



CURRENT ISSUES IN MENTAL HEALTH IN THE HIGHLANDS 2002

Views on the main issues in mental health in each area of the Highlands, and thoughts on the Framework for Mental Health.

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INDEX

	Page
What is HUG?	3
Reasons for Producing this Report	4
The Framework for Mental Health	4
The Main Issues Affecting Users and Mental Health Services - by Area	5
Wester Ross	5
Current Issues Compared with 2000.....	5
Additional Issues Raised in 2002	6
The Framework for Mental Health	6
Skye and Lochalsh	6
Current Issues Compared with 2000	7
Additional Issues Raised in 2002	8
The Framework for Mental Health	8
Lochaber	8
Current Issues Compared with 2000	9
Additional Issues Raised in 2002	9
Garbhein House (Supported Accommodation) Fort William	10
Current Issues Compared with 2000	10
Additional Issues Raised in 2002	11
The Framework for Mental Health	11
Badenoch and Strathspey	12
Main Issues Affecting People in this Area	12
Nairn	14
Current Issues Compared with 2000	15
Additional Issues Raised in 2002	15
The Framework for Mental Health	15
Inverness	16
Current Issues Compared with 2000.....	16
Additional Issues Raised in 2002	17
The Framework for Mental Health.....	18
New Craigs Hospital, Inverness	18
Current Issues Compared with 2000	19
Additional Issues Raised in 2002	19
Easter Ross	19
Additional Priorities Identified for 2002	20
Current Issues Compared with 2000	20
Additional Issues Raised in 2002	21
Easter Ross (Invergordon)	21
Additional Priorities Identified for 2002	21
Current Issues Compared with 2000	22
The Framework for Mental Health (E.Ross & Invergordon)	23
East Sutherland	23
Current Issues Compared with 2000.....	24
Additional Issues Raised in 2002	24
The Framework for Mental Health	25
Wick	25
Current Issues Compared with 2000.....	25
Additional Issues Raised in 2002	26
The Framework for Mental Health	26
Thurso	27
Current Issues Compared with 2000	27
Additional Issues Raised in 2002	27
The Framework for Mental Health	28
Conclusion	29
Appendix 1 - Some Service Delivery Changes That Have Occured Since 1998 (by Area)	30
Appendix 2 - The Framework for Mental Health	33

WHAT IS HUG?

HUG is the Highland Users Group, a network of users of mental health services in the Highlands. Currently (October 2002).

At present (October 2002) HUG has approximately 260 members and 14 branches in:

- Caithness
- Sutherland
- Easter Ross
- Wester Ross
- Nairn
- Inverness
- New Craigs
- Lochaber
- Skye & Lochalsh
- Badenoch & Strathspey

Our main aim is to improve the way in which we, as users of mental health services, are treated. HUG campaigns to improve the rights, services and treatments of people with mental health problems and strives to challenge the stigma of mental health.

HUG works on a local, Highland and national level to influence policy and planning, and to encourage improvements in the management and delivery of mental health services.

Where there are other groups such as the New Craigs Patients Council or the Members Group in Skye (formerly "slug") we try, as far as possible, to work in partnership with them when we hold meetings.

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

HUG AIMS:

1. To represent the interests of users of mental health services living in the Highlands, and to provide information on mental health issues.
2. To identify gaps in services and to find ways of improving services for users.
3. To participate in the planning and management of services for users.
4. To pass on information and news amongst mental health user groups in the Highlands and interested parties.
5. To increase knowledge about resources, alternative treatments and rights for users.
6. To promote co-operation between agencies concerned with mental health.
7. To promote equality of opportunity and to break down discrimination against users of mental health services.

REASONS FOR PRODUCING THIS REPORT

Over the last few years HUG has produced a series of reports on a range of topics. Usually these reports are on particular subjects, such as Employment or Admission to Hospital.

However, a couple of reports have described the wide range of issues affecting people with a mental health problem, both across the Highlands and in people's own local areas.

These reports (produced in 1998 and 2000), were used to inform visits by the Scottish Health Advisory Service and to provide a background to the development of the 'Framework for Mental Health in the Highlands' (which is a process by which future mental health services have been planned at a Highland and local level).

At a Round Table meeting (the Committee of HUG) earlier this year, we decided to repeat this exercise again in order that we could see:

1. What change had occurred over the last few years.
2. What the current issues were according to HUG members.
3. To allow a comparison between our views and the plans for the Framework being developed in people's local areas.
4. As a way of looking at our involvement in the Framework for Mental Health.

All the issues in the report that appear in bold were first raised by HUG members in 1998 or 2000 and remain issues today.

We have also tried to record the major changes that have occurred in people's own areas over the last few years by giving professionals a chance to list developments that have taken place since 1998. (These are listed in Appendix 1).

A total of 64 members of HUG participated in the production of this report.

In some of the areas the issues raised can be seen to apply to people across the Highlands rather than in one area – however for the sake of accuracy they have been left with the group that raised it.

This is a long report and may be more usefully seen as a reference document for each particular area rather than one that needs read at a particular sitting.

THE FRAMEWORK FOR MENTAL HEALTH

This report is meant to be seen in connection with the Framework for Mental Health. In each section we give the views of HUG members on their local involvement in the Framework for Mental Health over the last couple of years and in Appendix 2 we give some of the history of HUG's involvement in this process.

The Main Issues Affecting Users and Mental Health Services - by Area

(NOTE: THE SENTENCES IN BOLD WERE FIRST RAISED AS ISSUES IN 1998 OR 2000.)

WESTER ROSS

The priorities identified from the HUG report 'A Mental Health Strategy for the Highlands' (September 1998) were:

- **An information system based in GP's surgeries**
- **Increased hours for the drop-in/outreach service**
- **Combined relevant local services on one site**
- **Improve the transport situation**

THESE ARE ALL STILL RELEVANT ISSUES IN 2002.

CURRENT ISSUES COMPARED WITH 2000

- **We need a base-line level of services to start with before we can even discuss the lack of facilities.**
- **There is no easy access to psychology services or Ross House. People have to travel to Inverness and this can be very traumatic if people are unwell and feeling vulnerable.** Since then the services provided by Ross House have changed and may soon no longer be available in that building.
- **We need effective use of modern Information Technology to link up to services in Inverness, e.g. via video conferencing. This would also help us in self-help and in managing our illness and accessing information, e.g. by utilising the Internet.** There is also a feeling that there is increasing evidence about the effectiveness of using information technology to deliver psychological therapies.
- **There is little access to services locally (Gairloch)** except for one afternoon a week from the National Schizophrenia Fellowship Outreach Service.
- **Transport is a persistent problem in rural areas.** This is still a problem, especially when people have to travel for help when feeling distressed and vulnerable. However the development of a community transport scheme has been welcomed and is known to have assisted people in need.
- There are now two community psychiatric nurses in Wester Ross as opposed to only one a year ago.
- **The waiting time to see a psychiatrist is too long.** There is only one visit to Gairloch a month by the psychiatrist.
- **It feels like you have to have an absolute crisis before you can get help from services.**
- **It is very difficult to get help when you are ill and isolated. Often asking for help is very difficult due to your illness.** However it does feel that there is more help than there used to be: there is access to home helps and support workers and it feels as though there is an

ADDITIONAL ISSUES RAISED IN 2002

Information - People still need to know what help is available to them. Information needs to be volunteered as a matter of course.

Young people - There is a need for help specifically for young people.

Stigma - There is a great deal of stigma about mental illness on the West Coast.

Practical help - Basic help such as help with shopping can make a great difference.

Encouragement - People may lose motivation and the energy needed to get well again. They may need encouragement to find positive ways back into life instead of remaining perpetually within the mental health system.

Making progress - It would be good to see the experience of mental illness as a learning process with its own steps and achievements.

There needs to be a balance between freedom, dependence and autonomy for each individual.

