



# Welcome to our Autumn/Winter Newsletter 2004



Welcome to our Autumn/Winter 2004 HUG Newsletter. The months of September to November have passed by in a flash - so much so that we have combined Autumn and Winter together in a bumper issue.

We hope you enjoy.....

Happy Reading from all at HUG

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**HUG is the Highland Users Group, a network of users of mental health services across the Highlands**

Membership of HUG is open to anyone who has experienced a mental health problem. *Just write, phone, or email us and leave your name and address - it's as easy as that!*

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**Note:** The views expressed by our members in this newsletter are not necessarily the views of HUG.

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## FEATURES ON OUR MEMBERS

Every edition we feature one of HUG members so that we can get to know them a bit better. In this edition Keir tells a little about himself.....

**What's your name and tell us something funny about yourself?**

My name is Keir Hardie and that's a tall order. Ask someone else when I'm not around!

**How long have you been involved in HUG and what kind of things do you do?**

I reckon I've been involved for about five or six years and I do a wide range of things, with HUG and others. With HUG I try to specialise in stuff no-one else wants to do. It means I end up doing a lot of things no-one in their right mind would do, which is handy. At the moment I'm one of the project leaders of the 'national user voice.' Unfortunately it means that sometimes I'm first come served and I can't do everything I'd like to, for instance Emma asked me to do some training soon, but I've got a meeting for a group I'm on looking at datasets for the Improving Mental Health Information Programme, an NHS thing, in Edinburgh that day. I do quite a lot of national stuff now, and last year I started doing talks, two last November and two this. This year's were terribly last minute, I wish I did them at a sensible pace like Graham.

**Who has had the biggest influence on you?**

I'm influenced by everything and everyone, positively and negatively. I've always got my eyes open to see what's normal so I know how to behave, like I think everyone does to an extent. But I evaluate it all too, so I'm influenced in a positive way by anyone who says or does something that resonates with me or inspires me, but I might not be at all impressed by what they say or do next.

**What is your favourite food?**

I've no idea – I love food too indiscriminately.

**Who would you most like to meet?**

The man who designed my brain – there's a few wee niggles I'd like to talk to him about.

**Name one thing that would make your life better?**

More money.

**What three words best describe you?**

Best? Ooh, I hate these kind of question, I'm the last person you should ask... possibly... my three are... facetious, sincere, whatever.

**What is your greatest achievement?**

I don't think I've ever made such a mess of anything that anyone remembers it. And people don't usually find me annoying enough to actually dislike me.

**Who do you most admire?**

People who are never bitchy.

## How to be a Doctor Friendly Patient



As with relationships, garden mowers and useful items in general, your Doctor will stay the pace longer if a few basic maintenance procedures are adhered to. For example:

When asked how you are, try not to say “**fine**”, at least not without qualification:

**DOCTOR** “How are you today Mr Smith?”

**MR SMITH** “Fine Doctor, but when I try to use this arm it hits the roof and so do I”

Do not start by telling the Doctor what you want. Give him a few clues to help him work out what you need. Then, when he has that sinking feeling, because he knows that your best option is simply unavailable, at least he does not have to start with a refusal.

If you feel that something is not quite right, go and tell the Doctor about it (use plain English). If he can nip something in the bud, then the five-minute slot will probably be adequate and your health and his budget will both benefit.

If you have a long-term illness, learn as much as you can about it, so that you can judge when you can help yourself and when it is wiser to ask for help.

Do not use medicine without checking with the Doctor, or perhaps the practice nurse. If the Doctor is to help you he needs the full picture.

Remember, Doctors, unlike garden mowers, are only human and will keep their cutting edge longer if treated with patience by the patient.

**Garry**



## Workers Update

**As usual; it has been a very, very busy last few months. I thought it would be good to give you a quick update on the work I have been doing since the last newsletter. So here goes...**

### Media Work

Since the last newsletter we have had a number of articles in the media including:

- ◆ Coverage of HUG report, 'Stigmatisation and Discrimination: Exploring Young People's Attitudes to Mental Health Issues
- ◆ Article on the Employment and Mental Health Conference
- ◆ Live radio interview on HUG's views on the "There, There" magazine
- ◆ Feature articles on self-harm, suicide and employment
- ◆ Radio coverage on the self-harm seminars
- ◆ Article on the connection between physical and mental wellbeing for young people
- ◆ 2 HUG members profiled in the Community Care Magazine
- ◆ 3 joint press statements/releases with NHS Highland e.g. around suicide awareness week in September 2004.



