HARASSMENT IN NEW CRAIGS HOSPITAL

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Highland Users Group can be contacted through Graham Morgan, Highland Community Care Forum, Highland House,

20 Longman Road, Inverness IV1 1RY

Telephone: (01463) 718817 / Fax: (01463) 718818

email hug@hccf.org.uk

www.hug.uk.net

CONTENTS

WHAT IS HUG?

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

At present, HUG has approximately 386 members and 13 branches across the Highlands. HUG has been in existence now for 9 years.

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

We should:

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

We hope to achieve this by:

- Speaking out about the services we need and the lives we want to lead.
- 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.

HUG's aims are as follows:

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

INTRODUCTION

Ever since the acute wards of New Craigs were 'sectorised' to link with local communities, members of HUG have expressed disappointment and alarm that the single sex wards were lost as a result.

Early in 2005 we produced a report which said that, although only a small number of people (mainly women) need single sex wards, for those people a single sex environment was very important.

We were heartened by the measures taken to keep people, who felt vulnerable from the actions of other patients, safe but disappointed that the need for a single sex ward was not accepted.

Later in 2006, at the request of our HUG committee (the HUG Round Table), we decided to ask our members about harassment in the hospital - especially on the grounds of gender.

We had heard from research in England that a high proportion of patients in psychiatric hospital had experienced harassment whilst in acute wards, for example 51% of respondents reported being verbally or physically threatened and 18% reported sexual harassment (from Mind publication – 'Ward Watch').

We decided to ask our members about this in our round of meetings held in late 2005 and early 2006. In total 68 people participated. The meetings that we held did not back up the findings that we had heard about in England. It seemed that although people knew that harassment occurred, the actual direct experience of harassment was relatively rare.

We prepared a series of questions and discussed the issue in meetings of our branches. Because the questions were asked in groups (and mixed gender groups at that) we cannot have complete confidence that everyone felt able to speak on this delicate subject . However perhaps the findings of these discussions may stimulate some more rigorous research in the future.

DOES HARASSMENT OCCUR IN NEW CRAIGS?

Most of us who had been patients, or knew the hospital well, did agree that harassment does occur in the hospital and that some of this was sometimes on the grounds of our gender.

In most meetings we felt that, whilst clearly an unacceptable event, these occurrences were not common or routine. However, quite a few of us disagreed and said that we were well aware that people experienced harassment from other patients, sometimes frequently.

WHAT FORM DOES THIS HARASSMENT TAKE?

The examples we mentioned were varied and included:

1. A man who continually asked people for cigarettes. His manner and conduct made some of the us (female patients in particular) uncomfortable and frightened. Staff were told about this but appeared to do nothing.

2. A man who developed a strong attachment to one of us and made many overtures of friendship which, whilst not overtly offensive, were very hard to deal with when the patient was trying to deal with her own distress and family relationships.
3. Women feeling uncomfortable around some men. They occasionally find other patients 'creepy', especially when aware of their backgrounds.
4. Some women would love to be able to relax in the evening by having a bath and maybe then watching TV in their nighties. This can feel impossible and sometimes unwise in a mixed environment.
5. Finding the behaviour of some of the men alarming.
6. Sometimes there is just an 'uncomfortable' feeling in a mixed sex environment.
7. Sometimes a high proportion of young men on the ward can make women in particular feel uneasy.
8. *"At one stage I would have given anything to have a panic alarm – it is good to know that you can ask for one."*
9. Some of us accept harassment as a fact of life.
10. When men are particularly ill they can make some women feel very threatened.
11. Some people felt that whether there is overt harassment or not some men are very domineering and the very perception of their attitudes towards women can make women feel vulnerable in their company.
12. Some women also found that being in the company of male staff had made them feel uncomfortable or vulnerable.

Some of us reported harassment but said that it had nothing to do with gender. Most commonly we said that we had been put under pressure to give loans, cigarettes and food.

Sometimes our perception of harassment is different to another person's and what may alarm one of us doesn't another.

Sometimes people harass us without being aware of the effects of their actions on us or themselves. For instance, some us can become very active sexually when manic or equally become quite overbearing and we may regret our actions deeply later. This behaviour is not necessarily just confined to men - woman can harass as well.

We felt that sometimes staff within the hospital were not aware that harassment was occurring as it often happened away from them (e.g. in corridors, the main entrance to the hospital or in the smoking rooms) and they were not always told about it. This of course is something that staff (whatever their role in the hospital) cannot respond to because they are not aware that it is occurring but it would be good if they were aware that it does sometimes occur in such areas and needs to be dealt with sensitively.

HOW DOES HARASSMENT FEEL?