THE FRAMEWORK FOR MENTAL HEALTH

Two HUG members attended the initial local meetings about the Framework for Mental Health.

After the first meeting they felt very positive: they felt they were listened to, encouraged to speak and made to feel at ease. There were a number of goals set and things to be done which they initially agreed to get involved in. This made the whole process feel very hopeful.

Since then, the feeling was that nothing had happened. The members were notified of one meeting, which they could not attend due to transport problems and have heard nothing since then.

The fact that there seems to be no visible change since then is very dispiriting. There was a feeling that they would not get involved in future partly because of this and partly because of transport problems.

SKYE AND LOCHALSH

The priorities identified from the HUG report 'A Mental Health Strategy for the Highlands' (September 1998) were:

- **Employment**
- **Crisis intervention**
- **Housing**
- **Changing attitudes** to people with mental health problems - whilst still a major problem attitudes are beginning to slowly improve.
- **Rural weighting to services** - whilst people do suffer unnecessarily because of where they live the 'Arbuthnot Report' acknowledged and responded to the particular circumstances of the Highlands although people are unsure whether it has changed investment in mental health.
- **Help with money and benefits** - there is good support from the Benefits Agency and from the

CURRENT ISSUES COMPARED WITH 2000

- **There is no place of safety or respite on Skye. Sometimes people have to go to the police station in crisis, as this can be the only safe option due to the state they have got into.** There is a need for more than one place of safety in an area as large as Skye and Lochalsh. The continued use of the police station, despite a positive police attitude, is unacceptable.
- **A temporary place of safety, supported accommodation and local acute beds would be very valuable.**
- **The trip to Craig Dunain (now New Craigs) can be extremely traumatic.**
- **Some people need to get away from their community when they are ill and would prefer to go to Inverness. Others, however, prefer to stay in their local areas. It is vital that people have both options.** There is a strong feeling that it is becoming increasingly difficult to get admitted to hospital.
- **Crisis services are vital to people with mental illnesses.** There has been work carried out to develop places of safety and quicker transport to hospital. There is also regular liaison between the local police and the Cabin (a drop in centre in Portree), which has been welcomed by members, however, people still don't have access to crisis services.
- **People are often very isolated, both geographically and within the community, due to stigma and/or discrimination.** This is still a problem. It would be very good to work more with secondary school children and teachers. However there are changes occurring; The Cabin and its members are better accepted and improvements have been noticed in shops, pubs and from the police. Members of The Cabin recently featured in a programme by "Eorpa" on mental health.
- **The local hospitals and GP's are becoming more responsive to the needs of people with mental health problems, but there is still room for improvement.**
- **Intervention and support are needed before we reach a crisis situation.** The Cabin is now open on Saturdays, which is a help - early intervention could prevent many future problems.
- **We need better access to psychology services.** The waiting list is so long that it sometimes seems pointless trying to access psychology services. There is also a need for counselling services.
- **Video conferencing has been useful for some people in remote areas who have little access to psychology services. This could be expanded upon where appropriate.** The few people who had experienced this in the past said that it was a good service, especially when they met the psychologist in person first. Perhaps the service could be usefully expanded into GP surgeries.
- **The police can be very good in an emergency and seem to be amongst the most responsive of the professionals.**
- **Stigma and attitudes to mental health need to be tackled on a national level e.g. a government supported education programme starting at primary school age.** In the words of one member this would be 'a dream come true'. There is now a national anti stigma campaign sponsored by the Scottish Executive which HUG played a part in promoting and is now involved in through representation on a National Advisory Group On Wellbeing and Stigma and on the 'See Me' Alliance which will be running national anti stigma activities.
- **People with alcohol and mental health illnesses are often not listened to and need real access to help and advocacy.**
- **People with alcohol dependency, mental health problems and/or learning disabilities do not seem to fit into any of the services – there is a feeling that you are passed from 'pillar to post' and no one service will take responsibility for you.**

Housing - This is still a major problem. There is a need for supported accommodation for those people who struggle to maintain a tenancy. There may be a need for emergency accommodation for people returning to their community and feeling unable to face their own place.

Transport - Whilst this will always be a problem in rural areas, it can be particularly bad for people who are feeling vulnerable and unable to face the public on buses.

Rural Areas - People can become extremely isolated if they live in rural areas. There can be a great need for visits and company in these situations.

Buddy System - A buddy system where users are matched up with each other to provide mutual support could be a very important project for the area. A befriending scheme may also be a good idea.

Children's Services - Children with mental health problems in Skye are very poorly served - they often have to travel to Inverness for mental health services and some only get help outside of the Highland area.

The Cabin - This service is greatly appreciated but improved premises are needed. These are likely to be confirmed soon.

THE FRAMEWORK FOR MENTAL HEALTH

Members of The Cabin and HUG were involved in an initial Stakeholder's day where, although the workshops were thought to be too big, the general feeling was that it had gone well.

A smaller group of users (and carers) was then willing to help take the ideas forward. However, errors in communication meant that members were not informed of meetings or only heard about meetings on the day they were to be held. This caused a great deal of resentment.

There was a feeling that communication was very poor and that people still did not know what was going to happen as a result of the Framework or even if anything would happen. Whilst people were still willing to be involved there was some reluctance and cynicism about how productive this would be.

Members felt that it was very important that they felt equal in the process and that there was a strong voice both for users and carers and for Skye and Lochalsh itself.

LOCHABER

The priorities identified from the HUG report 'A Mental Health Strategy for the Highlands' (September 1998) were:

- **Stigma and public awareness.** Since 2000, Lochaber Youth Minds Group has been established. This is an informal partnership between HUG and youth, community, health and education workers which aims to raise awareness of mental health issues with young people in

HUG has also been involved in two training sessions for youth and community workers to help them understand the reality of living with a mental illness.

It has also participated in a 'Feel Good' day for pupils at the High School in Fort William and an awareness raising session at THE High School in Mallaig.

- **Access to training and education.** There is a communications network to help people access services and the Lochaber Community Website, which has information on all local services.
- **Transport.** Garbhein House (supported accommodation for people with mental health problems) now has a mini-bus and there is a community car scheme.
- **24-hour helpline with access to services.** No helpline has been developed, although NHS 24 will soon be operational in Scotland and Social Work have an emergency phone line.

CURRENT ISSUES COMPARED WITH 2000

- **There can be specific issues and problems of having a dual diagnosis such as a mental health problem and another disability, e.g. learning difficulty and/or physical disability.** This is still an issue, especially for people with learning disabilities.
- **The uncertainty of funding for the Glengarry Centre.** This is still an issue for users of the centre. They believe that funding needs to be enhanced and made more secure.
- **Mental health workers in the non-statutory sector are providing a service in increasingly difficult circumstances as a result of funding difficulties.** Especially due to uncertainty of longer term funding.
- **It can be very frightening knowing you are getting ill and are not able to get immediate help and support – it is not good having to wait for days or even weeks for professional support.**
- **People need more access to psychiatric support.** A new psychiatrist has been appointed for Lochaber. Continuity in psychiatric support is very important.
- **There is a particular problem in rural areas when the psychiatrist or other professionals are generally confined to a fixed pattern of often widely spaced appointments, which are difficult to change in frequency due to the transport and resource problems.** This still remains an issue but the feeling is that it isn't difficult to change your appointment time in advance.

ADDITIONAL ISSUES RAISED IN 2002

Choice and Control - Having choice over the people who provide our care is important, as is control over decisions and treatments that affect us (as long as we have the right information to make decisions about these treatments). If we don't conform to treatment it feels as if some professionals withdraw their support. It feels as if some professionals find it hard to recognise our own assessment of our situation and our illness.

Having meaningful things to do -

- It is important to have social and recreational activities and things to look forward to.
- It is also important to access mainstream social and recreational activities to help re-integrate back into the community.
- A buddy scheme would be good to help people gain confidence in accessing mainstream activities.

