas that can be very disconcerting.

Sometimes it seems as if they have a limited number of responses; to listen politely to us and do nothing, or to hospitalise and sedate us.

It can feel as though they don't acknowledge the importance of our relationships with friends and/or family. They can seem indifferent and reluctant to give out information. They sometimes seem reluctant to have any in depth conversations with us, and can be inclined to *instruct* rather than *discuss*.

Some of us have been surprised by how short an appointment can be, and also by the apparent lack of dialogue during such a consultation.

As a result of there being so few permanent full-time psychiatrists, the lack of frequency of consultations with them can hamper the establishment of a human connection which, in turn, makes it extremely difficult for us to begin building a relationship of trust.

Consultations can be really draining and exhausting to the extent that people need to go home to sleep afterwards. It can also be confusing because we often expect them to tell us what is wrong, and yet they spend a lot of time asking *us* what *we* think.

There is, at times, a 'catch 22' feeling that if we ask for help, we are considered well enough not to need it and therefore don't get it. Yet if we don't ask for help then we may be perceived as too ill to realise we do need it, with the result of receiving help even though we neither want nor require it!

We can feel very disappointed by our lack of progress when we are trying

our best to get well, and may feel that the psychiatrist has not 'lived up' to our *expectations*.

Some of us were concerned that if we asked to see a different psychiatrist because we had problems with the current consultant, this would label us as trouble makers and, worse still, may not even be possible in many rural areas.

Some of us never get to see a psychiatrist and wish that we had.

"There is the agony of living through the void and not knowing what is wrong."

"You do get on with it and have a life, you don't let it control you, you keep it hidden."

REASONS WHY WE DON'T WANT TO SEE PSYCHIATRISTS

There were many reasons mentioned about why we can sometimes feel reluctant to see a psychiatrist. Some of these are already listed above, but the main themes are as follows:

IT CAN BE FRIGHTENING

The image that psychiatrists at times project can be very intimidating, which causes reluctance to see them even to the point of refusal. Media reports that come across as insensitive can often reinforce many fears and apprehensions we have towards them.

Some of us have been so frightened of impending appointments that we get physically sick before we go to see the psychiatrist.

PERSONALITY AND COMMUNICATION CLASHES

Consulting with a psychiatrist is a very personal and private process. If we find it hard to speak to an individual psychiatrist or gel with them, it hampers our ability to trust and open up to them. As a result, we may end up avoiding the availability of help altogether.

It can be very difficult for us to express our feelings, which can be a very frustrating experience for both parties.

Psychiatrists can also seem reluctant to communicate openly with us and may seem to act as though they know all the answers. This leads to feelings of disempowerment on our part.

Sometimes there is a distinct feeling that the psychiatrist with whom we are consulting has not actually read any of our notes prior to our meeting. This can have the effect of making us feel that they may not be aware of us as individuals. When they proceed to ask us personal and intrusive questions under these circumstances, we can feel very intimidated by the apparent insensitivity to our individual life experiences.

CULTURE CLASHES

Our experiences and cultural backgrounds can be very diverse. This can mean that it can be very difficult at times for our worlds to be understood

by some psychiatrists.

ATTITUDES

The attitudes of some psychiatrists can seem very clinical, analytical and remote, which puts some of us off. Some of us have even felt bullied and patronised by such professionals. We can feel intimidated and awkward when a psychiatrist is writing notes about us to which we do not have direct access at the time.

AUTHORITY AND CREDIBILITY

There is a general feeling that psychiatrists represent authority. Many of us have had unpleasant experiences with people in authority in the past and, as a result, can be very apprehensive of them, especially in the early days.

Some of us may be wary of them because we feel that they will attempt to manipulate and/or change our thoughts.

Many of us share the belief that the view of a psychiatrist is perceived as more important than ours. This is a source of concern to us, especially if we get into a dispute in that we worry their opinion would hold more credibility than that of the patient.

There is sometimes a worry that if we seem to be getting better, then the psychiatrist will decide to stop seeing us. This can hinder us in open and honest communication about our progress.