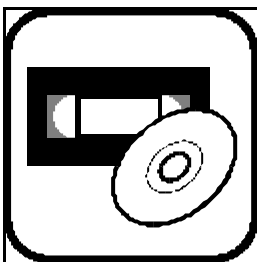
We have also sent out Press Packs to a number of local journalists. These packs included HUG's media guidelines as well as the NUJ Guidelines.

### ICT Work

Over the last couple of months we have continued to update our website more regularly with new pieces being added to the "Arts Gallery" every two months. We have also been regularly adding reports, newsletters and press releases to the site.

Discussions have also been held about the development of a member's area on the website and a bulletin board. This will be looked at in more detail early next year.

There have also been a number of discussions around the use of web-cams as a tool to reduce isolation and increase communications among HUG members. A small pilot demonstrated the need for further work in this area. This will be looked at in more detail early next year.



## Videos and DVD's

Well the DVD on the Mental Health Act is finally finished and is now being used across Scotland as part of the training on the New Mental Health (Care and Treatment) (Scotland) Act 2003. The DVD was launched at the BASWA Conference in Aviemore on the 26<sup>th</sup>/27<sup>th</sup> October.

Some of the other videos and DVD we have produced are:

- ◆ Production of an 8 minute video of a HUG member's testimony of her experience of accessing housing for HUG's awareness raising training with Council Housing Department.
- ◆ Production of a 10 minute video of a HUG member's experience of living with anxiety and depression used as part of HUG's awareness raising training with Key Housing.
- ◆ Production of a CD of a young person talking about her experience of self harm for the self harm seminars
- ◆ Production of 3 videos for the Pharmacy Department of New Craigs on HUG members experience of taking anti-depressants, drugs used to treat bi-polar and anti-psychotics. The videos have been used as part of the training delivered by the Pharmacy Department of New Craigs aimed at support staff, key workers and staff within voluntary organisations. Also used as part of the training for new Mental Health Officers.
- ◆ Production of a 15 minute DVD on Employment for the Highland wide Employment and Mental Health Conference on the 8<sup>th</sup> October. The DVD was very well received. HUG is currently in discussions with SHAW about how the Employment DVD could be used as part of their Commendation Award on Mental Health and Wellbeing.

***Just to let you know that we have used the (Mental Health Act) DVD as part of our local orientation training for the new act and the feedback has been that the DVD works very well as a training tool by bringing the service user perspective right to the heart of the training and making it much more alive for practitioners in both statutory and voluntary agencies. Well done to everyone who participated and put themselves in the spot-light in order that our learning can be enhanced.*** (Jan Causon, Mental Health Officer Co-ordinator, Inverclyde Council)

**Karen**

## Workers Update CTD

### Self Harm Seminars

Hi folks. I would like to give you a flavour of some of the work I have been involved in since the last newsletter.

The major pieces of work have been organising, as part of Inverness Self-harm Forum the self-harm seminars and a 2004 tour of the Eden Court STIGMA play to Highland secondary schools.

**Self-harm seminars:** Three training seminars took place during September in Inverness, Brora and Fort William, which were extremely successful. 160 delegates from a wide range of agencies and professions attended. Feedback from the training has shown that 97.5% rated the HUG session as 'excellent' or 'very good'. Below are a couple of comments from people who attended the seminars:

***The HUG personal testimonies were enormously helpful in clarifying what was going on at the time in their lives and their minds, and exploring what was not going on – that did a lot to blow apart the prejudices and attitudes of negativity.***

***The courage and transparency of those giving personal testimony was a real catalyst in bringing people to face their own attitudes towards self-harm. Thank you for all the evidence of compassion and care for people in the middle of this kind of trauma.***

The aim of the seminars was to provide an opportunity for professionals who work with young people to think about self-harm, the effects of self-harm on young people and appropriate and useful ways of addressing this growing problem. This project was funded through the Scottish Executive's 'Choose Life' programme (a National Strategy and Action Plan aimed at addressing the rising rate of suicide in Scotland).

### Stigma Play



This year the play toured Highland for a three-week period during September and October, visiting 22 secondary schools, reaching an audience of approximately 1500 15-18 year olds. The main aims of this project were to help young people gain greater understanding of a range of mental health issues which affect young people (depression, self-harm and suicide) to challenge young people's...

misinformed views about people who experience mental illness and to inform young people about where and how to access help and support.

