



## **HIGHLAND USERS GROUP**

# **OUT-OF-HOURS AND CRISIS SERVICES**

The Views of the Highland Users Group on Ways of Providing Crisis Services and Out-of-Hours Services to People with Mental Health Problems across the Highlands.

**May 2003**

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## **WHAT IS HUG?**

HUG is the Highland Users Group, a network of users of mental health services in the Highlands.

At present (May 2003) HUG has 277 members and 14 branches in:

- Caithness
- Sutherland
- Easter Ross
- Wester Ross
- Nairn
- Inverness
- New Craigs Hospital
- 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 challenges the stigma of mental illness.

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, to break down discrimination against users of mental health services and challenge stigma.

# **INTRODUCTION**

Since HUG was established in 1996 we have been talking about the need to access specialist mental health services whenever we need to.

Our members have repeatedly talked about three connected issues:

1. Many of us rely on the community services that we use in the week to give structure to our life, support, company and activity. These needs do not just stop out-of-hours.
2. There is the loneliness, fear and dread that we can feel when we are alone in the evening, at night time and on the weekend when all the services that we normally use are shut and it is very hard to get access to help or company if our distress becomes unmanageable.
3. Then there is the difficulty of getting prompt help when our illness flares up and we find it increasingly difficult to cope at all, whatever the time is, in the community.

A comment frequently made by members of HUG is:

*"We can't tell when we are getting ill - we've got to be ill between 9-5 Monday to Friday - it's not reality or logical."*

Many of us feel that the lack of services out-of-hours and in crisis is an indication of the lack of importance allocated to mental illness within the caring services. We are well aware that some mental illnesses can be fatal and many of us know to our cost the isolation we may feel when we reach a Friday evening at a time when we are very unwell. We know that at this time the Community Mental Health Team is about to shut for the weekend and that in many areas of the Highlands there are no other mental health services that we can use to get through this difficult period.

Nowadays there are some services that are accessible in the evenings and weekends in Inverness (although some of these have since shut due to a shortage of resources) and some of the drop-in centres in other parts of the Highlands are also open 7 days a week.

HUG has already produced two reports on this subject:

**Crisis Services** - A report on the views of the Highland Users Group on what constitutes a mental health crisis and what can be done to alleviate such a situation (August 1997).

**A Place of Safety** - A report on the views of the Highland Users Group on avoiding the use of police stations for people with a mental pw who are in crisis (July 2001).

It may be useful to read these documents in conjunction with this report.

This report looks at what we feel may be helpful both out-of-hours and when we reach a crisis. It looks at the general issues and then lists the different ways each of our branches thought services could change for the better in their area.

## **HOW WE PRODUCED THIS REPORT**

The reason we have produced another report on a similar subject to previous ones is because there has been a growing acceptance by professionals of the need for mental health services that are accessible at any time within the Highland area.

Earlier this year NHS Highland began a major exercise to look at this subject. When we became aware of this in HUG we decided to devote a round of our meetings to out-of-hours services in the hope that our thoughts and ideas could inform future developments.

We held 11 meetings in the branches across our network, involving 69 people with mental health problems. As usual we held informal discussions with our members based on a series of questions designed to illuminate the subject. In most groups we launched straight into the model that we would like to see locally and then looked at the subject in more detail later. We also looked at some questions that NHS Highland had suggested we also address (these are listed in the Appendix).

In a few branches some of us were cynical about looking at this subject again. This was because funding was made available some years ago to assist with the development of places of safety to help people in extreme distress and crisis. The fact that such places still don't exist in all areas was not through a lack of willingness locally, but was partly through the inability to recruit sufficiently qualified staff. This means that people with mental health problems still sometimes have to be cared for in police stations when in crisis.

This sort of history made some of us weary of discussing the subject and pessimistic that anything would happen with any new out-of-hours services.

There was some feeling that if any new developments occurred it may be a good idea to look to the voluntary sector to provide some of them, as they can sometimes seem to be more flexible, innovative and responsive than the statutory sector.