PRIVACY

Psychiatrists have access to very distressing and personal aspects of our inner worlds, which can make us feel very vulnerable. Sometimes it is too hard to face present or past experiences and, as a result, we do not express them and sometimes even lie about them.

DIFFERENT EXPECTATIONS

We often have very high expectations of psychiatrists initially and when, after a time, we realise that we have not made any real progress in relation to our mental health, we can feel very let down. Sometimes we expect a great deal more from them than they can offer but are not initially aware of this.

WE CAN FEEL BULLIED INTO SEEING THEM

Sometimes we are reluctant to see them in the first place and do not feel ready to be placed in such a situation. Our perception of psychiatrists in future appointments can become tainted because other people have 'made' us see them initially.

WE DO NOT BELIEVE THERE IS ANYTHING WRONG WITH US

We may not believe that we are ill or feel in any need for help. Sometimes this may be because we have become too ill to have sufficient insight to our own difficulties.

However sometimes we have our own beliefs in relation to what defines mental ill health, and may not believe in the traditional concepts of mental illness. Some of us have also had little or no information about mental illness in order to understand and seek the help we might require.

For all the above reasons, suggestions that we see a psychiatrist can seem extremely offensive to some of us and has the effect of evoking even more reluctance to seek help.

SOMETIMES WE ARE TOO ILL

We may be feeling so bad that we just want to be left alone. Seeing a psychiatrist would just make us feel worse and feel like an intrusion.

Sometimes when we are very ill we are in no condition to communicate with anyone including psychiatrists.

PAST EXPERIENCES

The treatment we have received in the past (especially if it involved compulsion) may have put us off having any contact with psychiatrists.

Some of us have felt as though we have been viewed as inferior to psychiatrists. This can serve to confirm our own feelings about our lack of self worth, which will reinforce our feelings that we are so useless that we don't even deserve help from them or other mental health services.

ACCESSIBILITY.

We may need to see a psychiatrist as a matter of urgency, but the difficulty of getting an appointment at short notice makes it far more likely that we will reach a point of crisis where intervention becomes a necessity. This seems to be a reactive approach rather than a preventative one.

We may not require to consult with a psychiatrist for a number of months because we are doing well and may, therefore, be discharged. As a result of this it can then be extremely difficult to regain adequate psychiatric support if we experience 'crisis'.

Sometimes psychiatrists do not seem to believe that our experience is severe enough to warrant their help.

STATUS

Admitting to the need to see a psychiatrist can be a blow to our sense of personal dignity and status. We can find it hard to admit to the reality of such an illness, and can perceive the need for psychiatric help as a sign of failure in life.

It also signifies a change in how we are sometimes viewed by others, and can alter our personal perception of ourselves partly because of this stigma and misrepresentation. This is something which we may have great difficulty in adapting to.

PERCEPTION AND CONTROL

We may need help but, even though they can appear as odd, we may also have thoughts and beliefs that are very much part of our sense of identity. This can result in a fear that the psychiatrist will attempt to take control of, and even dismiss our strongly held beliefs as being merely a 'symptom' of our illness.

Some of us have experienced or worried that treatment we do not want will be suggested and even imposed on us.

We can become very suspicious about how we are actually perceived by our psychiatrist. Questions arise such as: "are we being judged?" and/or "are we

being taken seriously when we have opened up to them?"

Although they are there to help us, there is a concern that some psychiatrists may not realise that *we* could actually hold the 'answers' to some of our difficulties within ourselves in relation to our lives and feelings, and would wish to maintain control of this as a basic human right.

Some of us prize our independence and feel we have sufficient inner resources to manage in the world we live in. The intervention of a psychiatrist, therefore, may feel like an imposition.

BEING PART OF OUR WORLDS

Some people feel that we have been categorised by psychiatrists, and put into 'compartments' that we feel are unhelpful. We may find the experience of such categorisation very uncomfortable, and even unjustified.

Some of us worry that psychiatrists will not attempt to empathise with us. This leaves us with a question of how they could possibly help us if they do not have insight and/or understanding in relation to the *reality* that is ours.