Informal feedback from pupils and teachers has been extremely positive. Questionnaires have been sent to 7 of the schools asking for formal feedback from 30 pupils and 2 teachers from each school. We have already received forms from two schools and below are some of the comments from the kids:

**Q5: 'Please write 4-6 words or phrases which describe your reaction towards the STIGMA play and the issues portrayed (e.g. self-harm, suicide, depression, stigma).'**

*Shocked, amused, it made me look back on my life, got me thinking 'I wonder if anyone in my life feels like that', concerned.*

*Shocked, amused, it made me think.*

*Emotional, surprising, interesting*

*Hard-hitting, but portrayed brilliantly to raise awareness*

*The play showed the hard-hitting truth about these illnesses.*

*Keep showing it around the schools. It is an excellent way to get the message across effectively.*

**Q8: 'Do you think you have learnt anything from the play that might help you be more supportive to someone with a mental health problem in the future? (Please explain)'**

*Mental health is a big issue and take care when discovering changes in my friends.*

*Yes, to be more understanding. Yes, it's told me to listen to a person and to show help is here if they need it.*

*Yes, I have learnt to be more supportive.*

*Helped me to understand it's an illness and can't be helped.*

*Not to ignore them or take it lightly, as it is a very serious issue.*

**Q10: 'If you have any other comments we would be really pleased to hear them:'**

*The play showed the hard-hitting truth about these illnesses.*

*Keep showing it around the schools. It is an excellent way to get the message across effectively.*

**Emma**

## Stigma Play



14<sup>th</sup> August '04

Dear Graham,

I just had to put pen to paper and say congratulations on your 'STIGMA' play of Sept/Oct '03. I got the report from your office the other week and was reading over it again. It was packed with lots of superb info. The part I was most impressed with was page 12, *main lessons learned*. As I have said before, my sons were 'caring' for me when I was going through my breakdown and this type of play, especially the briefing and follow up, would have been invaluable to help them and their friends understand what was happening as, unfortunately, one of my sons' has depression himself.

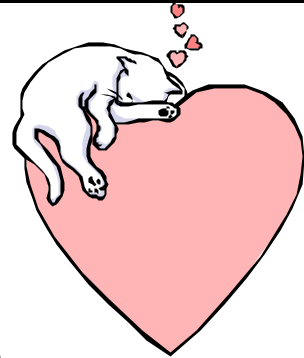
Keep up the good work and please keep me on your mailing list. Have any of your members or yourself heard about SINS. I've had no word back yet, just wondering if any one else had yet.

Thank you for your time

**Fiona** (Falkirk)



## And God Created Dog and Cat



A newly discovered chapter in the Book of Genesis has provided the answer to: **'Where do pets come from?'**

Adam said, 'Lord, when I was in the garden, you walked with me every day. Now I do not see you any more. I am lonesome here and it is difficult for me to remember how much you love me.'

And God said 'No problem. I will create a companion for you that will be with you forever and who will be a reflection of my love for you so that you will love me even when you cannot see me. Regardless of how selfish or childish or unlovable you may be, this new companion will accept you as you are and will love you as I do, in spite of yourself.'

And God created a new animal to be a companion for Adam. And it was a good animal. And God was pleased. And the new animal was pleased to be with Adam and it wagged its tail.

And Adam said, 'Lord, I have already named all the animals in the Kingdom and I cannot think of a name for this new animal.'

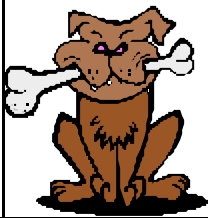
And God said, 'No problem. Because I have created this new animal to be a reflection of my love for you his name will be a reflection of my own name, and you will call him Dog.'

And Dog lived with Adam and was a companion to him and loved him. And Adam was comforted. And God was pleased. And Dog was content and wagged his tail.

After a while, it came to pass that Adam's guardian angel came to the Lord and said, 'Lord, Adam has become filled with pride. He struts and preens like a peacock and he believes he is worthy of adoration. Dog has indeed taught him that he is loved, but perhaps too well.'

And the Lord said, 'No problem. I will create for him a companion who will be with him forever and who will see him as he is. The companion will remind him of his limitations, so he will know that he is not always worthy of adoration.'

And God created Cat to be a companion to Adam. And Cat would not obey Adam. And when Adam gazed into Cat's eyes, he was reminded that he was not the Supreme Being. And Adam learned humility.



And God was pleased. And Adam was greatly improved. And Dog was happy.

And Cat didn't care one way or the other.