(An additional comment that has been made is that, although reports such as these apply to people with mental health problems, some of the issues raised cross boundaries and may be useful for other client groups to consider).

## **OUT-OF-HOURS SERVICES IN A RURAL AREA**

There are difficulties in providing accessible services out-of-hours. This can be even harder in a large rural area such as the Highlands.

Some of the problems that apply particularly in our area are:

### **Transport**

Journeys can be long and traumatic and they may discourage us from getting to services when we need to. It can make procedures such as admission to hospital even harder to cope with than it normally is, especially when the difficulty of getting an ambulance with an appropriate escort is also considered.

On weekends or evenings it may be impossible for us to get to out-of-hours services because of the lack of public transport.

### **Access to Qualified Staff**

In local areas the number of staff available to call on to help out-of-hours is limited. The use of on call staff who already work in the daytime may put unreasonable burdens on them.

### **Recruitment of Staff**

Even where there is willingness to provide out-of-hours services, a shortage of qualified staff willing and able to do such work may prevent the development of services.

### **Cost Effectiveness**

In an area with a very dispersed population the need to respond to a person in an emergency may be quite rare in local areas and may lead to the perception that a crisis service would not be cost effective.

### **Lack of Ordinary Services**

In some areas it is not possible to access conventional services in the daytime. There may be no drop-in services, and a very small team of other professionals who deal with a very wide area. In these circumstances out-of-hours responses may not be the main issue affecting people.

## **THE WAYS IN WHICH OUT-OF-HOURS/CRISIS SERVICES MAY BE ABLE TO HELP US**

### **Seeing Someone that we Know**

A recurring theme that came through all our conversations was that when we are getting ill one of the best ways to help us ask for help, or to help us calm down, is for us to have access to someone who not only has psychiatric expertise but who also knows us, who we feel comfortable with and who we trust.

### **Admission to Hospital**

In some situations the main need we have is for admission to hospital as soon as possible. However, there is a feeling that it is increasingly difficult to get admitted to hospital and that the journey to New Craigs can still feel very unpleasant.

We usually have to rely on a GP admitting us to New Craigs. This can be very frustrating as it takes time to arrange and can feel like a barrier to getting the help we need.

Some of us are very knowledgeable about our needs and feel that if we were listened to properly we could be admitted more promptly, and that this might reduce the degree of crisis we reach.

## **Admission to Local Hospital Beds**

In some situations the use of local hospital beds may reduce the trauma of admission to the psychiatric hospital, which for some of us is over 100 miles away.

These beds may be especially useful with short admissions and may keep community contacts as live as possible.

## **The use of Places of Safety**

Some of us get into states of distress that require the expertise of people skilled in mental health and in crisis situations. We may need to stay in a safe and protected place for a while or with people who can keep us safe and secure in order for us to calm down or to allow for the process of hospitalisation to occur.

Such places can act as alternatives to the police stations that sometimes still have to be used to cope with us.

In some areas a lot of work has been put into developing such facilities, but as far as we are aware very few are actually operational.

*(Please refer to the HUG report 'A Place of Safety').*

## **The Help we get from GP's**

GP's are often the first, and sometimes only, port of call when we are ill out-of-hours. People have mixed views about the service that they offer.

Where a GP demonstrates an understanding of mental illness and distress, and has the time to spend with us, they may be all that is needed to help us over our crisis. In these circumstances proper sympathetic and sensitive treatment stops the need for further treatment out-of-hours by specialist services.

The fact that GP's can provide medication and arrange for admission to hospital has also been very reassuring to people.

However, some of us have had negative experiences from our GP's. Sometimes this is just because they are overstretched and do not have enough knowledge of mental illness and therefore cannot respond appropriately in an emergency. They neither have the time nor the understanding to help us through the state we have reached.