The medical advice offered may not complement our individual lifestyles or fit into the worlds in which we live. For example, our lives can sometimes be confused and erratic and taking medication at a certain time, or establishing a routine, healthy eating habits or abstaining from alcohol may not fit into our lives at all.

THE APPOINTMENTS ARE TOO SHORT AND INFREQUENT

We often only see a psychiatrist for a short time and at long intervals apart. As a result, we can become very sceptical regarding the psychiatrists' ability to make informed decisions, and can doubt their judgement.

We can reach the conclusion that there is nothing more they can help us with beyond simply monitoring us and regulating our medication.

LACK OF INFORMATION

We may have had very little access to information about the actual role of a psychiatrist, and even less about them as individuals. Such a lack of knowledge can lead us to become very suspicious of them.

THE CONSEQUENCES

Having a record that we have consulted a psychiatrist may damage our future prospects, especially in relation to employment.

Parents, especially mothers, may be worried about the impact on their children if they admit they cannot cope.

We can be perceived as being weak or as failures if we agree to see a psychiatrist.

PAST ABUSE

The history of the barbaric past treatment of people with a mental illness is well known, but advances in treatment are less widely publicised. This puts many people off getting in contact with such services.

LACK OF CONTINUITY

We may be seen by a succession of different psychiatrists often because of staff shortages, and the use of locums. For some of us, these constant changes can be very distressing and disheartening. It can be extremely hard to build up trust and confidence in a new doctor. This can cause us to lose some of our faith in those that are there to help us and causes resentment and pain, especially if we have built up a good and healing relationship with our previous psychiatrist and now have to engage in a long struggle to do the same with a new one maybe with little faith that this will last either.

STIGMA

The stigma attached to mental illness and related services may put us off seeking help. The reaction of neighbours and friends may also make us wary. Seeing a psychiatrist can make people feel that the life they have led has now come to an end. Family and friends may also discourage us from seeking help.

Some people were brought up with the threat that if they were bad or silly they would be taken away by '*the men in white coats*' and taken to the '*house on the hill*'. This sort of memory can linger.

HOLISTIC CARE

Psychiatrists are often only able to consider us from the viewpoint of mental illness. They do not always take into consideration our life as a whole, and the differing effects our environment has on us. We may feel the need to address the total environment we are in, rather than only one aspect of our lives. Not having this afforded us may discourage us.

US AND THEM

It can be easy for us all to slip into the *syndrome* whereby psychiatrists become "them" and, therefore, *the enemy*.

THE SYSTEM

We may not understand the mental health 'system', how it works, what we can ask for and what we can expect.

LACK OF EXPECTATION

Some of us feel that psychiatrists seem to be content to simply 'maintain us in illness', instead of considering ways in which we could be helped towards recovery to the point where we can lead lives that feel worthwhile.

TREATMENT

We may not like the treatment that is offered to us. For example, it may feel as though medication has no more than a numbing effect on us. Further, the way in which psychiatrists have had to treat us in the past may influence the way they treat us now, despite changes in our circumstances and lives since first seeing them.

DISMISSAL

It sometimes feels as though they dismiss our opinions as aspects of illness rather than valid expressions of how we feel.

LACK OF REFERRAL

Our GPs may be reluctant to refer us to a psychiatrist even when we want to see one.

SECTIONING AND HOSPITAL

The use of sections and compulsory hospitalisations can cause people to lose all the trust they have had in psychiatrists. The fear of this makes some people very unhappy and apprehensive about mental health services and, in particular, individual psychiatrists.

RELUCTANCE TO CAUSE TROUBLE

Some people are ashamed and embarrassed by illness. They do not want to bother or disturb psychiatrists and, therefore, avoid them.

RELUCTANCE TO LOOK WIDER

Many people have great faith in alternative and complementary therapies. These are sometimes dismissed by some psychiatrists as being unhelpful.

THEY MAY BE SEEING OTHER FAMILY MEMBERS ALREADY

This can be off putting.

WHAT DO WE FEEL ABOUT THEIR POWER?

Many of us feel worried about, and afraid of the powerful positions psychiatrists hold compared to our own position as service users:

"It felt freaky"

"God, they possess power over my life, they could totally ruin my life."