## GRAHAM'S UPDATES

**Keeping you up to date with what has been Happening.....**

### **DUNAIN COMMUNITY WOODLAND**

The group trying to obtain community ownership of the woods around Craig Dunain is now a proper charity.

Membership is open to residents in the area and any past or present patient of New Craigs, Craig Dunain and Craig Phadrig.

Part of the idea of the woodland is to create outdoor employment opportunities and other activities for people with mental health problems

We will be sending out leaflets to Inverness members but if any one else wants one call the office.

### **E-MAIL SERVICE**

We are now gathering more and more people willing to receive mailings via e-mail.



This saves us money and time and is good for our environment.

If you are not on the e-mail list and are willing to join it then send us an e-mail and we will add you to it.

**[hug@hccf.org.uk](mailto:hug@hccf.org.uk)**

### **GIVING EVIDENCE TO THE EQUAL OPPORTUNITIES COMMITTEE**

I was asked to give evidence to the Equal Opportunities Committee at the Scottish Parliament as the first stage of the inquiry into the barriers that people with disabilities including mental health problems face in employment, education, leisure, the arts and so on.

It was the first meeting of this committee in their new premises but we were made to feel very welcome and the room and building itself were spectacular, though not intimidating.

We spoke for a long time beyond the time allocated to us yet the MSP's seemed interested throughout. One of the strange things was the care with which our words were recorded and the checks made to ensure that we had been heard right. In fact there is a report of the meeting available almost down to every um and ahh!

Unfortunately it costs £5.00 but if any of you want to know more about what was said do contact us at the office on 01463 718817



GRAHAM'S UPDATES CTD

**VISIT TO THE TAG UNIT AT AUCHTERTYRE.**



After a recent HUG meeting on the West Coast HUG members were invited to visit the TAG unit at Auchtertyre.

It was a good visit and we were made to feel very welcome. The room that people work in is relatively small with lilac walls posters and lots of desks and computers.

We heard that the space people have is far too small to cope with the numbers who use it, and that unfortunately many of the computers were out of date and that no room was available for private talks. People felt there was a need for more funding to brighten up the whole environment and create more room to work.

There is a lot of demand for the services of TAG and a long waiting list for new trainees and, yet to our surprise we heard that over the years the total hours allocated to TAG workers in Skye and Lochalsh has actually decreased.

The stories that we heard were that TAG users in Lochalsh greatly appreciated the service but wished to see better premises and longer hours for workers.

**AND OTHER TAG UNITS**

By coincidence issues to do with TAG were raised at some of our other meetings such as :

- ◆ There is no TAG unit in **Wester Ross** people in this area also want access to employment opportunities.
- ◆ The TAG Unit based in the Town and County hospital at **Invergordon** has to find new premises by the end of January and still doesn't know where it will end up.
- ◆ The hours of the TAG worker in **Nairn** have been cut from three days to one.
- ◆ We are also aware that for quite some time the TAG Unit in **Inverness** has been shut on Fridays and that they also need to move premises. We know that some of the funding from the European Union is due to end soon too.

With a project such as TAG that is greatly valued and specific mention of the importance of employment in the new mental health act we wonder why this situation exists.

**STIRLING USERS NETWORK**

On Thursday, 18 November members of StUN (Stirling Users Network), Lindsay (worker), Davie Reid, David Bell, Sadie Taylor, Marjorie Crossly and Karen Hall left Stirling to travel to Inverness to meet with members of HUG. I was wondering what our trip would involve and how useful it would be.

We arrived at the Highland Volunteer Centre, signed in and were taken to the second floor meeting room, where we met HUG members and staff.

After introductions had been made Graham Morgan talked about how HUG had a play that had been commissioned to take around Highland Schools to raise awareness of mental health and stigma issues and he told us about all the preparations that had to happen to take the play to the schools. We then watched a DVD, which HUG Members had made and appeared in talking about their own experiences and how this relates to the New Mental Health Act. I thought this DVD was really thought provoking and I thought it was very brave of those people for taking part and being so open about their experiences, I would find it very difficult to be so open. I would like to think that sometime in the future I would either be able to take part in a DVD or go and speak to a group of people about my own experiences of mental health. Thanks HUG, the visit was an inspiration!

**K Hall (StUN)**



GRAHAM'S UPDATES CTD

**MENTAL HEALTH AND PRISON CELLS**

Many years ago we first raised the issue of people being placed in prison cells or police stations when ill because no psychiatric provision was available.