Self Management - Trying to self manage your illness is very important. This should ideally be in

Respite - Respite, or time out, to get support was seen as very important (perhaps in Garbhein House). A place of refuge could help us engage with professionals and other people, especially if we live on our own and are quite isolated.

Out-of-hours Services - It is important to have contact with a CPN or GP at the weekends and evenings. If the GP is working all day and then on night call, they can't give a good service as they will be too tired. The Glengarry Centre needs to be open at weekends and the evening.

Access - New people need to be welcomed and encouraged to come to the Glengarry Centre especially on their first visit. However, the entrance is not very welcoming and needs refurbishing, (this has started.)

Attitudes - Although many professionals are very helpful and committed in the assistance they give users, there are a few who act as though their ideas are superior especially when in dispute with users. This can be very damaging.

GARBHEIN HOUSE (SUPPORTED ACCOMMODATION), FORT WILLIAM

The priorities identified from the HUG report 'A Mental Health Strategy for the Highlands' (September 1998) for the Lochaber area were:

- **Stigma and public awareness – if we can succeed in this then all other services will improve and change**
- **Access to training and education**
- **Transport issues**
- **24-hour helpline with access to services**

CURRENT ISSUES COMPARED WITH 2000

- **There is need for a Community Psychiatric Nurse to be on call out-of-hours and the necessity for resources to be found to support this.** This was seen as very important. Members said that staff in Garbhein are on call out-of-hours and this is great.
- **Access to beds in the Belford Hospital is vital – at the moment it is very difficult to get this access. There seems to be an unwillingness to deal with people with psychiatric illnesses, although this has been improving recently.** We were unclear if beds were available in the Belford – it is still very hard to get into the Belford and the group felt local psychiatric beds were needed.
- **A place of safety.** This is being developed at Garbhein House.
- **Garbhein House is likely to get more tenants – this is a positive development.** There are 9 beds in total, including a short break bed.
- **Being on a section whilst in the community is very hard. People are often very unclear about their rights.** People are still very unclear of their rights.
- **The attitude of the police in the area is generally very good – we feel it is better than in the cities.** The police are very good with people with mental health problems in Fort William and they have improved over the years.
- **Being in prison can be bad for your mental health – if you are already ill it can be very**

- **Mental illness and the link with criminality are commonly misleading and misrepresented.** Members felt that this was still true.
- **Homelessness is a big problem, especially for young people with mental health problems. There is not enough housing support/provision on discharge from hospital.** Members strongly agreed that this was a major problem. Young people in particular have been discharged from hospital into the Highlands with no 'secure' accommodation arranged - they have ended up having to stay with friends.
- **In Craig Dunain (now New Craigs) appointments with psychiatrists, even when an in-patient, can be very infrequent.**
- **It is important to find a doctor that suits you, i.e. that you trust and feel comfortable with, especially as it can take a long time to be referred to specialist help.**
- **It is important to challenge stigma and discrimination.**
- **Sufficient resources are fundamental to effective mental health service provisions.**

ADDITIONAL ISSUES RAISED IN 2002

Local Services - It is preferable that psychiatrists live locally and go to New Craigs to attend clinics.

Police - We need the police to protect us against harassment, particularly from young people who are still breaking windows and throwing stones and targeting people with mental health problems. However, the situation has improved recently.

Respite Beds in Lochaber - There is a need for more local respite or short stay beds, as currently only 1 short break bed is available in Garbhein House (although it needs more publicity about its existence as well as wider use). People also want an option of respite outside of their area.

Having things to do - It is important to be able to enjoy yourself and take part in recreational and social activities.

A Cafe in the Grounds of New Craigs - What about a user run café as a social firm at New Craigs? The café in the old Craig Dunain grounds was much appreciated.

THE FRAMEWORK FOR MENTAL HEALTH

Members of HUG decided, when the local work on developing action plans was being undertaken, that they were happy to rely on professionals to take their views from the HUG reports and to come to visit the HUG meetings as appropriate.

This was done and the Community Mental Health Team Manager visited both the Glengarry and Garbhein meetings, which was welcomed.

However, there is a feeling that many people are still ignorant about the Framework for Mental Health and that it would be good to have regular visits backed up by the production of a newsletter or information sheet on what is proposed.

There is a willingness among some HUG members to consider attendance at any future meetings to discuss the Framework.

BADENOCH AND STRATHSPEY

This is a new group so we could make no comparisons. The group did, however, have a list of changes that are needed but realised they may take many years to achieve. They felt they were unable to prioritise these.

MAIN ISSUES AFFECTING PEOPLE IN THIS AREA

New Craigs Hospital - Although there are some brilliant and committed staff at New Craigs there are also some staff who are uninterested in their work – they can be downright rude, they lack respect for us. It feels as though they are just in it for the money.

GP's and Attitudes to Mental Illness - There are some very good GP's in the area. They are responsive and understanding and come out when needed. However there are also GP's who don't comprehend the needs of people with a mental illness and they can be unwilling to come out and are sometimes judgmental. Whilst most people have now found GP's who suit them, it can be a worry when asking for a Doctor to come out to you as you may come into contact with one of the less understanding ones.

There is a need for better training for professionals in contact with people with a mental illness especially those we first come into contact with. People need to realise that we are not deliberately acting strangely when ill and not trying to abuse the system when in crisis.

Weekends and Out-of-Hours Services - Since the introduction of more Community Psychiatric Nurses (CPNs), access to services has been much easier. Knowing that you can see your CPN when you need to is great – they are also very helpful.

Weekends are the main problem. They are a 'no go' area if you have a mental health problem. Professionals find it hard to realise that mental illness can be as much an emergency as a physical problem. We need to have enough confidence to be sure of our right to get GP's out to see us.

Ideally there would be CPN's available 24 hours a day, 7 days a week or at least someone with experience of working with people with a mental illness.

Helplines - These may have an important function but the idea of phoning a stranger when we are unsure if they will understand where we are coming from is very hard. Maybe they would be OK, but making the phone call or the first step can be very hard to do.

Trust and Early Intervention - We need someone that we can know and build up trust with, someone we can phone up or contact before things get too bad. We can be trying to get admitted to hospital when in crisis and not succeed. We need services that can help before things reach crisis pitch.

Ideally there would be a way in which, if people can see that a problem is building up, they could all plan how to deal with it. People should not be faced with a weekend (when in crisis) without knowing and planning how to get through it.

Local Beds or Facilities - Ideally there would be somewhere local to go to, with:

- Perhaps a couple of beds

- Somewhere to stop and stay before we reach crisis
- A place with activities
- Maybe respite
- People we can talk to
- Access to different therapies

People with Responsibilities - Hospital can be a terrible place for anyone but especially for people with young children (or even with pets). People can avoid getting help for fear of what may happen to their children.

Sectioning - This can also be terrible, especially if carried out by people with little knowledge of you.

Ideally (because we agreed that sectioning is needed) there needs to be strenuous efforts to maintain as much of your rights, dignity and respect for you as a person as is possible when being sectioned (this needs to be balanced with the need to protect us when we might not realise it). The involvement of the police and strangers can be very frightening and disconcerting.

The Treatment of Young People - If it is inevitable, or even likely, that we will be admitted to hospital or that our children may need to go into care then we need to be sure that there is enough preparation for our children. Our children need to know and trust the people who may end up caring for them when we are ill and unable to care for them properly ourselves.

Mental Illness and Crime - There are a fair number of people who are involved with the justice system who are probably more appropriately dealt with by the mental health system. Either the person or the system cannot or won't recognise that they have a mental health problem which is influencing their actions.

Alternatives to the Police Station - The use of Beechwood in Inverness as an alternative to custody for people with drug and alcohol problems should be considered for people with a mental illness.

The Drop-In Service (Richmond Fellowship) - This is very important. It needs more staff time and more hours in the different communities it serves.