"They can restrict you, you can feel like a prisoner rather than a patient."

"They are fine if you know them well and have good relations with them but the power can completely destroy your trust in them."

"They are left with decisions that are crucial - no matter how they do it, it can only be a bad experience."

Some of us worried that our rights were not always respected and that we often did not understand the rules and regulations to which we were subject. We worried that psychiatrists may 'section' us wrongly as a result of inaccurate assessments. We felt that the power of a psychiatrist to section can detract from the help we had originally hoped to get.

Power does not just rest with the ability to 'section,' it also includes the relationship we have with individual psychiatrists, and issues such as our rights to benefits and other services as a result of their assessment/judgement of our mental health.

HOW COULD THE SITUATION BE IMPROVED?

The main ideas we have about ways in which the situation could be improved are as follows:

IF WE KNEW OUR PSYCHIATRISTS BETTER

For example, they could come to our homes when we find it difficult to get out, and come to drop in centres in order to become better acquainted in more informal settings. There was also the suggestion from within the group that some psychiatrists could come out of their offices more often to meet us, with the result that they would then appear less remote from our perspective.

It would be helpful if we had more insight to the views and beliefs of psychiatrists as individual people, as well as that of their professional interests and backgrounds. This would help us understand their role and increase the connections we can establish as fellow humans.

IF THEY WERE MORE AVAILABLE

If workloads could be reduced then psychiatrists might be able to relax a little more, which could result in a better quality in relationships. It would be much easier for all of us as service users if appointments could be made when we felt we needed to consult with our psychiatrists.

IF THEIR ATTITUDE CHANGED

Some could have better manners, be more sensitive and more tactful. They could listen to us more and respect what we say, however strange it may seem. It would be good if they were more willing to explore the diversity of our individual realities.

It is very reassuring when they are comfortable and non-judgmental. Some could be more down to earth and on our level; more human and open (but not necessarily always our friends). Sometimes there is a need for some distance.

IF OUR ATTITUDE CHANGED

If we had more confidence and self esteem ourselves, we could then see them as equals and feel more in charge of our own lives. This would help us

Speak more freely. It is important that we feel comfortable with how much we disclose to them.

BE MORE ACCOUNTABLE

Many of us are unsure what to do if we are unhappy with our psychiatrist. If we were clearer about what to do if we are unhappy with our treatment then resentment may have less scope to simmer.

THEM AND US

We should all stop this attitude. We need to realise that we are in it together. It might be interesting to look at why so few mental health workers and psychiatrists in particular, seem to have patients as friends.

GIVE US MORE TIME

We would find it very helpful if there was more time to speak during appointments. It is important that we have the time to build up a rapport, and to have more frequent and longer consultations when we feel we are in need of this.

STOP THE RELIANCE ON MEDICATION

Much of the research into mental illness relies on investment from pharmaceutical companies. If the research was carried out on a wider front and involved help that didn't focus solely on medication, then psychiatrists might have a wider range of evidence on which to base their decisions.

POSITIVE COVERAGE

If reports through the media about psychiatrists were more positive, then they would have a better image and people would be less frightened of them.

CONTINUITY

If we could be sure that we were likely to see the same person for a long time this could also help a lot, and if there has to be a change in psychiatrist then we need information and preparation in order to make this difficult transition.

ACKNOWLEDGEMENT

"If we bare our soul then they need to give something back to show they are human. They must acknowledge the force of what we have disclosed."

"They tell you nothing about themselves - it's an unreal relationship but you tell all."

LISTEN TO USER GROUPS

They could learn a lot by listening even more to user groups such as HUG.

TRAINING

Ensure that psychiatrists have access to good quality training, including that of 'mental health awareness' and 'self awareness'.

PARTNERSHIP

It is important to find the balance between maintaining control over what is happening to us, while still remaining open to help and advice.

It would be good to feel that we are all looking for a common solution, and that we are all participating in treatment.