At other times it feels as though we are turned away from them. There is a perception that sometimes receptionists can shield the doctors from people who are confused and in distress, especially if drink or drugs are involved, or we are well known or that GP's don't wish to respond themselves. In this way emergencies and crises are sometimes not responded to adequately.

Sometimes we have the feeling that there are some GP's who find it hard to equate mental illness as being as important as physical illness. They don't realise that it can be life threatening and may have judgmental attitudes about those of us who call in distress. Sometimes they may suggest that when we are in this state we phone a friend or the Samaritans rather than coming out to deal with us when

we are clearly ill. This is sometimes just because they do not know what to do that could be productive, but this does not help us if we are feeling desperate.

On occasion we also do not know when it is appropriate to call a GP. Sometimes when we are frightened or scared or very lonely the only person we can contact is a GP.

Ideally GP's would have both access to mental health awareness training and further training in dealing with mental illness itself. It would also be useful if they could call on specialist services when they are coming out to see us.

It may be an idea to have some sort of 'enhanced' GP who is a specialist in mental illness who can be referred to when people phone the surgery in crisis. Some of us doubted the realism of this, saying that it seemed to be getting increasingly hard to see the GP of our choice rather than the other way around.

## **Help at Home**

For some people the ideal would be if workers, either a community psychiatric nurse or a support worker, came into our home when we could no longer manage.

Some of us do not wish for hospital admission and know that with an enhanced service when we are in crisis we can continue to cope at home. This help may take the form of practical help around the home, or emotional support to help us manage with the situation we have reached.

In either case it can help prevent situations from getting worse. It can also provide an alternative to hospital for those who wish it to, and may also help us remain in the community with the normal contacts and connections that we have around us suffering as little disruption as possible.

## **Prevention and Advocacy**

Some of us are very clear in our own minds that if we got help early enough then the full-blown crisis that we get into could be avoided.

This help may take the form of early hospital admission or help at home. It does rely on people listening to and respecting our knowledge of what helps us. Sometimes we feel that we are not being listened to, and that we have to be at our most assertive at a time when we are most vulnerable and least able to express our wishes.

In these situations the help of an advocate may be particularly important, especially if we are getting so ill that communication is becoming a problem.

## **Listening to our Carers**

Many of us find that as we get ill we find it harder to ask for help. We may not be up to speaking, we may have withdrawn from all our normal contacts and have stopped using mental health services. We may have reached a point where we no longer believe that we are ill or want to accept help.



In these situations it is often our carers (friends and family) who are our lifeline to getting help. It is very important that their special knowledge is acknowledged and acted on as we begin to find it harder and harder to cope with the mechanics of ordinary living.

This is also a time when our carers can come under a great deal of pressure. It is also important that they get support with the problems they face in supporting and being witness to the problems that those they love are facing.

### **On-call Services**

If we cannot get access to mental health professionals out-of-hours in the same way that we would ordinarily, then we may benefit from knowing that there are workers on call out-of-hours.

This may take the form of voluntary sector workers (or maybe also users) who we know, being on call when we cannot cope but need an understanding ear.

It may also take the form of professionals from the Community Mental Health Team being available either as an on call service that we can access directly or via the on call GP Services.

### **Increased hours for Drop-in Centres**

If we could use services like drop-in centres in the evenings and on the weekends then the need for many emergency responses would be avoided. For some people the existence of such resources would also reduce the burden on other services, such as GP's.

Many people talk of the anxiety that they feel when they reach a Friday evening and wonder how they will manage to get through safely to the other end of the weekend. Knowing there was somewhere they could go on a Saturday or in the evening could make all the difference to them.

Whilst these extended opening hours for community services are very much wished for they are not the solution for everyone. They cannot be accessed by everyone, they may be too far away or there may be no public transport at these times to get there. Many people, as they get increasingly ill, will not go to such places. They may not be up to it themselves or they may not feel comfortable with staff or other members when in this state.

Sometimes staff, especially in the voluntary sector, may feel that they are being asked to do more than is reasonable. It is particularly important that drop-in centres know that they have access to professionals who can lend support if an emergency develops at times that all other services are shut.