This is completely unacceptable; people should not have to be in this situation just because they have an illness. However in recent months we have found that some of our members still end up in police stations and that it is not a practice confined to rural areas where services are sparse. It also occurs in places such as Inverness.

We are aware that the police share our concern that this still occurs and would call for funding to be made available to allow immediate access to services when this is needed wherever people live.

**OUT OF HOURS REPORT**

This report was recently sent out to you. It is now available on the NHS website and we have been promised that our concerns are being followed up.

With the imminent introduction of such a service we worry about whether all the systems are in place to make it operate safely and effectively across Highland. We also worry about whether the special needs we sometimes have with mental illness will be adequately catered for.

**An apology:** when producing this report our photocopier rebelled and many of you ended up with a copy with pages upside down – for a better version call the office.

**RESOURCES FOR MENTAL HEALTH**

We have written to the directors of NHS Highland and the Social Work Department to ask whether the money allocated to the mental health act will definitely be spent on Mental Health and on implementing the Act in particular and what has happened to these sort of resources in the past.

We are still awaiting a reply that answers our questions directly although we have been assured we will get one.

We believe that the resources will remain in mental health and for the Mental Health Act, but understand that the substantial amount of resources that were to have been spent locally this year may not be now.

We don't understand how this could have happened and will be raising the issue in the coming weeks.

**SMOKING**

Earlier in the year we finished our consultation on passive smoking.



Although many of us re-alise the dangers of smoking, and some of us hate to be around smoke a great number of us feel that there should be provision to continue to have smoking areas in hospital or places like drop in centres.

A copy of this report is available from the office.

GRAHAM'S UPDATES CTD

**SUB GROUPS**

The two sub groups: one on drugs and alcohol and one on self harm and suicide have not met for quite some time.

We apologise to the enthusiastic members of the groups, we just haven't had the capacity to respond recently.

However, we are now moving forward the drug and alcohol group and will be filming and gathering awareness materials in February and March, and the self harm and suicide one will be doing the same later on in the year.

If any of you want to get involved in this and are not already in contact with these groups do let us know.

**SUPPORTING PEOPLE**

Supporting people is a fund that provides support workers to help people to live independent lives at home.

Many of our members get help from this service. They often say how helpful it is, and that it keeps them going, and keeps them out of hospital.

We heard recently that the Scottish Executive has made cuts to the Highland grant. In the next few years Highland will have to make more and more savings.

We worry about what will happen to the people who get so much help from this service and why the cuts should have been made.

**TALKS**

We have given a few talks recently:

**Keir** – a personal view of the Mental Health Act- British Association for Social Workers Conference

**Keir** - Mental Health and Information –Improving Mental Health Information Program Conference

**Graham** – Personal Priorities in Mental Health– Community Care Live Conference

**Graham**—Employment and Mental Health (Highland) - **notes only**

These can be obtained from the office

**MENTAL HEALTH ACT**

This is due for implementation by April 2005. Officials from the Council and Health Service have been working flat out but we do worry about the huge amount of work that still needs to be done to implement this important piece of legislation.

Have they been given enough resources and assistance from their own services and the Executive to be able to carry out a realistic job?



## LOCAL BRANCH NEWS

Some of the issues and events we have been raising.....



### Caithness

We have written about issues to do with drug and alcohol services in Caithness and have been asked to meet with someone from the addictions service.

We will let you know the result.

We have also written about out of hours services and places of safety and the need for Cognitive Behavioural Therapy, but await a reply.

A bit of jargon for you; Garry is hoping that the Local Implementation Groups will start again soon. We are aware that we have members of HUG who are willing to appear on most of the Local Implementation Groups and all of the Community Health partnerships across the Highlands, but that we don't have a presence or invitation to all of these – hopefully that will change soon.

### Sutherland

The Gatehouse has now been redecorated.

Our concerns about bus services have been acknowledged and agreed with, and we have been asked to report any further problems.



We have a number of copies of the poetry and photography book – *Life journeys* – images and words about Sutherland by New Futures project. It is very good; phone us for a copy.

We gave a presentation about HUG at the Sutherland LIG. Although there were no HUG representatives there, there were some other users. It was refreshing to see the high level of debate and the respect accorded to everyone's views. One of the strong messages was about the need for resources to reflect the historical lack of investment in some areas.

This fits with some concerns that we have about the need for investment in services across the west coast and in remote areas generally. In some communities despite the welcome development of new services, it will be inevitable that services will be less than we would get in urban areas and yet despite this we all need equitable help with our health and lives wherever we live. Equally, we need to look at funding in mental health services generally; our feeling is that historically the whole service has been under funded; any services that manage to attract new funding and resources need to be applauded.