THE CONSULTATION ROOMS

We need to have pleasant environments in which to meet that are:

- less clinical
- have music
- have coffee or tea on offer
- are attractive
- are homely and informal with clear exits
- allow smoking (not necessarily for everyone)
- have attractive surroundings like fish tanks

STIGMA

If stigma could be reduced then it would be easier for us to acknowledge mental illness, ask for help at an earlier stage and, therefore, recover more quickly.

It should feel easy to see a GP about our mental health, and we should feel comfortable about asking them to refer us to see a psychiatrist.

Getting help for mental illness should be a natural thing to do. It would be good to help the general public to become more aware of the whole issue of mental health in order that we could be better understood, and accepted.

This also means that psychiatrists themselves would have to make an effort to change their image as professionals.

HOLISTIC TREATMENT

Ideally we would look at the mind and body together, as both are connected. The different treatment options that can be tried should be better explained and offered to us.

INTRODUCTIONS

The GP and the CPN might make it easier by introducing us to the psychiatrist and explaining what to expect. It could also be good to be able to meet patients who have already seen a psychiatrist and who have benefited from such help.

Leaflets, booklets and videos about psychiatrists and, in particular, the one we are about to see could also be helpful, as could providing information to our carers if we as service users cannot understand and/or retain it all.

REPRESENTATION

Access to an advocate could also be very helpful when we are seeing a psychiatrist, especially if we are struggling to speak out or be heard.

ALTERNATIVES

There is a need for us to know what to expect, and from whom. Different services can help prevent the need to see a psychiatrist so frequently, and workers such as community psychiatric nurses can sometimes seem to offer more value for money than a consultant.

MATCH

Ideally we would be able to see someone of a similar age and background with whom we get on. Some of us would like a choice in relation to the gender of our psychiatrist.

If we find we do not gel with a particular psychiatrist, it should be a straightforward process to consult with someone more suited to us as individuals.

NOTES

The notes psychiatrists take during consultations should be shown to us as a matter of course.

WAITING ROOMS

It can be hard waiting to see a psychiatrist - the waiting areas need to be calming and attractive.

RIGHT TO REFUSE

Some people would just prefer not to see a psychiatrist at all. The less they have to see them the better.

ACCESS FOR CARERS

Some carers have a need to see a psychiatrist in private away from the patient. They may have questions that they would feel awkward to ask in front of the user but which they need addressed. Assuming the user is agreeable, carers should be made aware that this is an option they can ask for.

CONCLUSION

Psychiatrists can and do provide a vital service to many people with a mental illness. The quality of this service can be affected by the image the general public has of them, the stigma of mental illness and the previous history of treatment. It can also be affected by negative attitudes some psychiatrists seem to have towards users, and the way in which relationships develop.

In order to improve their service, we as users need the following:

- a change in the perception of mental illness
- a change in the image of psychiatrists
- a change in the attitude of some psychiatrists to users and vice versa
- improved information about psychiatry and psychiatrists
- an improved environment for consultations with psychiatrists
- greater accessibility to psychiatrists as 'people'
- opportunities for users and psychiatrists to feel they are working towards a common goal
- a connection between the worlds of psychiatrists and that of users
- more frequent access to them and longer appointments
- a willingness to relate to the differing realities we all have
- more continuity
- access to services that complement and reduce the need to see psychiatrists

A lot of what we have said about psychiatrists is quite negative. Much of this, however, is not just because of their actions, but because of their public image and the system in which they work.

It is very important that psychiatrists acknowledge the reality of the problems we face when consulting them, and take action so that we can begin to work together towards recovery. It is, however, also very important that we celebrate the help we get when we experience positive results.

In line with the above, we have included some accounts of good and helpful experiences with psychiatrists. These are experiences that we feel should eventually become the *norm* for all of us.

APPENDIX 1

MY EXPERIENCES WITH PSYCHIATRISTS (1)

I have seen many psychiatrists over the last decade, some of them good and some of them very bad. The one that I see at the moment is very helpful and I greatly appreciate seeing him. He feels like a lifeline that will always be there if I ever get to that dreadful situation where I need help very quickly.

I find it hard sitting in the waiting area, it feels fairly drab and dingy and I often wonder what the other patients are thinking and feeling. However I rarely have to wait long and when he comes out to get me he always shakes my hand and calls me by my first name. It is a very quiet and gentle mark of respect that marks the tone of the meeting.