Advice and Information - The Advice and Information Service has proved very important to people – the different benefits forms can be awful. Having someone who will take the time and who you trust is very important. Some people would not be able to claim their benefits unless they had help in doing so.

Psychology Services - It is hard to have clear views about this because there is so little access to it at present - but having access to someone to talk to could be very helpful. Waiting too long defeats the purpose.

Not all talking is done with psychologists. One person talked of her CPN saying that she felt blessed by her and the psychological work she did with her.

Advocacy - We need access to people we can trust to provide advocacy.

Support for Carers - Although there now is more support for carers there is a need for more of it.

Things to do - Having greater access to enjoyable and affordable leisure activities is very important. Having a reason to get out the house and to have things to do can help people pass the time as well as regaining motivation in their lives.

A National Respite Centre - A national respite service for users run by users for anyone in Scotland needing short breaks or respite, perhaps structured as a social firm.

Mutual Support - We benefit each other just by being with each other. Building on this a little may help us provide greater support to each other.

Befriending - A befriending scheme; loneliness can be the biggest problem.

Challenging Stigma - More work is needed to change the negative attitudes of some people to people with a mental illness as well as helping people to increase their knowledge about the subject.

Equity - We need to be sure that there is equity in funding for different areas.

Attracting Resources - Local creativity in accessing funding for local areas could be very useful.

NAIRN

The priorities identified from the HUG report 'A Mental Health Strategy for the Highlands' (September 1998) were:

- **Crisis contact** - People do usually get help as needed but not always as quickly as they would wish.
- **Drop-in centre** - Work has been carried out to develop a drop in centre with the Richmond Fellowship and with support from Nairn Community Care Forum. There was some resistance to this in the local press as the centre would also have catered for people with drug and alcohol problems. It has now developed into a proposed family resource centre that will be available to a range of community groups.
- **Development of TAG Unit** - This is still important but, equally, employment is not for everyone. However, many people would like to develop the skills to be able to do things that are useful and meaningful though not necessarily involving paid work.
- **Public talks and awareness raising** - This is still important. Generally as people get to know you and your illness they accept you. However a minority of people still face harassment and name-calling.

CURRENT ISSUES COMPARED WITH 2000

- **The Nairn Community Mental Health Team is very much appreciated and many people felt that it should stay independent and not be linked to the team in Inverness.**
- **Interviews for benefits can be very frightening and threatening. The Benefits staff have**

- **Smoking policies – these need to be realistic or people might stop attending the facilities.**
- **Dieticians are very important as psychiatric drugs can lead to weight gain.** The Mental Health Team has set up a diet group.
- Equity – will future services be equalising up or down in different areas? There is a great concern that they will go down and so reduce the frequency and choice of services. The fear that this would happen has not occurred.
- **We need three levels of provision – day hospital, Community Mental Health Team and a drop-in centre, which would be for anyone to access whenever they wish.**
- Public transport – this is not an issue for members at the moment.

ADDITIONAL ISSUES RAISED IN 2002

Local Psychiatric Beds - These are needed and people do stay short term in the Town and County Hospital. However there is a need to ensure that there is an appropriate level of psychiatric expertise in the hospital and that the environment is suitable to people with a mental health problem (perhaps by providing access to therapies and recreational activities).

Occupational Therapy - This is a valued service and should be increased.

The Gardeners Cottage - Clients of the Mental Health Team use this facility which is rumoured to be demolished eventually. The Gardeners Cottage is a valued facility that members say they have "made their own".

The Balance between Mainstream and Specific Activities - It is good to do the things that the rest of the community do (for instance in a community centre) but equally people need to know that facilities are available where people can be "among their own" especially when they are unwell.

Out-of-Hours Services - It would be good to have facilities that are open on the weekends and in the evenings.

THE FRAMEWORK FOR MENTAL HEALTH

The HUG representative for Nairn was willing to be involved in the local development of the Framework for Mental Health. However neither he nor (as far as we were aware) any other user was ever invited to any meetings on the subject.

Despite this there was confidence that the people developing the Framework were aware of the wishes expressed by users of mental health services.

None of the HUG members had seen any documents (apart from an initial letter) relating to the Framework for Mental Health in Nairn.

In the future members would like:

- A newsletter on proposed developments.
- Visits by planners to HUG meetings to explain what may happen.
- Direct involvement by HUG members in the development of plans for the area.

INVERNESS

The priorities identified from the HUG report 'A Mental Health Strategy for the Highlands' (September 1998) were:

- **Changing the attitude of some professionals.**
- **Reduce stigma about people with mental health problems and the services themselves. This should be done both within a mental health service context and also a wider public context. (SEE THE FORTHCOMING HUG REPORT ON ITS WORK TO CHALLENGE STIGMA).**
- **Provide out-of-hours services.**

These are all still relevant issues although out-of-hours provision has changed (see below).

CURRENT ISSUES COMPARED WITH 2000

- **Crisis services are needed.**
- The Psychiatric Service provided by Community Psychiatric Nurses at Ness Doc (the out-of-hours GP service) has now been established and is open every evening until 11.00pm.
- The New Braeside Day Centre takes referrals very quickly (often the next day) and is open at the weekends (although there is no bus service to New Craigs at the weekends) but not as yet at night time. The service is appreciated by users.
- There is also a Liaison Community Psychiatric Nurse in Accident and Emergency and the Admissions Ward at Raigmore Hospital as well as a couple of sessions a week by a Liaison Psychiatrist.

However, the Saturday opening at the resource centre of Bruce Gardens has closed, the Sunday opening of Cairdeas Cottage has ceased as well as Wednesday evenings and the social centre at New Craigs (which is now also open on Friday evenings) like some other services, is not open to all people.

There was an appreciation that out-of-hours and crisis services in Inverness were better than other parts of the Highlands. However, people stressed that such services were vital everywhere including Inverness (they represent security even when not heavily used.)

- **The TAG unit is under-funded, yet is an excellent facility and very much valued by users and would benefit greatly from an appropriate level of core funding.** People added that TAG has a very valuable role in increasing confidence and that they didn't feel that it should always have the aim of moving people into employment and that in a wider context, people shouldn't feel ashamed of unemployment.
- **The new hospital looks good.** Many people think that the new hospital is a great improvement on the old one although there are also people who have identified problems with it as well (see the HUG discussion paper – New Craigs Two years on).
- **Some people have a choice of mental health services in Inverness, but not in all parts of the Highlands (services are unevenly distributed).**
- **People very often have to 'qualify' for access to services, i.e. there is a 'gate-keeping' system. Members felt that they should be able to access services more easily, prior to reaching a crisis situation.**

- There is doubt that current services are 'seamless'. However the development of the Day Hospital and "single points of referral" should help ensure that people do not fall between services.
- **Information provision needs to be made more appropriate to the individual person.**
- **Discharge information from Craig Dunain does not include information on drop-in centres.** An information pack for New Craigs has been in development for at least a year and should be printed soon. There is still a feeling that professionals do not volunteer information about community facilities.
- **Cairdeas Cottage drop in centre is very well regarded.**
- **GP services are very variable in Inverness.** There are very good doctors but some doctors still seem to convey the attitude of "pull yourself together".
- **Has the voice of HUG been listened to?** There is a feeling we are listened to but that this does not always result in change.
- **Doctors, nurses and psychiatrists should have continuous on-going training to ensure they are up-to-date and responsive to the needs of people with mental health problems.** HUG has been providing user led awareness training to health and social care professionals across the Highlands and in Inverness itself.

ADDITIONAL ISSUES RAISED IN 2002

Bruce Gardens Resource Centre - There is concern about the environment of the building, it's opening hours and long term future and issues such as smoking policies.

Stigma - Stigma does not just rest with users. Workers and services can be stigmatised because they are connected with mental health.

Braeside Day Centre - There is some worry that the presence of this new facility will be used to justify a reduction in hospital beds, concern about being able to self refer and a little confusion about what it will offer. There is also a worry about where people should go when their time there is finished. However members who have used it have had a lot of praise for it.