LOCAL BRANCH NEWS (CTD)

## East Ross

We have been asked to raise the importance of physical health screening for people with mental health problems – sometimes because physical illness affects our mental health sometimes because we suffer from poor physical health, maybe because of illness, medication and poverty we worry that these problems are not always detected.

## Inverness

The FRIDAY FORUMS:

At these meetings we have;

- ◆ Met with other user groups – Dumbarton and Stirling
- ◆ Looked at policies on the use of illegal drugs at New Craigs
- ◆ 'Evaluated' the Mental Welfare Commission website
- ◆ Contributed to the user forward mental health message board
- ◆ Looked at videos, written letters, and articles
- ◆ Looked at routes into employment
- ◆ Heard about music therapy
- ◆ Redrafted the leaflet on the door to Ruthven ward that caused so much concern, and even offence, to users. Hopefully the new one will be adopted and will be positively received.
- ◆ Been consulted on all sorts.

And so on.....

## Nairn

By the time you read this we should have shown a DVD we made on the Gardeners Cottage and its future to the locality planning group – we will keep you posted .



## Badenoch & Strathspey

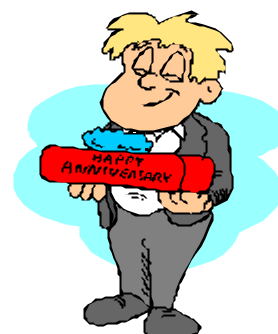
We are to write a letter about the 'Supporting People' Fund– the Richmond Fellowship Scotland which supports many of our members and has a lot of its funding from 'Supporting People'. Although this support does not suit everyone, we need to be sure that the service in this area is secure, receives appropriate funding and that everyone knows what is likely to happen.

We also welcome Pam our newest Round Table member.

LOCAL BRANCH NEWS (CTD)

### Lochaber

We were invited to attend the tenth anniversary of the Glengarry drop in centre. It was a really good day with lots and lots of people attending, and we hear that the evening was great too.



### Skye & Lochalsh

Here the meetings continue to be well attended and well informed. We have lost Margaret one of our Round Table members, to Edinburgh and are looking for a replacement.

Among other things we have been raising the need for local Psychology services.

### Wester Ross

We have now lost the use of Joan's house for our meetings after many years. Joan, our Round table Representative for Wester Ross, is now moving on . It has been great meeting with her and talking about so much; a pity we never photographed the fantastic mentally healthy room she has created. Best of wishes to you Joan.

We hope to take up an offer of a room in Gairloch made by a new member and up in Achiltibuie we have been offered the use of Chris's room for meetings there.

They should start soon.

**There are many, many other local issues that we have been asked to raise –we will keep you informed of them.....**

## HELPING OURSELVES AND EACH OTHER

Graham sent us a list of 22 questions people wanted answered. The list looked very like a final year clinical psychology exam!

It feels difficult to give brief answers that are helpful rather than too simple. Some questions overlap so we rolled them into one topic to give ourselves a bit more room.



### **The role of talking in dealing with mental illness.**

Research has shown that having someone in whom you can confide seems to protect people from depression. This might be because:

- we have to sort out our thoughts when we say them out loud
- because friends can point out things we have not thought about
- because they can pass on tips as to how they have dealt with things
- because they can show they care, and that we do matter to them when we dare to share our feelings

But often friends do not know what to say about experiences they do not share and this can leave us feeling more isolated. There can be troubles if people do not keep secrets or with us feeling embarrassed that people know our innermost secrets. Talking to professionals can overcome some of these problems.

Most psychological therapies involve talking, however, there is increasing evidence that keeping active and doing things (hobbies, chores, sport) is very important too. For talking therapy of any sort to work the person must feel ready to talk, they must believe that the therapist is really listening and that their words will be treated with respect. The way people talk in therapy varies according to the type of therapy being used: e.g. in Cognitive Behavioural Therapy the therapist will use questions to help people change their thoughts and try out new behaviours whereas in Person Centred Counselling therapists will use reflective listening to help people to understand their dilemmas.

What sort of talking therapy is best is still a matter of research but most therapists will discuss thoughts, feelings and beliefs as well as facts. Often talking means telling secrets, particularly traumatic memories or sources of shame. This can increase distress for a while and part of the talking needs to be about that distress itself and how to deal with it. Sometimes talking without considering how distressed you feel can make problems worse.