When we are talking it doesn't feel intrusive; more like a conversation with no particular hurry, where we meander over areas of my life which I might like to talk about. It feels like I am being studied and assessed in the most polite and unobtrusive way, as if my life and that of those around me is the most important thing to him at this particular time. There are always the pauses and the small questions that invite me to be more forthcoming if I wish to and sometimes I use them and at other times I don't.

At times where I do need help whether this be over a blip in my health or over concerns about my medication, I feel fully involved, suggestions are made and I am given the opportunity to take them or not. Explanations and information is given and he makes sure that I am happy with them and understand them.

At the end of the meeting there is always room given for me to say anything else I need to and the next appointment is always made to fit in with my schedule. We both stand to say goodbye, we shake hands and he always says that if I have any need to see him before the next appointment that I shouldn't hesitate to phone.

It feels very good - I feel secure and protected and yet still in control of my own destiny.

APPENDIX 2

MY EXPERIENCES WITH PSYCHIATRISTS (2)

Over a period of ten years I've had two consultants.

The first was arrogant and extremely difficult to talk to. On one occasion when I was an in-patient he upset me so much during a ward round that I spent the rest of the afternoon in floods of tears (not typical of me at that time), almost hysterical. He had suggested that the root of my problems was my relationship with my partner - something which I was sure wasn't the case. Later in the evening, when I had calmed down a little, I began to think that perhaps that was how psychiatrists worked. By making the patient so angry that would somehow get them out of their depression. The effect on me was that I got discharged as soon as possible, even though I was far from well.

At that time I was so non-assertive that I could not challenge him or contradict what I knew was not right in understanding myself and my character. Empathy was not his strong point.

I was not given any information to suggest that I could ask for a change in consultant, which I would have found quite difficult to do. After a few months as an out patient, the consultant said there seemed to be no point in me continuing to see him - the first useful comment he'd made. His reason seemed to be that he thought there was nothing really wrong with me. I knew I was far from well - but my lifeline was that I still saw my CPN. Then my understanding of the system was such that I assumed the CPN was answerable to the consultant. Again I was too timid to ask such questions then.

Despite the best efforts of my CPN I was still depressed almost 12 months after I first went to see my GP. It was suggested that I went to hospital again - to me that was pointless because of the consultant. Only then did I learn that I could see some one else! How helpful that turned out to be!

The second consultant was easy to talk to; discussed medication with the pharmacist; enabled me and my partner to have lengthy talks to the pharmacist as well. Although there were more people present at ward rounds with him they were not so intimidating.

I feel I've been lucky to keep that same consultant now for over 9 years. I have had regular appointments and am confident that I can contact him if I am worried about my mental health. I have still had episodes of depression during the last 9 years, and have been an inpatient again. The consultant now knows me and I have confidence in his judgement. Appointments are discussions with me feeling I can ask whatever I wish. The psychiatrist will often refer to other specialists e.g. the pharmacist. He left it to me to decide whether I wanted to see a psychologist some years back (his SHO thought it might be of help), even though the consultant thought it wouldn't be appropriate. The psychiatrist was right - but it was an interesting experience!

As a HUG member I have been at meetings when my consultant was there in a management role. At first it seemed strange, although those feelings came from me. The psychiatrist didn't seem to find it difficult.

On reflection it is not easy to say exactly what makes a good or bad professional. However, when it comes to mental health, the patient has to feel comfortable and able to trust the psychiatrist. You need to be sure s/he will listen and demonstrate empathy. Words and body language are the way that we communicate our feelings and symptoms. Very often our usual communication skills are severely impaired so we need to trust that the consultant is able to see through our damaged exterior. Psychiatrists do have the power to make decisions which can have a huge effect on our future lives, employment prospects, relationships etc. Thankfully the arrogance and lack of understanding and skill of the first psychiatrist has now been negated by my experience of the second and others I have met at various meetings. They are human after all!

APPENDIX 3

MY EXPERIENCES WITH PSYCHIATRISTS (3)

My first appointment with a psychiatrist was in May 2001, following an episode of psychosis at the beginning of April.