There was clear agreement that the experience of harassment when we are patients can make us feel much worse and can be traumatic. We described the effect as:

It would make us want to leave and cause us to withdraw, turn in on ourselves and stop asking for help. We can feel devastated by it and become unwilling to stay on the ward. It can also exacerbate our illness and cause us to feel vulnerable and paranoid. For some of us the experience is shocking and even terrifying.

When harassment is as basic as being asked strongly for money or cigarettes we naturally feel disgruntled and ‘ripped off’.

It is an event which can also damage us as bystanders and draw us into situations we would rather not be involved in, leaving a tense atmosphere on the ward.

WHAT CAN BE DONE ABOUT HARASSMENT?

The main thing that we requested was for there to be a female only ward. This was seen by nearly all of us as essential for some women. Some of us also said that there should be a men only ward, although some of us disagreed with this saying that it could become quite a violent place and that women provided a buffer that reduced and calmed the tensions on a ward.

A few of us, whilst understanding the need for single sex spaces, said that we all need to remember that back in the community we will be in a mixed environment whether we like it or not and many of us (both men and women) said that personally we preferred mixed wards.

We felt that we needed increased awareness and training among staff about the reality that harassment occurs and that we can feel uncomfortable amongst people of the opposite gender.

We felt that it was important that we told staff about it, that they act on this information (which occasionally we feel doesn’t happen) and that if it was unethical or impractical to segregate those we are frightened of then at least staff should keep an eye on them. We did feel that sometimes staff didn’t understand our anxiety or how to respond and wished that we could feel easier about approaching them on this issue. We also felt that if we had difficulty in raising this issue, perhaps because of our illness or because we feel awkward, we could enlist the help of friends or relatives. It was important to some of us that the issue was talked about openly and acknowledged rather than avoided.

We also felt that staff do sometimes still spend too much time in the nursing station and that if they were more visibly out on the ward then these situations would be less likely to occur. Equally, if there were more staff we might feel more secure. We felt that the needs of the victim outweighed the needs of the harasser and that if anyone were to be excluded or moved then that person should be the harasser.

We also felt that it would be easy to identify some patients in advance who shouldn’t be in a mixed environment and some of us felt that the sleeping areas should be segregated with mixed areas provided that people could choose to go to rather than the other way round.

The rooms we sleep in are lockable but not all of them have keys any more. It is important that we can lock our rooms if we wish to. In addition when staff come round for ‘checks’ at night time they sometimes unlock doors and leave them unlocked which can make us anxious. However the very fact that checks occur can make some of us feel much safer. Some of us felt that having single rooms in themselves provided the security a single sex ward could provide. Some of us said that security cameras could help but some of us also disliked the idea and felt that they would foster unease and paranoia. A few of us said that harassment is not always an internal issue but can be prompted by visitors to the hospital.

Some of us also felt that harassment was a fact of life and would never stop. Some of us felt that we sometimes mistook the atmosphere of a busy noisy ward as a sign that we should feel unsafe when

this is not always the case. Some of us wanted to make the point that it is not the case that all men are ‘predators’, rather that when we are ill we can feel especially vulnerable. Some of us said that harassment that occurred when people wanted money or cigarettes was an inevitable effect of the lack of money some people have in hospital and that if they had enough to manage with then the harassment wouldn’t occur. In addition, some of us said that if the hospital clamped down on all the negative actions of patients then we would create a security zone or prison which could make everything worse.

CONCLUSION

Although the majority of us did not find a comparable situation in New Craigs compared to the situation in some English hospitals, and indeed in some of our branches we visited some people weren’t aware of harassment in New Craigs at all, we did recognise that harassment does happen in New Craigs from fellow patients and visitors and that when it does this should be seen as unacceptable.

Those of us that experience harassment find it very unpleasant and awkward - so much so that it may hinder our recovery and cause us to wish to leave.

In an ideal situation we would like to see single sex wards for those patients that need it and in the meantime hope that staff are made aware of the effect of harassment and the need to stop it occurring. At the same time as believing that it is the task of the staff to help us feel safe it is also important that the harassers take responsibility for what they are doing or, if their actions are a result of illness, be supported into different forms of behaviour.

We believe that this is an area that may benefit from some formal research (of the sort that we cannot provide) in order to find out how common an issue this really is. Our findings are that it is not that common, but we do realise that it is also a topic that some of our members might have difficulty speaking about in public.

ACKNOWLEDGEMENTS

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

Please feel free to photocopy this report. The report can be supplied in large print or on tape.

However if you use this report or quote from it or use it to inform your practice or planning please tell us about this first. This helps us know what is being done on our behalf and helps us inform our members of the effect their voice is having.

For more information on HUG, or an information pack, call:

Graham Morgan
Highland Users Group
c/o Highland Community Care Forum
Highland House
20 Longman Road
Inverness
IV1 1RY

Telephone: (01463) 718817
Fax: (01463) 718818
E-mail: hug@hccf.org.uk
www.hug.uk.net