It would be helpful if readers could share their experiences of when talking has been helpful and when it has been a bad experience, and perhaps whether talking to friends, fellow users or professionals has been the most help.

**Caroline Dobson, Psychology Department—New Craigs Hospital**

## Mental Health Tribunal - Applications for General Members

Applications are invited from candidates who are either:

- ◆ mental health service users or their carers;
- ◆ registered nurses with experience of providing mental health services;
- ◆ clinical psychologists entered on the British Psychological Society's register of chartered psychologists
- ◆ social workers or occupational therapists with experience in the assessment and care management of people with a mental disorder;
- ◆ people managing/employed in the provision of a care service to individuals with a mental disorder.

You should be able to demonstrate sound qualities of analysis and judgement along with strong communication and inter-personal skills.

It is anticipated that the post will require a commitment of approximately 2 days per month from April 2005 but a degree of flexibility may be necessary. The fee will be £380 per day, pro-rata, together with reasonable expenses. The initial appointment will be for 5 years and the Act makes provision for the appointment to be renewed.

General members will be expected to have no professional connection which could conflict with matters falling within the jurisdiction of the Tribunal.

To request an information pack you can either telephone 0870 240 1818; fax 0870 600 4111. Email [publicappointments@response-handling.com](mailto:publicappointments@response-handling.com) or SMS text message 0796 013 3181.

In all cases, you must provide your name, address and the appointment you are interested in.

Alternatively please write to Public Appointments,  
P0 Box 7332, Glasgow G51 2ZA.



## To Write a Wrong

One of the most important things to learn when dealing with mental illness is to have coping strategies for when times are bad. Sometimes, for people with a mental health problem, life can feel so desperate that there seems nowhere to turn and it is at times like these that coping strategies are so important. There are many positive ways to pour out the negativity that can swamp the mind – exercise, talking to someone and painting (you don't have to be Picasso!) to name but a few. I write. I sit down and try to articulate what is going on inside my head. I find it easier than talking as there is no comeback or judgement about what I put down on paper. Sometimes I write something down and when I look at it I think "Yeah, *that's* how I feel" but equally there are times when I think that what I have written is a load of rubbish - whatever, the thing that is important is that I am making an effort, a positive effort, to exorcise the demons that are raging in my head.

I never set out to write a book. I mean, *a book*, for goodness sake! All that happened is that I sat down one day and thought "I'm going to write about the worst day that I have ever had." I wrote it as a sort of a cathartic exercise and after nervously showing it to a few people including my CPN, I was really chuffed when they said that it was a great description of acute mental illness. They encouraged me to write more and that piece became the first chapter of my autobiography, "The Naked Bird Watcher".

If anyone reading this feels as though they would like to try and write something let me give you an important piece of advice – only write when you're feeling well and strong enough to cope with the emotions that writing about your life can bring to the fore. It can be a bit of a rollercoaster ride and you owe it to your health to be in a strong frame of mind. There were days, many days, when I had to switch the computer off and step away as I could feel myself being pulled down by what I was writing. It'll always be there for you to go back to. There's no rush.

I find that writing is a useful tool in many ways – a few nights ago I was sitting alone in my sitting room and found myself swamped by negative intrusive thoughts that were telling me that I was a terrible person. I wrote down what I was thinking and stared at what I had written – "I'm a terrible person and I'm going to burn in Hell". Then I wrote down underneath it in big capital letters, over and over, "NO I'M NOT. I'M A GOOD PERSON AND I'M NOT GOING TO HELL". It helped and after a while the bad thoughts receded. Of course, when I'm well I can laugh at situations like that but I know that writing down how I'm feeling and challenging it is a valuable tool in my mental health tool box. For me there have been many times when I have gone to see my psychiatrist, either as an outpatient or when I was in hospital, and I have sat down in front of him....

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and all of the things that I was meaning to say have flown out of my head. It can be so frustrating, both for me and my psychiatrist. So what I do now, and what I advise others to do, is to write down on a piece of paper everything that you want to say. That way if you're feeling nervous or unwell you can either read it out aloud or simply hand it over for them to read themselves. Don't leave the room until you're happy that everything on your piece of paper has been covered. I know of one woman who did this and the psychiatrist's response was "I have learned more about you in this half an hour than I have over the years." It really works and if you find talking to your doctor (be it your GP, CPN, psychologist or psychiatrist) difficult then I would recommend trying this tactic. It also could be the way to let your family or friends know what is going on and give them an insight into how you feel.