This episode began with me realising my sixth sense. I was psychic! My initial reaction was one of excitement, but within minutes I 'foresaw' that I was dying. I was deeply confused and frightened.

My partner and friend were extremely worried but I begged them to give me time to sort things out - not to call the services. I felt that if 'experts' became involved they would put me off track and I would somehow 'lose myself' in all the confusion. I would become mentally ill.

The spiritual insights, which I gained following this time, were amazing, causing great excitement but they were all new to me, and seemed so ridiculous to my intellect that I really worried about my state of mind. However, if I didn't believe them then the only other option was that I was 'losing it'.

By the time I met with the psychiatrist I had decided to follow my 'dreams' and had already begun my conversations with God, who became my helper. I was also greatly helped on my journey by friends and family who have 'passed over'.

I agreed to see a psychiatrist to put my family's mind at rest. They were concerned and seemed to require an 'expert' opinion that I was okay.

The psychiatrist who I saw diagnosed 'hypomania'. I believe this was a fair diagnosis as I certainly had all the 'symptoms'. She spent quite a lot of time with me (1_ hours) and appeared very open and non-judgmental but I couldn't tell her what was really going on - I felt she would think I was mad. I

couldn't speak about it calmly and somehow knew that I would come across as extremely manic if I was honest about what I was experiencing and may be forced to receive 'treatment' which would block my senses and end my journey in an unknown destination. I would be lost forever.

I had 2 appointments with this psychiatrist and she left it open to me if I wanted to see her again. In the subsequent months that followed I did, many times, wish I could see her but by this time she had been moved to a different area and I didn't want to see anyone else.

I continued to go 'round and round' in circles of excitement and fear until I heard of a psychiatrist who offered a 'self-help' treatment called autogenics. I began seeing this psychiatrist in August 2002. He has been wonderful.

Again, I only told him of the positive experiences I was having, in fact he did ask me what I was doing there when my life was so great and I was so sorted! The problem was that a part of me really thought I'd lost it but I didn't want to follow this train of thought. I wanted him to go with the positive side, help me to understand this different way of being and thinking which I was experiencing.

He did just that - to the point when I thought, at times, 'this man does not understand what I am going through, how difficult this journey is for me'. But then if he'd delved into that side I would have found him to have been no use at all, just feeding my fear of insanity, drawing me closer. You really can't win sometimes can you, you psychiatrists!

I was finding life quite difficult when we first met. I was highly perceptive and sensitive. I easily picked up people's 'vibes' and this made social interaction hard. I couldn't tell anyone and so I forced myself to get on with everyday life but it wasn't easy. The autogenics helped enormously. It calmed me down when I was extremely anxious and helped me to sleep at night.

In November of that year things really started to change. An incident from childhood came up in the therapy that somehow seemed to alleviate the deep fear I was experiencing and life became less traumatic.

Around this time I bought a computer and discovered my psychiatrist's email address! This was great. I was able to say things through email that I couldn't have said to him face to face and I think this really helped me. It was very kind of him to allow me to do this as I know he is very busy. I rarely required a response and didn't expect him to read my emails immediately, it was certainly not a crisis service but it did feel like a 'safety net' to me.

I think the reason I sought psychiatric help was that I wanted the guidance of an 'expert', someone who knew the science of what I was experiencing. Science helped me to figure out what were delusional thoughts and what may be 'spiritual insights'. If science could disprove the thoughts I was having then I would accept them as delusions but the more I read the more I realised that many people, some very clever, have had similar experiences to my own. I wasn't ready to dismiss them as merely 'psychotic delusions'.

I had always refused any form of medication feeling it would be dangerous. Having worked in Mental Health for many years I had witnessed first hand the horrendous effects of some medication but by around April of 2003 I was really struggling. My mind was continually racing and I wasn't sleeping well. I was also finding work difficult and my supervisors were finding it difficult to work with me! By this time I had built up a relationship of trust with my psychiatrist and accepted his help of a low dose of medication. What a relief! Life became much easier and I was delighted that it didn't completely stop my ability to think, it just helped to slow it down.

