



LOCAL ISSUES - JANUARY/FEBRUARY 2008

INTRODUCTION

HUG holds four rounds of meetings a year in its local branches which are spread across the Highland area. In these meetings we look at a couple of discussion topics which have usually been decided on by our HUG Round Table in advance. These form the basis of our reports. We also ask our members to raise any issues that are particularly important locally or to them personally.

These 'local' issues are written up and then passed on to the appropriate people. We send them to the Local Community Health Partnership, the Mental Health Local Implementation groups (where they exist) and any one else we feel may have an interest in these issues or the ability to act on them. We have also started posting them on our website as a way of helping people realise what issues are currently important to our members . it should be remembered that these issues are snapshots into life at a particular time and that they may have been acted on by the time that we distribute this paper.

CAITHNESS

- We would like to see more research into the causes of mental illness and what actually helps us. We would also like to see increased neurological research about some conditions
- We would like to be able to do things that keep us occupied and for this to be valued and promoted whether it be paid work or not. Paid work is often seen as the only meaningful way of contributing but this is not the case.
- Does the 'Place of Safety' still exist and how well has it been working over the last few years?
- We would like to see a focus on the connection between mental health and spirituality. For some people this is hugely helpful
- It would be good if activities and tips that promote wellbeing were widely promoted.
- We would like the premises used by Tag (training and guidance unit) to be improved. They have to work in a poor physical environment.

- We want sustainable funding for Tag and not year by year funding
- We would like more recognition by other agencies of Tag's worth
- We would like improved information about services. This should not just be in leaflet or written form. This is often inaccessible, especially to those of us with reading difficulties. Sometimes it could be better provided face to face or by DVD.
- If we are serious about providing work opportunities then we need to benefit financially from it. Many of us can only access low paid jobs and if we also have child minding fees to pay may not find it worth our while to work.
- It would be good to have more information about benefits and what wages would be enough to encourage us into work.
- It would be good to have more information about our rights to benefits.

SUTHERLAND

- Due to a mix up, no meeting was held in this branch in this round of meetings. There is a list of issues from late 2007 on our website.

EAST ROSS

- We need clear information for carers, especially about the likely affects of an illness.
- We would like to know what to do if a person is clearly getting ill or even becoming threatening.
- We need help for young people affected by their parents illness
- When young people take on a caring role the responsibility can become a burden and they often don't know what to do.
- How do we get help for people when the person concerned doesn't realise they need help?
- We would welcome hints and tips about how to cope with illness
- The local implementation group is not meeting – how and with who should we raise issues?
- There can be a long delay to see a G.P. that we feel comfortable with. How do we know when it would be appropriate to ask for an emergency appointment?
- When do you go to the Community Mental Health Team (CMHT) and when do you go to the doctor?
- Why aren't community mental health services better publicised? People have often been ill for a number of years before finding out about Tag or Campanass Cottage.

MID ROSS

- Some of us have very bad side effects from medication. This can make us reluctant to use it. We need more information about our medication and what we can do about side effects including access to drugs such as procycladine which is helpful to some people.

- When people explain our medication and treatment it can be very helpful. This process is already very good in hospital. However at such times we may find it very hard to take in what is being said. We need to look at good ways of getting information across.
- The local implementation group doesn't meet why did it stop and how should we speak out locally?
- The CMHT. provides information including leaflets but there must be other ways of explaining things.

INVERNESS

- The local adult services consultants post for Inverness has not been filled for some time. Seeing a series of locums is not helpful. [the post was filled after this point was made]
- The wait for psychological services. For some people it is relatively quick which is good but for others very long which is bad.
- If your primary nurse in hospital goes on holiday this can cause some problems.
- Two members have been discharged from hospital to emergency accommodation and both believed that they would shortly after that face homelessness. This didn't seem just.
- We worry about the changes we may face around incapacity benefit.

NEW CRAIGS HOSPITAL

- People have to stop smoking when professionals visit them at home. This causes some resentment despite our realisation that we need to be considerate.
- It could be good if patients could engage in work type occupations whilst in hospital. It would help those that want to do it to recover and also assist the hospital. If a way could be found around any objections unions might have or the hindrances a minimum wage might create some of us would welcome such opportunities.
- Are there staff training and learning opportunities that patients might also benefit from?
- It would be good to better promote access to exercise; walking, cycling, gym, and physiotherapy. In many ways we rely on encouragement from staff to do this which sometimes doesn't happen. We may however lack motivation to do these things but may benefit greatly if tactfully helped to join in.
- It would be good to encourage permitted work opportunities. Would these be available in hospital?
- We need more publicity about the TAG unit and what it offers.
- Activities such as aikido, tai chi, chi gong should be further promoted and also available to out patients.
- Some activities such as relaxation have time limits to them but it is hard to move on to community activities; either because they don't exist or people are uncomfortable about using them.

- We can rely on occupational therapy or nurses to go into town. If we have been a long time in hospital or in secure care we may be apprehensive about this and react with fear to situations that we face in the community.
- The shift of some long term therapies from Braeside (which provides time limited care to those who are acutely ill) caused some anxiety to people who had traditionally seen the SHO there. The fact that he now provides psychotherapy is welcome but there is a worry about services at Braeside. People may not stop being in crisis by the time that their help is over with. It is hard to see new people and new nurses when vulnerable and frustrating when appointments are cancelled.