It is likely that there will be less use of drop-in centres 'out-of-hours' compared to their usual opening times (but this is not inevitable). However if they can be run safely at these times they may provide a great deal of security to people who are feeling vulnerable.

## **Travelling Day Hospitals/Drop-in Services**

Not all people can get to drop-in centres. It may be an idea to have some sort of travelling service that goes to more remote communities, possibly using a bus that converts into a room or hiring local village halls for us to drop-in to.

There could be initial problems with making such a service usable as there may be a lot of suspicion and stigma surrounding such a resource. This is not necessarily a good reason for not trying it.

## **Making Services more Accessible**

Not all people in crisis are mentally ill. Some people may be in crisis because they are lonely or sad, they may have relationship difficulties or perhaps work problems.

Some of us said that drop-in centres should be open much more to the whole range of people who could benefit from a listening ear, company, a homely environment or a meal and a cup of tea.

Maybe expanding such services would make them not only more cost effective but also less isolated. Perhaps they could be open out-of-hours for anyone who is vulnerable and lonely.

However, there were also many of us who said that they prized the fact that such facilities were only open to people with a mental illness. It made us feel secure, safe and comfortable in the knowledge that everyone would have some idea of where we were coming from.

## **Increasing Understanding**

There was a feeling that many of us did not use mental health services until we had reached our last resort. This was especially true when we were first getting ill.

Either we didn't know about mental health services, or how to access them, or there is a stigma attached to such services that prevents people from using them or even finding out more about them.

It is important to make such services more attractive to the wider population and to challenge the negative ideas that many people have about these places and services.

By accessing services early enough there should be less need for a crisis to arise and worsen.

It may help if we had people who could meet and accompany us to services for the first time to help us get over making that first big step.

## **Ordinary Activities**

Some simple measures can stop life getting out of control. Many of us can feel very isolated and alone. In rural areas, especially, there can be little to do in the evenings and weekends particularly in the darkness of winter.

Some people may have few friends (sometimes because of the stigma of illness) and little to occupy them.

Being alone and bored on a weekend, when everyone else seems to be enjoying themselves, may reinforce feelings of inadequacy and isolation and lead to a crisis developing.

Access to company that we are comfortable with and things to do and look forward to, such as social trips, BBQ's, exercise and out-door activities, can make all the difference. Sometimes we would want to be able to do this as part of the help provided by mental health facilities, whereas at other times we just want the opportunities that most other people have.

## **Respite**

For many of us having time out in a pleasant environment with people who can deal with mental illness can prevent a crisis from escalating into something that requires admission to hospital.

For some of us the knowledge that our carers and ourselves can have regular access to respite can stop a crisis, that used to be a feature of life, from developing or getting out of hand.

*(See the HUG report on Respite Care).*

## **Waiting Times**

One problem that we face when a crisis is developing is the time it takes to get help.

It is important that we can make appointments to see key professionals quickly. In this way help can be provided to reduce the intensity of what we are facing.

It can be particularly hard to see a psychiatrist at the weekends.

## **Gentle Monitoring**

Often everyone knows when we are becoming unwell. It may be a good idea to keep in contact with us over this time, either by popping in to visit or the occasional phone call to check we are OK.

As long as this is done sensitively and unobtrusively then we can be looked after at a distance.

It does have to be remembered that for some of us a coping method is to withdraw and rest and sleep until we can face the world again. In these circumstances anyone trying to help us would need to be aware that we also have a need for privacy and that this needs respected.

## **Self Help**

The more we can learn about managing our own mental health, and the more techniques we can pick up to get ourselves through it, the better equipped we will be to manage in the community.

Ideas of self-management, and tips that we can learn from each, other also help reduce the need for crisis and out-of-hours services.

In some areas we have had no choice (due to the lack of services) but to get through a crisis using our own networks and resources. It may be possible to learn how some of us have managed this and therefore help others from this experience.

