



LOCAL ISSUES RAISED BY HUG MEMBERS IN SEPTEMBER 2007

This is a selection of the issues affecting our members at the date shown . Please remember they represent a snapshot of issues and that some of the issues raised may already have been dealt with.

BADENOCH AND STRATHSPEY

The need to find out appropriate information: It feels that people can be passed from person to person and place to place when seeking help.

There should be one point at which information about local and other sources of help are made clear to everyone who needs help with their mental health.

LOCHABER

Members have worries about Incapacity Benefit. If medicals become more rigorous, people will lose benefits when they should not and may become ill with the stress of reviews .

The current idea (heard on the radio), that sick notes may in future have to be obtained by going to a specialist doctor in the DSS, rather than via your own GP is causing alarm.

We worry that there are not enough resources devoted to mental health services locally or across Highland

We need to develop more user led self help groups. The Border Line Personality Group led by Jo Mullen from Moray, has been inspiring.

We worry about the lack of counselling, resources and other forms of psychological therapy.

We wish to be sure about the future of the Glengarry Centre.

Sometimes we find that some nurses ignore us completely when we are patients in New Craigs and we find this upsetting.

CAITHNESS

There is a shortage of local self help groups, though we recognise that in a rural area it may be hard to get sufficient numbers to make such groups viable.

When people are struck off a GP's list, this can provoke a great deal of anxiety, especially if they feel that they have physical problems that are then not treated seriously.

We need to be sure that the drop-ins get enough support. The cut of half an hour a week is causing disquiet.

We need more local work across Highland for Mental Health week; although we may be a bit late this year.

We worry that as the stigma of mental illness decreases, especially among young people, which we are really keen to follow up and enhance, that behaviours previously seen as unacceptable may come to seem normal. For instance we believe that self harm amongst second year pupils in some schools is seen as a good coping mechanism by some of them. This reveals the need for a balanced message which may be hard to achieve when the media may be a contributor to these attitudes.

We feel that we need the work of looking at mental health and illness to go into schools as early as possible.

We think that there are many young people with mental health problems who are not getting all the help they need.

We need to look at what really constitutes reasonable adjustment when people go back to work. How can the work place deal with problems of aggression caused by illness?

We worry about the changes to Incapacity Benefit.

We worry about getting back into the system if we try to get into work and cannot manage this.

If there were more voluntary work opportunities then this could be good, as they are a good way of getting back into life.

We believe that it is difficult for adults to get a diagnosis of Aspergers Syndrome and worry that there is a shortage of help for adults with this condition.

We are disappointed about the continued reliance on locum psychiatrists in Caithness. It is not good for our treatment and does not encourage faith in the system.

We think that the Wick TAG unit needs new premises as the present premises have to be shared and are run down.

The staff at Wick TAG are excellent.

We need to be sure that TAG gains sustainable funding.

SKYE AND LOCHALSH

We can get completely different information about what help is available and what works from different professionals. This is confusing and unhelpful.

We think that there is a shortage of cognitive behavioural therapy locally.

NAIRN

We need to have good news about our transfer to 'the Links'. The wait is hard to deal with.

The new drop in centre in the Links building will need a bigger kitchen and members would like to be sure that they are involved in determining the décor of the building as it will need to be redecorated.

There has been no social worker with the Community Mental Health Team for a long time. We need this position filled as some of the skills and tasks that social work can provide such as access to respite or access to social work services are being missed.

Clients cannot be seen in Corsee; this means that CPNs often have to see their clients in their own home, which on some occasions is not a good idea.

When people are assigned a new psychiatrist after they have spent a lot of time building up a good relationship with their present one, they can be disappointed and upset.

INVERNESS

We are concerned about the TAG premises at Craig Dunain; though we are glad they have new ones.

Some people feel that they are discouraged from attending hospital facilities. There seems to be a feeling that anything to do with the hospital is seen as bad and non therapeutic, whilst anything in the mainstream is seen as good. We disagree with this. There is no reason why some services should not be hospital based. For example the gym helps people get fit who would otherwise not attend mainstream fitness centres.

We need more activities for us to join in with in the community.

We need more access to employment opportunities.

The drop in at Cairdeas is very good. It is great value for money and keeps people out of New Craigs.

On occasion the attitude of staff at NHS 24 has seemed patronising when they hear that a person has a mental illness.

Some staff at Raigmore seem to have a lack of understanding about mental illness and on occasions have preconceptions about what people are presenting with when they are known to have mental illness. This has resulted in treatment that users have felt people without a mental illness wouldn't have got.

EAST ROSS

Dealing with low level antisocial behaviour can be frightening and stressful, and can build up anxiety and anger in those subjected to it. For instance kids who repeatedly knock the bins over. It is trivial and therefore the police do not do anything and it can feel like too much to complain to their parents. It does not help with good mental health.

It is getting much harder to get bus passes. This is not good as many people rely on them. Using them can help get people out and about and help them join in with things. They improve peoples' mental health and help include them in general activities.

MID ROSS

The wait to see a psychiatrist can be as much as two months. The wait to see a psychiatrist to help with a change in medication can be as long as three months, although it can happen much quicker if people agree to go through the change in hospital. Many people prefer to stay at home and would like prompt help in that environment.

We worry about the role of GP's with our mental health. It sometimes seems that their opinions about our need for treatment carry little weight. How are decisions reached between Psychiatrist, Community Mental Health Teams and GP's?

SUTHERLAND

There is some worry that the care commission will require people to be referred to drop in centres and have individual plans – this could detract from the ethos of just being able to come and go as conditions allow.

There is a worry that some people are still discharged from New Craigs with little care, information or signposting to community services

There is a worry that there is a gap in appropriate services for those aged 16 – 20.

ARGYLL

There is only 1 out of three Mental Health Officers in post in the Oban area.

There is a worry about the provision of places of safety in more remote areas especially the islands.

There is a feeling that there is a lack of consultation on issues users find important from the local Social Work Department.

The drop in centre, One Step On, in Oban is about to lose its lease. There appears to be no prospect of the service being reassigned new premises. This is causing considerable anger and anxiety.

There is a need to know who to go to with what issue when raising concerns which affect users and carers.

People would like to know how resources are allocated and calculated across client groups.

If there are local beds made available in general hospitals then we need to know that the staff have enough training in mental health issues.

Some staff are resistant to the idea of people with a mental illness receiving treatment in community hospitals.

Would it be good to have dual trained staff in areas of low population?