In November of 2003 another significant change happened. It is hard to explain but everything just seemed to fall into place and I no longer felt 'mentally ill'. From dipping in now and again I seemed to re-enter reality full time. The down side of this was depression - the reality of the world is quite depressing and it hit me full force.

In January of 2004 I decided to come off the medication and, although we hadn't discussed this fully, my psychiatrist was very supportive of my decision. Following what was initially a very exciting few days I quickly became even more depressed. I was offered anti-depressants but refused them as I couldn't see how that would change the world which was depressing me, and anyway I felt that I might cheer up naturally in the

Spring with the brighter weather.

Although I was still feeling down I asked to be discharged from Braeside in April of this year as I no longer regarded myself as being mentally ill and again my psychiatrist respected this decision. He did, however make it clear that I could go back if I felt I needed to. I don't think this will be necessary but it feels safe to know that the option is there should I need it.

My diagnosis has now changed from hypomania to mild bipolar. This doesn't bother me at all as I feel I have always had 'mild bipolar'. People who have known me for some time say that I have always been either 'up' or 'down' - never anything in the middle but prior to my 'breakdown' I had never felt 'mentally ill' and no-one had ever suggested it - it was just me.

I have no worries that I may have another 'episode' as I feel I have explored this fully and with the help of autogenics I have found peace between my conscious and subconscious mind.

In many ways my experience has been an opportunity for immense personal growth for which I am very grateful. I am experiencing very good mental health at present and those who are close to me believe that I am much more aware and 'together' than I have ever been.

I am so glad that I got over the initial paranoia I felt about the 'experts' and was able to engage with my psychiatrist. He has treated me with utmost respect. He has allowed me to be in the driver's seat throughout my journey but he has always been there, in the background, like a safety net. This has given me the confidence to explore my feelings, take risks and grow. I couldn't have moved on without his help.

To sum up, my experience of psychiatrists has been excellent although I do hope that I never have to see one again - well not as a patient anyway!

APPENDIX 4

MY EXPERIENCES WITH PSYCHIATRISTS (4)

Although my experience of psychiatric input has spanned over many years and has been very intermittent, I would like to give my personal testimony in relation to the help and support I have received since moving to the Highlands.

First of all, I must note that I should have been referred to a psychiatrist early last year but, instead, found myself in consultation with a CPN who had little or no understanding of the difficulties with which I struggle in relation to my mental and emotional well being as a direct result of my personal background and life experience. This seems to have been because of an oversight of the GP with whom I consulted at that time. It was not until autumn last year that I was finally referred to a female Consultant Psychiatrist as an out patient at New Craigs Hospital. This was very much thanks to the medical practice with which I had recently registered, and the ability of the General Practitioners there to listen to me as an individual and refer me on to appropriate means of psychiatric help.

My experience of the psychiatrist to whom I was allocated was very positive to say the least. From the outset I felt equal to this professional as a human being because of the way I was welcomed. My experience was one of feeling as though this professional actually considered it a privilege to meet me, which was contrary to my own *preconceived expectation* of automatically feeling inferior because I was struggling with my mental health.

I experienced a great benefit from the consultations I had with this particular psychiatrist in the form of personal growth. I felt that I was being listened to and understood as far as it is humanly possible to empathise with the experience of another human being. I felt I was *empowered* to have more confidence in myself, to acknowledge that the ways in which I was treated during childhood had not been justified which, in turn, gave me the freedom to forgive and the courage to move on from certain early childhood trauma. I think what I am trying to say is that I felt *validated as a human being* by this particular professional.

My consultations with this psychiatrist had to cease as a result of re-allocations etc within the structure of the mental health services, and I was left hanging for a number of weeks as a result of this. Since then, however, I have been in therapy through Braeside Day Centre, and have moved on considerably with their help and support.

My final comment in relation to my observations and first hand experience of psychiatric support is that it seems often to be more a case of genuinely committed professionals struggling to carry out their remits against extremely restricted resources, and the *needs of the many outweighing the availability/accessibility of services.*

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(Please feel free to photocopy this Report)

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