## **The Internet**

For those that are comfortable with it and know which parts of it are safe the Internet can be a source of support and advice that can be accessed very quickly without having to leave home. Some people find it very comforting, and have even managed to get through a crisis alone because of the support of other people on the net.

It can also be relatively anonymous if that is what we wish.

## **Advance Planning and Simplicity**

We have all seen people going into a crisis. It may be possible to have some form of system that can plan for this occurrence.

Ideally as things get worse everyone, including us, would know what the plans were to be if the situation deteriorated and how we would manage when we got to a weekend with little hope of being able to access services.

In these situations if things do go wrong there should be simple and easy ways of helping us make contact with services to allow us to get help.

## **Telephone Helplines**

There are mixed views about this and a number of different ideas:

### **◆ A Local Line**

One of the things that many of us want when in distress is access to a person who has an expertise in mental illness, and who we already know and trust. When we are very vulnerable, speaking to a stranger about very personal things and having to explain what we are going through can be more than we can face.

Ideally we would have access to local services by either the local drop-in centre staff on call via the mobile phones or members of the Community Mental Health Team who would also be on call.

Possibly there could also be a person with an expertise in mental health accessible via the on call service of the local GP's. This may provide an accessible bridge to services when we are very vulnerable.

However it may only suit those of us already in the system and may not justify the expense or the burden it puts on staff.

#### ◆ **A Phone Line connected to New Craigs**

A popular alternative would be access to the ward that we have most recently been admitted to in New Craigs. Ideally we would be given a contact number at the hospital after discharge to use in the weeks during recovery.

Being able to contact a nurse who is likely to know us and who can probably assess the urgency of a situation over the phone could help all concerned:

- ⇒ It could reassure and calm us, as well as getting us services if needed.
- ⇒ It could provide a sense of security to all concerned.
- ⇒ It could avoid calling out doctors unnecessarily.

Such a service would have to be able to contact local services if necessary to provide help if the situation warranted it.

It may not be very helpful for people who are not part of the mental health system or who have never been in hospital before.

In the past some of us have been able to speak to staff on the wards informally and have found such contact to be invaluable. In contrast some of us have, in good faith, tried to contact our old wards for advice only to be told that staff were too busy. This experience can be devastating to those who are already feeling delicate.

#### ◆ **National Phone Lines**

Many of us said that we wouldn't tend to access these sorts of lines (or sometimes any phone line). This was mainly because we were wary about speaking to strangers who may have little understanding of what we were going through, or the world we lived in, and may not be able to provide anything other than a listening ear.

However, there are some of us for whom the very anonymity that this would offer makes such lines ideal. When talking about highly personal things in areas where everyone seems to know everyone else the guarantee of anonymity is prized. It can be too painful to talk about our experiences if we know the person on the other end of the phone.

There are a number of national phone lines but most of us didn't know how to contact them. Some of us knew of Saneline and some of us had contacted the Manic Depression Fellowship, which we had found helpful, particularly because we felt that they understood what we were going through.

### **The Samaritans**

For some of us the Samaritans have been an excellent service that we feel happy to use.

For others it is not the first place to go to. We feel that they don't have a great deal of understanding of mental illness, and some of us find that the absence of advice puts us off contacting them as the one thing that we do want is some idea of what we could be doing to get over our crisis.

Ideally any helpline would be free or charged at local rates.

# **WHAT PEOPLE WANTED IN THEIR OWN AREAS**

## **West Caithness:**

1. Community psychiatric nurses and support workers on call.
2. A telephone helpline that can be connected to services.
3. Access to workers at the drop-in centre by its members by phone out-of-hours.
4. Extra opening hours for the local drop-in centre, for instance from 8am to 8pm all week.
5. Preventative strategies - for example early intervention, respite and increased education about mental illness to give people the skills for coping or the ability to seek help.
6. Reduced waiting times to see therapists.