NAIRN

- We would like help on the first steps back to work
- Sitting at home doing nothing drives you nuts we need help and encouragement to do new things locally which help us get back into life.
- We need a focus on recovery
- The groups in Nairn on a Friday and Wednesday are very good it would be good to have more of them.
- The kitchen in our drop in to be is needing replaced with a new one.
- We also would like to play a part in its redecoration in order to make it our own space.
- We need the community to be more aware of mental illness
- Some of us have never worked so getting into work will be very hard
- It may be hard to move out of the area to take up new opportunities such as education as we rely in the hugely beneficial support networks that we have built up.
- It would be good to subsidise people to own and use computers.
- It would be good to have a creative writing group.
- We worry about the changes to incapacity benefit –we can't just go from benefits into work.

BADENOCH AND STRATHSPEY

- The Hug play and awareness/education approach is an excellent thing and should be encouraged.
- How much money is spent on challenging stigma as opposed to raising awareness and understanding? Some people worry that money could be more usefully used elsewhere.
- We would like more structure and activity available in hospital.
- We would appreciate sensitive encouragement to get involved in activities whilst in hospital.
- Some of us resent the fact that if their room in hospital is near the smoking room then the smoke can travel into their room

- We need a balance between our right to do nothing and the need for us to understand our illness and seek out activities that will help us get better.
- There can be too much reliance on medication for our care when other activities can also help.
- We need more understanding by the community and others when people are ill. We shouldn't make a fool of people who are acting unusually because of illness.
- When the key nurse changes when we are in hospital we have to repeat our story all over again. Constant changes of people providing care for us can be frustrating.
- Occupational therapy in New Craigs is very good as are outings from the hospital.
- Access to psychology and occupational therapy both in hospital and the community need to be enhanced.
- Getting outside into the fresh air can be very good as can exercise. Simple activities can be very good for our wellbeing – we need to publicise this.
- Music and music therapy can be very helpful
- We worry that in the mental health field that there are a variety of different organisations all doing similar things. There should be a co ordination of the different agencies and the possibility of going to one place for all the different varieties of help.
- It would be good to improve communication between community organisations and also between them and hospital.

LOCHABER

- It would be good to develop ways in which people could express themselves creatively; for therapy, a way of giving voice and for the fun of expression.
- We need a local safehouse. There used to be one at Garbhein, does it still exist and was it useful when it did? We need somewhere safe and attractive to go to when in crisis and needing assessed and somewhere to go to when we cannot face being at home and miserable any longer.
- We need to be sure that the ambulance cover provided to get people to New Craigs is available promptly when we need it. At present it isn't always available
- We would like better local resources available to people subject to the trauma of rape and abuse.
- We are very worried about what will happen to those of us on incapacity benefit. We don't know what will happen and have very little information. We worry that people with a mental illness will be targeted to come off of the benefit.
- It would be good if all of us knew what we should do when we are in crisis and what would be likely to happen.

- Some of us are made to pay back benefits wrongly paid to us by the benefits agency. This causes anxiety even when rectified and when we do have to pay it back can put us into long term debt.
- The C.A.B. has provided benefits and rights advice at the Glengarry. This has been very helpful. Work like this should be encouraged.
- We still think that there should be single sex wards in New Craigs.
- We have a strong need to work and contribute. We should be encouraged to develop hobbies, activities and education rather than just being seen as fit for work. One person was told to stop craft activities (which she gained great pleasure from) because of this.
- We would like to see a continued growth in the promotion of recovery and a strengths based approach to our care.

ARGYLL

- It can be hard to use public transport to get to facilities and services.
- It can be hard to get to meetings which require user involvement for policy and planning because of transport difficulties
- Some people use transport provided by the Council. As it is readily identifiable some people find it stigmatising. Other people don't.

SKYE AND LOCHALSH

- We want to publicise the benefit we get from Am Fasgadh and also from HUG
- We need to be sure that we can get access to help in a crisis and wonder what happened to the enthusiasm that there was for a safehouse network some years ago.
- We think that it can be hard to access employment when we are known to have a mental health problem
- We worry about the changes to incapacity benefit.
- We would like a better understanding of the spend allocated to mental illness across Scotland and how this spend is decided on.
- We would like improved access to psychological services including CBT
- We worry about people with mental illness who are homeless on the island.
- We want to be sure that people have access to transport if they need to travel. For some of us the bus is not the solution, we may need other forms of transport.

WEST ROSS

- It would be good to meet other people with similar illnesses – not all mental illnesses are the same.
- We need more education at schools to help young people know that mental illness is not a 'funny' topic and that they can get help if they are having problems

- We would like better access to complementary therapies and we need help in paying for these.
- There isn't much to do in remote communities which makes recovery harder
- Isolation can be hard to cope with. Having something to look forward to can make a big difference.
- We can feel a lot of guilt when we go to see our doctors. We often feel we are wasting their time, that we don't deserve help or that there is nothing wrong with us.
- Losing any joy in life is not always a sign of illness. Some of us just lose the wish to carry on living and would like our desire to die in dignity treated with respect rather than being seen as something that has to change.
- We need to be sure of the continuance of HUG
- We would like more information on the effect of diet on mood