Ross House - The reduction in this service and the likely closure of the building caused great anxiety and resentment amongst some of its users.

Professionals' Attitudes - These can be very variable, which can be confusing and upsetting to users.

The Citizens Advice Bureau Mental Health Advocacy Project - This has been an excellent service for users. The review that was undertaken recently and uncertainty over its future caused great anxiety to people who use it, the reduction in outreach clinics is also missed.

Quality - Many small services are reliant for their quality on a small number of individuals. Any change in staff can profoundly affect the service.

THE FRAMEWORK FOR MENTAL HEALTH

A small number of HUG members have been involved with much of the work resting with one individual who felt that he had been involved in a fair and equal way.

However many users do not know about the Framework and do not wish to. It does not seem relevant and getting involved can feel intimidating and frightening. Change does not seem immediately meaningful and seems far removed from the daily experience of coping with mental illness.

There were also questions raised about how much power the Local Implementation Group has in getting the plans it develops actually implemented.

Suggestions for improving the process were:

1. There needs to be a real and demonstrable commitment to change.
2. There need to be clear timescales and continuity from the professionals who are involved.
3. Communication needs improved (attempts at providing newsletters were welcome but poorly received by users who felt them to be "impenetrable.")
4. The resources needed to improve services need to be clearly identified - major change cannot occur without appropriate investment.

There was also a statement made that people can go to meetings with different and contradictory attitudes. Some users may feel that they are campaigning for services, which may ultimately save their or their friends lives. This may not fit neatly with workers who, while dedicated to high quality services, may see a planning day as "time out".

NEW CRAIGS HOSPITAL, INVERNESS

The priorities identified from the HUG report 'A Mental Health Strategy for the Highlands' (September 1998) were:

- **Access to services, especially crisis services.** (See Inverness section).
- **Help with understanding and coping with mental health problems to be started off in the first instance with a user-friendly information pack following discharge from hospital.**
A Service Development Group at the hospital has been compiling an information pack, which will soon be available to all patients upon admission.
- **Awareness raising and education of the general public.** The HUG Communications Project is continuing its work of challenging stigma and working in schools with young people. Primary Mental Health Workers are coming in post – part of their work will be educational.
- **More resources.** More funding is required for existing services, e.g. Bruce Gardens needs financial support to recruit staff for Saturday opening and increased staffing hours during the week.

CURRENT ISSUES COMPARED WITH 2000

- **One 'long-term' patient would prefer to be in the community.** More long-term patients are now in the community. However this can be very isolating if people can't get out of their accommodation due to the effects of illness. Activities may be needed in some places as there is sometimes little to do. What of patients who come from the Western Isles? Did they get the chance to return there when they were discharged?
- **The food at Craig Dunain was felt by some people to be very poor, with small portions**

- **The attitude of some staff towards patients is not always very positive and members felt they were often 'fobbed off' with excuses.** Nursing staff sometimes stay in the nursing station and do not mix with the patients. Some patients have occasionally felt that they received poor treatment and care and that they had been very badly spoken to.
- **There is a conflict between the threat of being sectioned versus wanting to be kept safe (because people feel suicidal). How do you ensure an acceptable balance?**
- **Patients would like a 'snoozelum' room to relax and 'chill-out'.** This was seen as a good idea.
- **The Citizens Advice Bureau Advocacy Project is a good service, but can be very hard to access in hospital.** This service is still hard to access and there seems to be some uncertainty over its funding and the areas in which it can work.
- **It is felt that people would not conform to the smoking policy in the new unit.** This was true for some people.

ADDITIONAL ISSUES RAISED IN 2002

Self Management - This should be encouraged to enable people to develop the skills to cope with life and mental illness.

Information Exchange (between professionals) - patients do not know what information is being shared, amongst which professionals. We need to know, for our own safety and clarity, what professionals are saying to each other about our care and illness.

Bruce Gardens - 18-24 people were attending Bruce Gardens on a Saturday but this service no longer exists and should be reinstated.

Employment Opportunities - These are very much needed.

Other Areas - Crisis beds/facilities in rural areas are a major priority.

Braeside Day Centre - The new day hospital is welcomed although there is concern about where people will go to when their "time" there is finished.

EASTER ROSS

The priorities identified from the HUG report 'A Mental Health Strategy for the Highlands' (September 1998) were:

- **Concentration on the needs and feelings of carers.** Yes, this is still important.
- **Provide continuity of funding and resources to give security to service providers and users alike.** Security of funding for e.g. the drop-in centres would help,
- **Crisis services**
- **No services should be re-allocated or cut unless good provision for all users of that service has been made.** Yes, we have to have the same standard of service across the board.
- **Any service should ensure that it knows how satisfied users are with it, and no service should ever close without consultation with users of that service.**

ADDITIONAL PRIORITIES IDENTIFIED FOR 2002

Meaningful Activities - Having something meaningful to do, something to get us out of bed in the mornings, something to motivate us. It is important to be comfortable with the things we are able to do and encouraged to do these things, whilst not focussing on what we are no longer able to do.

Employment - It is very difficult for some people to hold down a job for more than a few weeks. Employment is only an option if you can work when you are well. The benefits system leads to the poverty trap and this can exacerbate your illness.

CURRENT ISSUES COMPARED WITH 2000

- **It was felt that some staff in Social Work find it hard to work with parents who have mental health problems. It was felt that some Social Workers tended to discriminate against parents because of this and regarded them as a threat to their children.** There was a feeling that this still happens and that staff need awareness and specialist training. Having your child taken off you can make you extremely ill. One member was offered sterilisation when in hospital.
- **The needs of parents with mental health problems need to be addressed. For instance, some parents feel they cannot access mental health services for fear of the consequences to their children.** Mental health facilities need to cater for people with children, but it is important to be sensitive to the needs of other users if they are too unwell to have children around.
- **There was great concern over the fact that the Mental Illness Specific Grant was frozen once again this year.** There is a need for users to be sure that there will be adequate and continuing funding for the facilities that they use.
- **The attitude of some professionals who come in contact with us (e.g. police, doctors) raised concerns; they need to know how to respond more appropriately.** Some professionals do not really understand what it is like living with a mental illness or what we are going through. They need to listen and try to understand our circumstances and to stay calm and assess situations properly.
- **Disabled access to all buildings providing a service is essential and does not exist yet.** There are no disabled toilets in Campanas Cottage.
- **When are we getting a 24-hour crisis line for mental health? This phone-line could then be linked to specialist places such as the Samaritans, hospital or a 'buddy scheme'.** A new phone line for mild depression and low mood has been launched nationally (called Breathe Easily – aimed in particular at men).
- **Drop-in centres are vital places and Campanas is a good place to go to.** This is still very much the case.
- **There is not enough or appropriate information available on mental health issues; information needs to be more balanced.** We don't hear enough about users' direct experiences and ways of managing. Leaflets are far too general. Sometimes there is too much information and people don't know where to start.
- **Upon discharge from hospital, people are not always fully ready or prepared to leave. These concerns need to be listened to and acknowledged by staff.** Hospital is important and needed – people need to know they can access beds.

ADDITIONAL ISSUES RAISED IN 2002

Respite - Respite is very important and provision needs to be made if parents want to have their children with them. Most people have never had respite. Some people find it hard to accept help as they don't know what to expect or don't trust services/professionals. Some people are used to coping on their own and resist being supported by services.

Housing Benefits - Forms can be very difficult to complete and the benefits system can seem punitive. It can be very difficult to get help from Social Work or Benefits Agency staff to complete forms.