## **East Caithness:**

1. Extended opening hours of the drop-in centre.
2. Access to on call psychiatric staff (the Community Mental Health Team) and doctors at any time.
3. Staff who can go out to help people in their own homes (especially in the evenings and at weekends).
4. Access to a Highland-wide telephone service that can be connected to local services.
5. Establishment of a place of safety.
6. Access to help on the Internet.

## **East Sutherland:**

1. The drop-in centre open 7 days a week and in the evenings.
2. A local helpline, perhaps connected to the drop-in centre and people that we know.
3. Access to respite - a place to escape to.
4. Access to activities to occupy us.
5. A travelling day hospital.
6. Help from fellow users

In some parts of Sutherland access to basic daytime services are needed before we look at out of hours services.

## **East Ross:**

1. Access to people we know by phone until 10pm or 11pm weekdays, and for 2 to 3 hours on Saturdays and Sundays.
2. To have someone come out to us who we know and trust.
3. Access to CPN's who are very valued, and GP's who can be very necessary.
4. Access to a place like a retreat that offers respite care.
5. Access to a place of safety that is not a police station.
6. Access as a last resort to New Craigs.

**Inverness:**

1. The Community Psychiatric Nurses attached to the on call GP service available 24 hours a day (instead of in the evenings until 11.00 pm).
2. The drop-in centre and the Community Mental Health Team drop-in service open 7 days a week (both of these used to open on the weekends but are now closed).
3. Access to somewhere to go in the evenings (although it may not be heavily used).
4. Access to telephone assistance 24-hours a day.
5. Continued access to Braeside Day Hospital.
6. Access to someone who will come to see you at home.

**Nairn:**

1. Access to a locally based Community Psychiatric Nurse service that is on call when the Community Mental Health Team is closed.
2. Access to someone who will come out to assist us in our homes.
3. A Community Psychiatric Nurse on duty on the weekends who people can call in and see.
4. Access to GP's who have a good knowledge of mental illness and the ability to come out.
5. Access to a telephone line based at New Craigs Hospital.
6. Having the drop-in resource provided by the Community Mental Health Team open 7 days a week.
7. Access to services via a helpline for people who are new to mental health services.
8. Quick access to, and transport to, hospital if necessary.

**Badenoch and Strathspey:**

1. Local services on call via mobile phone which current clients have the number of.
2. Access to drop-in services 7 days a week (although perhaps on the weekends having only one place open which people can get to via prepaid taxi if they couldn't get there in any other way).
3. Help from fellow users, maybe as support or keeping drop-in services open themselves if there is a staff shortage.
4. A person with a knowledge of mental illness as a support to us and the GP if they have to be called out.
5. A Highland-wide telephone helpline at New Craigs connected to local services that are on call.

**Lochaber:**Meeting A

1. Quick transport and admission to hospital.
2. Preventative strategies to nip problems in the bud.
3. Support for carers.
4. Help in our home from a Community Psychiatric Nurse or support worker.
5. Local hospital beds.
6. Access to an advocate.
7. A specialist attached to the 'out-of-hours' GP services.
8. Extend drop-in centres hours to include weekends and evenings.
9. A telephone helpline based at New Craigs.
10. Better knowledge of local services and national helplines.

## Meeting B

1. Access to specialist staff based at the Health Clinic in Fort William.
2. Access to a telephone helpline based around GP on call service.
3. Extended hours for the drop-in centre evenings and weekends.
4. A card with useful contact numbers for use in emergency.
5. Help from a variety of people, including support workers and friends and relatives.
6. Access to things to do and occupy us, especially on weekends and in the evenings.

### **Skye and Lochalsh:**

1. A telephone line to New Craigs connected to local services.
2. An on call CPN who can be contacted via the helpline.
3. A room at the drop-in centre to help people in emergency.
4. Extended opening hours for the drop-in centre in Portree to include evenings and weekends.
5. Extended opening hours and wider coverage of out reach services from the drop-in centre and the centre in Kyleakin to the rest of Skye and Lochalsh.
6. People to keep in touch with people who are struggling.
7. Help at home, including help with practical tasks.
8. Services should aim to provide 7-day / 24 hour coverage.