EASTER ROSS (INVERGORDON)

The priorities identified from the HUG report 'A Mental Health Strategy for the Highlands' (September 1998) were:

- **Concentration on the needs and feelings of carers.** Having a carer can prevent us from being admitted to hospital- we must look after their needs. Professionals need to talk to carers as the knowledge, love and support of our carers can help our transition from hospital to the community to be better.
- **Provide continuity of funding and resources to give security to service providers and users alike.** Funding needs to be guaranteed and increased (not at a standstill budget). If services (both statutory and voluntary) are insecure, this can make us very insecure and have a negative effect on us.
- **Crisis services.** This is very important. Currently there is only the GP out-of-hours service.
- **No services should be re-allocated or cut unless good provision for all users of that service has been made.** Any service should ensure that it knows how satisfied users are with it, and no service should ever close without consultation with users of that service. An emphatic yes! User-feedback about services is very important, but few members in the group recalled being asked to evaluate/give comments about a service they had received. The group felt that user-evaluation was very important. A questionnaire is given out to patients upon discharge from New Craigs asking for their comments, but not everyone had had one.

ADDITIONAL PRIORITIES IDENTIFIED FOR 2002

A Telephone Helpline - Perhaps peer-led, which would be localised. The group felt that having someone who would really understand and listen was very important.

CURRENT ISSUES COMPARED WITH 2000

- **Employment issues were repeatedly raised and were a major concern for members:** People with mental health problems have major barriers to accessing employment. This is due to lack of flexibility in the workplace and lack of understanding amongst employers of mental health issues. Plus, there is always the problem of a fluctuating illness. The main barriers to accessing a job were:
 - A job is seen as 'permanent' and a long-term commitment. Most people were not ready for this.
 - Confidence – many people lack the confidence to get back into mainstream work.

- How other people judge/view mental illness – people often only think of the extremes and don't realise the wide breadth and range of illnesses. People focus on the negative and not what people can do.
- You have an 'automatic black mark' if an employer finds out you have (had) a mental health problem.
- **Employers need to address the issue of mental health in the workplace.** They do need to, but people feel many would simply pay lip service. It takes time and energy to be a good employer.
- **People with mental health problems often end up in menial jobs.** People didn't feel that this was true, but rather that any job can have value when you have been unwell. It can be a step up the ladder, can increase your confidence and provide you with social contacts. It was felt that the term 'menial' was full of judgement and assumed that a job such as working in a charity shop was not meaningful or good enough.
- **Training and Guidance Unit (TAG) -**
 - i. **More money for TAG is greatly needed – people find it an excellent service.** This is still very true. People attending TAG say that it provides a vital first step out of the house and out of illness. TAG is one of the only services in this area that is detached from statutory services.
 - ii. The TAG unit is more than a training facility – it also helps build up your confidence and ability/chances of social interaction. It is very much a lifeline for people. The group now go walking one day per week (with only a small budget for external activities for the entire year). There is a wish for more money for these types of activities as people greatly enjoy them and find it very beneficial.
 - iii. **People find the training at TAG very valuable and find it difficult if they have to move on.** More importantly, people don't know where to move on to.
 - iv. **There can be great frustration when TAG helps build up your confidence, which is then knocked back badly when you can't get a job.** However TAG is more than just getting a job, but about building self-esteem and doing, e.g. voluntary work. The thought of employment wasn't really in the minds of some people who go to TAG and as one member said, 'a job is a frightening word at the moment'.
- **The group would like the chance to visit drop-ins and other services.** At present they do not have the money to do this.
- **Drop-in centres have a therapeutic value and are very important.**
- **In rural areas the cost of living is more than in cities, e.g. bus fares.**
- **Subsidised bus fares - the travel pass should be easier to access as public transport is the most frequently used form of transport for HUG members and can give access to therapeutic activities** It is very difficult to find out if you are entitled to a bus pass and they are getting increasingly difficult to access in this area. It seems that the criteria for a pass has been tightened by Social Work. However on the positive side, people with bus passes are now entitled to free travel for use within the Highland area - the free travel is already having a very positive effect on those people entitled to it.

However despite these improvements there are considerable problems for people who are not on established public transport networks. The lack of public transport (for instance on some parts of the Black isle) means that some people find it very hard to access hospital and therapeutic appointments unless they are given lifts by friends or relatives.

- **If people are on benefits, it is almost impossible to access 'semi-therapeutic' activities, such as the gym and other leisure facilities due to the cost.**
- **There is often a long-time delay before people are told about services, e.g. one member was ill for two years before being told that support was available.**
- **There is need for more preventative/intermediary support. It seems we only have**

- **It can feel like ‘pot-luck’ with doctors; some are very good, others are not interested.**
- **Discrimination can be on the grounds of ethnic origin, mental health and physical disability. Members have experienced combinations of these.** Some people felt that stigma was more common, but most people were unsure about this point.
- **Highland Health Board, Highland Council and the NHS Trust should have clear and accessible guidelines on mental health policies and tackling discrimination.**
- **It can be very stressful if you are a parent with a mental health problem.**

THE FRAMEWORK FOR MENTAL HEALTH

East Ross

- Members were involved in the very early stages, but not over the last few years. The main problem is people moving on and, therefore, there is no continuity of user-involvement.
- We need to be kept up-to-date in order to understand what is going on, but must ensure that all communications are in plain English and that issues stay relevant to users.
- It was pointed out that some people have simply lost interest.
- Newsletters can be handy and posters inviting involvement could be a good idea.
- Communication:
 - Professionals should know how to communicate with us – all courses seem to be about users developing the skills to work with professionals, but professionals should have training to communicate with users. It is actually a two-way process so we can understand each other.

Invergordon

There was some later involvement in the Framework from HUG members who attend the TAG Unit. There were mixed reactions to the process; some people found the whole process intimidating and felt there was a lot of jargon, others were glad to have got their point across.

EAST SUTHERLAND

The priorities identified from the HUG report 'A Mental Health Strategy for the Highlands' (September 1998) were:

- **Mental health awareness training and a reduction of stigma.** This is still an issue both for users and facilities. There are signs that some media reporting is becoming more responsible although by no means all of it.
- Support services are needed - members didn't recall what was meant by this and replaced it with:
 - Existing services such as The Gatehouse and the CPN services need to be sure of secure long term funding.
- Members are happy with the priorities set in Local Action Plans.

CURRENT ISSUES COMPARED WITH 2000

- **Respite facilities are very important - they need to be tailored to the needs of an**

- **The benefits system is unclear and confusing for many people. Changes in a person's circumstances, such as admission to hospital, can result in a disruption to benefits payments. This does not help people with their mental health.** People felt that the whole system was an intimidating, constantly changing maze and that many people were not getting their full entitlement.
- **Support is needed to build confidence during recovery. The first steps are the most difficult and people need help to keep going.** People often need help with practical tasks around the house as well as help with motivation and encouragement to help people look after themselves. There was a feeling that this would always be an issue.
- **Crisis services and out-of-hour provision are vital.** They are detailed in the Local Action Plan.
- **Community Psychiatric Nurses have very high workloads and community care resources are very scarce. They often come to see us when we are feeling OK and not when we really need help.** This is still a problem although people felt it might be insoluble.
- **The vastness of the area means there are only a small number of services available in the area:**
 - The Gatehouse is open 3 days a week, drop in facilities in Caithness are open 7 days, there are no drop in facilities in such places as Durness - there should be equity in service provision in the Highlands.
- **People with mental health problems can also be carers – it can be very difficult to stay well due to this added burden and pressure.**

ADDITIONAL ISSUES RAISED IN 2002

Prevention and Information - People getting ill for the first time need to know where to go and how to access services (without feeling ashamed) before problems get too bad.

General Practitioners - They can be very variable in their attitude, skills and understanding of mental health issues.

Self Management - People need to be helped to gain the skills to cope with the pressures of life and with the illnesses they have.

Medication/Talking - Medication can be important but equally people need to be given the opportunities to look at triggers and underlying issues.

Meaningful Activities - People need things to be able to look forward to and to enjoy. People need help in regaining a purpose in life.

Employers' Attitudes - Employment can be very important. Employers need a better understanding of mental health and in supporting a person back into work.

THE FRAMEWORK FOR MENTAL HEALTH

A HUG member has been involved in developing the Local Implementation Plan and members were kept well informed of developments via the worker at the Gatehouse. Generally people were very happy with the process but some comments were made:

- How much authority and influence does the local implementation group for the Framework

- Much of the planned developments will require resources - where will these come from? (although some changes are possible without new resources).
- Not all the workers seemed to be fully active participants in the development of the plans.
- Changes in staff and structure in the statutory sector were a barrier to continuity.
- Transport to get to meetings was a problem.
- Not everyone seemed to have the initiative or will to see change occur.
- It was not always easy to get accurate information.
- The relationship between Highland developments and direction and local activity was not always understood.

WICK

The priorities identified from the HUG report 'A Mental Health Strategy for the Highlands' (September 1998) were:

- **24-hour crisis service and local hospital beds.** It is important to have a response out-of-hours by the Community Mental Health Team and for the place of safety to become operational.
- **Appropriate accommodation, including supported accommodation.** Work has been undertaken to try to ensure the safety of a person's tenancy however ill they become.
- **Changing attitudes and improving understanding so that mental illness becomes acceptable and easy to get help for.** HUG has provided awareness training to students in schools in Wick and Thurso.
- A new priority is the need for a day hospital in Caithness.

CURRENT ISSUES COMPARED WITH 2000

- **The Good Companion Scheme (accompanying people from Craig Dunain back to Caithness) is developing well and has about six volunteers already.** Whilst this is still seen as an important service it is not functioning at present.
- **There is great concern that funding for the voluntary sector is being reduced.** Members worried about this: whilst they thought The Haven (a drop in centre) provided a superb service they didn't think this was reflected in the resources made available to it.
- **Drop-in centres are very important; one HUG member said drop-ins are a 'life saver'.** People wished to be assured that the future of the drop-In centres was secure.
- **It can be very difficult to re-integrate into the community after being in hospital.** This is still hard: worries about accommodation and the reactions of the public can be hard to cope with.

ADDITIONAL ISSUES RAISED IN 2002

Coping Skills - It would be good to have courses in self-management, coping strategies, assertiveness and so on although there is a feeling that the Community Mental Health Team already runs some.

Carers - People's carers have a need for support and involvement in a person's treatment.

Access to Services - It should be easy to access services - ideally by only having to make one enquiry.

Working Conditions - It is important that staff working in mental health have good working conditions and that they are not overstressed or over worked.

Mental Illness - The importance of mental health needs to be recognised. It is no good making mental health a priority for the Health Service if this is not reflected in resources.

Planning Services - It is no good looking for the cheapest option when planning services - eventually you only get what you pay for.

Awareness Raising - People of influence, including politicians, need to know the reality of the lives we are leading. (We have now met with John Thurso MP in Caithness and other politicians in other areas).

THE FRAMEWORK FOR MENTAL HEALTH

8 members of HUG and users of the drop in centres have been involved in stakeholder events, the Local Implementation Group and the four sub-groups as well as an additional group looking at places of safety.

Generally the process has been very positive and all the users are happy to continue their involvement, however, there are some concerns:

1. The process is taking a long time, which can reduce people's enthusiasm.
2. Are the chairs of the groups and the "champions" able to use enough initiative and do they have enough influence?
3. Are the key players trying to do this on top of jobs which are already overstretched - could this mean that some people are "played out"?
4. Are there enough resources for the process?
5. Are the workers getting enough encouragement?

Suggestions for the future:

It would be good for the "champions" of the Framework to meet regularly with users (as they have done in the past and if we can all be sensitive to each other). It would be good to hear directly from them and to know what we can really expect.

THURSO

The priorities identified from the HUG report 'A Mental Health Strategy for the Highlands' (September 1998) were:

- **Local psychiatric beds** (like a little hotel that you can go to when you need refuge).
 - **Housing (the availability of supported accommodation).**
 - **Crisis and out-of-hours services** (including a place of safety.)
 - **Education and awareness raising about mental health.**
-

- **Self-help groups are very important as we can learn from each other by sharing experiences.**
- **Drop-in centres can act as a place of sanctuary and are very important to people.**
- **The need for local respite is very important.**
- **After leaving hospital people need more help to assist them in re-integrating into the community.** Especially if they live alone.
- **Transport problem.** There is a feeling that more people would use services if there was better transport.
- **The isolation in rural communities can make people ill again.**
- **There is a need for supported accommodation; people have had to leave Thurso because this does not exist at the moment.**

ADDITIONAL ISSUES RAISED IN 2002

Psychological Therapies - There is a need for greater use of therapies such as cognitive behavioural therapy and psychotherapy.

Prevention - There is a need for some form of refuge that could de-escalate problems before hospital or places of safety are ever considered.

Isolation - The lack of support from ordinary members of the community can lead to a great deal of loneliness.

Rehabilitation and Employment - There is a tendency for employers to blame and stereotype the actions of people with a history of mental illness.

Carers - There is a pressing need for more support for carers.

Outreach - Drop in centres are very important but there is a need for outreach to people who are not ready, or are too afraid, to make the first contact with drop in centres.

Places of Safety - There is a need to make sure there is proper staffing for these facilities (recently some staff have been recruited to this facility).

Prevention - There is a need for early intervention before things get too bad.

Alternative and Complementary Therapies - There is a need to look at these (especially areas of diet).

THE FRAMEWORK FOR MENTAL HEALTH

Most people had still not heard much about the Framework for Mental Health even though some had attended stakeholder events. This caused some concern to members. They felt that it could be a good idea if the people taking the Framework forward came to meet users in Stepping-Stones or at HUG meetings.

CONCLUSION

Members of HUG have identified a large range of the issues that affect them whilst they cope with the affects of mental ill health.

Whilst we can see that change has occurred over the last few years there are still many critical areas in people's lives that were first voiced many years ago and have still not been acted on.

HUG's function is to give voice to the important areas of people's lives and to try to convince people of the importance and legitimacy of these views. It has been doing so over the last 6 years.

It is sometimes accused of creating "wish lists" which will inevitably not be obtained. However many of the issues we raised in the early days of HUG are now acknowledged as valid, whilst in the early years they were seen by others as unobtainable dreams.

We need to be able to "dream" in groups like HUG, but equally we need to know from the Council and Health Board what is realistic in the short-term and what we may be justified in expecting from them.

In a climate where mental health is seen as a priority by the Scottish Executive, and where illnesses such as depression are forecast to become the second biggest cause of morbidity and disability in the world, in the next few years we need to be sure that planners acknowledge this reality with tangible improvements in mental health services and appropriate investment.

Users (whether from HUG or other groups) need to continue with their involvement in the Framework for Mental Health, but they need to be sure that the process will be one everyone can understand and feel comfortable with, and also that it will result in change to the services that they and their friends can see and know will be beneficial.

There should also be a wider effort to make sure that everyone with an interest is aware of the likely changes being made in mental health services over the next few years.

APPENDIX 1

SOME SERVICE DELIVERY CHANGES THAT HAVE OCCURRED SINCE 1998 BY AREA

As a part of this report we wrote to the "local champions" (and members of Community mental health teams and others) for each area developing a response to the Framework for Mental Health in order that we could obtain an accurate record of how services have actually changed since 1998.

The following is an edited record of the responses that we have received:

HIGHLAND

1. Opening of "New Craigs" Psychiatric Hospital.
2. Employment of National Schizophrenia Fellowship Carers Support Worker.

WESTER ROSS AND SKYE AND LOCHALSH

1. Employment of an additional Community Psychiatric Nurse for Wester Ross and the addition of a specialist role for older adults as part of the existing CPN's job.
2. Employment of a Mental Health Social Worker for Wester Ross.
3. Employment of part-time (0.4) Community Psychiatric Nurse for Skye and Lochalsh and the addition of a specialist role for older adults as part of the existing CPN's job.
4. Mental health workers in Skye are also about to move into new premises and there will be "open doors" time created for users and carers.
5. Skye and Lochalsh Association for Mental Health employed three outreach workers, which later dropped to two because of resource problems.
6. The drop in centre that used to meet in Kyle of Lochalsh has moved to new and more attractive premises in Kyleakin.