### **Wester Ross:**

1. Services on call 24 hours day, 7 days a week.
2. An 'enhanced' GP service.
3. Quick access to hospital.
4. Help in the home over a time of crisis, for example carers/support workers who can come in and help us over a time when we are struggling.
5. Visits from professionals such as CPN's and doctors, who respond to the severity of the problem including coming into the home daily.
6. A helpline linked to the hospital, and in turn linked to GP services.

## **CONCLUSION**

Those of us with mental health problems in the Highlands often have a need to use services outside of the conventional opening times of weekdays between 9am and 5pm.

Our need for things to do, for company and support does not stop in the evening or the weekend. In fact, for some of us, our needs increase as it is at these points that we may feel most alone. Others of us can only access such services at these times as we have other commitments such as being in employment.

However, it does seem to be true that we would not use out-of-hours services as extensively as conventional daytime services. This does not stop such services from being needed.



The existence of such out-of-hours services would help reduce the need for crisis services. Knowing that we have somewhere to go, or someone to see us when we are struggling to cope, could prevent more serious crises from developing.

However, despite this, we will still get into situations where a crisis response is required. We need to be sure that in these situations we will be put in touch with services quickly, wherever we live, and that the appropriate responses, which may include hospitalisation or help in our home, will be made.

When we are in crisis (especially out-of-hours) it is important that the staff dealing with us have adequate training, recompense and support. It is no good having staff who are too tired from dealing with us out-of-hours to do their day jobs. In fact, although we believe that the contracts with staff dealing with us in the community should be changed to include the possibility for working unsociable hours, we are also keen that investment in such services does not rest on stretching already overburdened services and workers, but on creating new posts and perhaps specific out-of-hours services.

It may also perhaps be possible to shift the hours that a service is open, to include weekends, as long as this doesn't damage workers or day services and if the ultimate aim is to provide a comprehensive out-of-hours service.

We feel that some simple things like a comforting voice on the end of a phone, the knowledge that if we really need it we can get help, or the discovery of tips and hints for getting through the hours when life seems desperate can prevent an escalation of a crisis later.

When we look at the effectiveness of such services we need to be sure that we measure the security they provide as well as the numbers they help. We also need to be aware that one person who doesn't take an overdose at three in the morning because they had someone they could speak to is a worthwhile result.

Finally, when we look at the impact of such services we need to get away from the crudity of trying to state how many hospital beds are saved by their existence. A quality service does not just prevent hospitalisation, it also improves and enhances the life that the majority of us who spend most of our time in living in the community have a right to.

## APPENDIX

We were given a series of questions by the NHS Highland to test with our members and the results were as follows:

We agree with other studies of users that the following are needed:

1. Services accessible 24-hours a day.
2. Face-to-face counselling.
3. A service in our own home.
4. Being able to self-refer.
5. Telephone counselling.

We agree with the views from GP's that there should be:

1. 24-hour key worker / CPN availability.
2. Community Psychiatric Nurses attached to GP practices.
3. 24-hour Mental Health Helpline.
4. Easily accessible respite care.
5. Patients able to self-refer.
6. Crisis counselling round the clock.

Whilst we agreed that services based at some central point may be less expensive, we very much felt that services should be based in people's own local area. This would mean that we would generally have access to someone that we knew and that responses could be made faster. It would also help create a more solid community mental health service infrastructure for each area.

The only exception was a telephone helpline, which many of us did think could be a Highland-wide one.

We were also keen that any service responding to a crisis should be able to access our records easily, both to respond quickly and effectively, and also to prevent us having to go through our story again at a difficult time.

We were also keen that the ideas of confidentiality were used positively to protect us, but equally that they didn't act as a hindrance to getting the help we might need in crisis.

**With thanks to all the users of mental health services who contributed to this Report. Thanks are also due to the Scottish Executive who gave support for the writing of this report.**

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