LOCHABER

1. Employment of two Community Psychiatric Nurses in 1998.
2. Part-time Counsellor employed.
3. Part-time Art Therapist appointed.
4. Employment of Senior Occupational Therapist.
5. Employment of a Community Psychiatric Nurse to work with people with addictions.
6. Employment of Primary Care Worker to work with children and adolescents.
7. Placements for nursing students have been very helpful.
8. A place of safety has been completed structurally but no staff appointed.
9. A designated place as an alternative to police custody is being developed for people who are intoxicated.
10. A dementia network has been created to look at mental health services for older people.
11. Many of the mental health services in Lochaber have formed into the Lochaber Community Mental Health Services and will be based in one building.
12. Group work will be starting soon (for instance a creative group, gardening group, hearing voices group survivors group and music group.)
13. Two permanent consultant psychiatrists have been appointed - one for adults and the other for older adults.
14. Cutting of 10 staff hours from the Glengarry Centre drop in centre.

BADENOCH AND STRATHSPEY

1. Development of Acute Community Psychiatric Nursing Service by the employment of 1.8 new nurses in 2000.
2. Employment of a new Community Psychiatric Nurse for older adults.
3. New Social Worker spending half their time with adults and half their time with older adults as a member of the team.
4. Community Mental Health Team established in Aviemore with half time administrative support.
5. Employment of part-time support worker to work with older adults.
6. There are also regular meetings to review, discuss and allocate patient care with relevant professionals.

NAIRN

1. Opening of the Gardeners Cottage for clients of the Community Mental Health Team.
2. Establishment of the Nairn Befriending Service.

INVERNESS

1. Employment of one Community Psychiatric Nurse and one Social Worker to help improve access to services and make appropriate referrals via the single point of referral system.
2. The opening of the new day hospital - Braeside Day Centre.
3. Anoch Mhor is made more flexible to support crisis intervention.
4. Employment of Primary Mental Health Worker in Child and Adolescent Services to provide services as well as training for staff and to promote early intervention.
5. Community Mental Health staff allocated to GP practices to make links with primary care services.
6. Introduction of more support workers for acute and short term mental health problems and also for older adults.
7. Employment of worker to work with people with a dual diagnosis.
8. Dedicated out-of-hours community psychiatric nursing service established.
9. Dedicated service for homeless people being developed.
10. Increased service for older adults.
11. Cutting of 6.5 hours from Cairdeas Cottage drop-in service.
12. More GP Practices now offer counselling services.
13. Establishment of psychiatric liaison service based at Raigmore.

EASTER ROSS

1. Establishment of older adults team (as part of the Community Mental Health Team) in 1999 with two Community Psychiatric Nurses, one Mental Health Officer and 0.4 Occupational Therapist Support Workers.
2. Secondment of one Youth Action Worker for a year (ended July 2002).
3. Employment of 2 Primary Mental Health Workers.
4. Employment of one Mental Health Worker for GP practices spending half their time in Tain and half in Dingwall and Strathpeffer.
5. Employment of one Social Worker working with people with a dual diagnosis.
6. Employment of one worker working with people with autism (based with the learning disability team).
7. A sub office for the Community Mental Health Team will be established in Muir of Ord in December 2002.
8. Substance misuse services –
- Employment of one Community Psychiatric Nurse for people with addictions.

9. 14 hours cut from Campanas Cottage drop in centre.

SUTHERLAND

1. Opening of The Gatehouse drop-in centre in Golspie with the employment of Senior Project Worker and later, an additional Activities Worker.

CAITHNESS

1. Increase in groupwork (anxiety management, relaxation, and creative group, baking) with the Community Mental Health Team.
2. Liaison psychiatry service established with Caithness General Hospital - providing assessment and, if appropriate, support.
3. Crisis support (duty service) provided between 9-5, Monday to Friday available to people who have been referred or who self refer.
4. A second Community Psychiatric Nurse has been appointed to work with older adults.
5. Caithness Mental Health Support Group has grown from one Manager and four Support Workers to two Centre Managers and one Administrative Manager with ten part-time Support Workers and two relief workers.
6. A new drop-in centre (Stepping Stones) has been built in Thurso.
7. The Haven (a drop in centre in Wick) has been refurbished and extended.

APPENDIX 2

THE FRAMEWORK FOR MENTAL HEALTH

This process has now been going on for such a long time that some memories of HUG's involvement have become lost.

However:

The Framework for Mental Health was first produced a number of years ago by the Scottish Office with the involvement of a number of groups including HUG. It was a document giving a guide to how services might develop in each health board area of Scotland.

It required each area of Scotland to develop their own individual Framework or plan for the development of future mental health services.

The initial work on the Framework was carried out at a Highland level and involved a number of committees, workshops, and events over a couple of years.

HUG was represented at all levels during this process and contributed to the issues being considered in the Framework.

It produced its own response to the Framework in 1998 called "A Strategy for Mental Health in the Highlands". This gave a Highland view of issues affecting users of mental health services and then ranked the issues raised by HUG members in order of importance to HUG members.

(There was also a series of sub-reports produced for each area, in which there was a HUG branch, which were given a limited distribution.)

The main HUG report was used as an appendix to the eventual Framework for Mental Health for the Highlands.

Prior to the development of the Framework for Mental Health, HUG had produced a statement of values about how people would like to be viewed and treated (which was initially incorporated into the Community Care Plan for the Highlands). This set of values was used as a guiding principle for the development of the Framework for Mental Health.

Generally HUG members felt happy with their involvement, although there were three main grumbles about the process:

1. In the early stages of this process it was made clear that any changes would have to be funded out of existing resources. HUG members found this hard to accept considering the importance of the issues being raised and the fact that mental health was seen as a priority by the Scottish Executive.
2. Many of the workshops to develop the Framework for Mental Health were facilitated by an outside agency. Usually this went well but occasionally HUG members found the facilitation to be very direct and sometimes quite patronising and this made people uncomfortable.
3. At the point at which we expected the Framework to be published, staff changes and disagreements within the statutory sector meant that the document was delayed for a number of months, which caused a lot of frustration.

When the Framework was produced HUG produced a further updated report on what they thought were important issues in their own area (Current Issues in Mental Health 2000).

At this stage senior officials from the Health Board, Highland Council, and Highland NHS Primary Care Trust came to visit each of the HUG branches to explain the Framework and listen to the views of HUG members. This was a very welcome development.

After this, local areas formed "Local Implementation Groups" run by two 'champions' from Health and the Highland Council to develop plans in their areas.

Our feelings about our involvement in these groups are described in this report.

At a Highland level we agreed to act as a "conscience" to the process. We did not wish to be full partners in case we ended up being party to decisions, which may shift resources between client groups or areas. These kind of decisions were thought at the time to compromise our role as a voice for a particular client group. We thought it would be wrong if we ended up arguing for one HUG group against another or one section of the community, perhaps older people, against another, perhaps younger people.

The result of this is that HUG has had little or no representation at a Highland level for the last couple of years, which has made it hard to co-ordinate the local role of HUG members or to have any overview of what was happening.

Equally HUG members, and other users at a local level, have needed reassurance that this process which was consuming a lot of their energy would result in change. Repeated requests for reports on what has been invested in mental health over the last couple of years have not been responded to, except with verbal reports assuring us that investment was occurring. A more robust and enthusiastic description of what was happening and what we could realistically expect might have given new energy to the HUG members (and perhaps professionals) who have committed themselves to the Framework.

**With thanks to all the users of mental health services
who contributed to this report and to the professionals
who provided information.**

For more information on HUG, or an information pack, please contact:

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