Don't ever worry if you feel that your English isn't that strong – all that matters is that what you write down comes from the heart and that you feel better for writing down what you feel. Perseverance is the key as it may take many attempts before you're satisfied with the results. No one is going to judge you or hand out marks and spelling corrections so remember just to take your time and be honest with yourself. Of course, it is up to you if you show it to anyone but I found that showing what was to become my first chapter to people helped them understand what I had been going through.

I will continue to write, whether it's articles, another book, or just little reminders to myself that I'm not such a bad person. Writing my book was a watershed for me, making me realise that despite my illness life still has a lot to offer.

An unexpected surprise has been the reaction and interest that the book has caused and all the great emails and letters that I have received from people who have read it. It's wonderful to know that I have touched other peoples' lives. Whatever, there is something that you, yourself, could do that could help you. It doesn't need to cost money - so go for that walk, draw or paint a picture or, if you feel like it, write something down and express yourself. Try to take control of some of your life and use every positive means at your disposal to live your life to the full.

Writing helped me – I hope it helps you.

**Suzy Johnston writes, advises, promotes and publishes on mental health awareness issues. The 2<sup>nd</sup> and updated edition of her autobiography 'The Naked Bird Watcher', The Cairn ISBN 0954809203 is available from The Cairn [www.thecairn.com](http://www.thecairn.com), bookshops and internet book sites.**

### **Breathing Space**

This free phone line was launched in Highland in July. It was originally set up in Glasgow to target young men who were experiencing difficulties, including mental health problems. It now caters for anyone who has such difficulties, and is available 365 days a year from 6pm until 2am. It is directly funded through the Scottish Executive. Breathing Space has trained male and female workers, who will listen and advise the individual and give information about available services in their area. It does not make direct referrals.

It would be very useful to hear the views and experiences of anyone who has used the service.

Breathing Space free and confidential phone line: 0800 83 85 87  
[www.breathingspacescotland.co.uk](http://www.breathingspacescotland.co.uk)

### **New Craigs Patients Council**

Support was withdrawn for the Patients Council in May by the New Craigs management team. Jim MacAdie from Highland Health Council was charged with the task of reviewing the Patients Council. His report was presented to the management team in August. This was well received and a small group was formed to take the issue forward. The group comprises representatives from HUG, Advocacy Highland, the Patients Council and New Craigs, together with the new Chaplain. We have considered the role of a Patients Council, together with a comparison of the current constitution with some from other psychiatric hospitals. Progress has been slow and at times difficult. However, we all hold the view that the Patients Council has an extremely important role to fulfil, and are endeavouring to ensure that it will be operational again as soon as possible. A final draft of a new constitution was agreed by the working group on November 17th. This will be circulated and John hopes to hold the AGM of the Patients Council in mid January.

### **Advocacy in Highland**

The mental health element of the Highland Advocacy plan has been accepted and there will be additional staff appointed to help with the extra work.

### **New Mental Health Act**

From the beginning of October 2004 it has been possible to nominate a Named Person and make an Advance Statement in readiness for the implementation of the Act next year. Information booklets about these two processes are now available. There is some uncertainty about the actual date of the implementation of the Act in 2005, largely because of delays in the establishment of the Tribunals. A decision will have to be made in December about the date. Advertisements for the lay members of the Tribunals will be out during November/December, with interviews in February next year. The issue of remuneration for those who may be receiving benefits who wish to be lay members has not been resolved. It is being actively pursued by the Scottish Executive, but should not cause any difficulties until after the training period.

### **Mental Welfare Commission**

The Mental Welfare Commission is consulting about its role in relation to the New Act. It intends to closely monitor the use of Advance Statements. The Commission will also feedback more directly to service users and carers. Visits will be more frequent and we have a co-ordinator with particular responsibility for Highland. In September issues raised during their visit included single sex accommodation; Patients Council; and landscaping outside New Craigs. The Commission will be visiting again in December.

**PS. HUG would like to thank Chris for providing all the above information....**

## My Experience—Hearing Voices

I first started hearing voices at around the age of fifteen years old. At first I thought that I was possessed by evil or the devil himself. The language these voices used were vile, obscene, filthy and disgraceful.

They swore at me continuously, using the 'B' words, 'F' words, and even the 'c' words.

The voices pulled me down a lot, and belittled me too. They even drove me to self harm.

In all, I heard three separate distinctive, different voices; two males and one female voice. Out of the three separate voices, the two male voices were the most violent and most obscene.

At fifteen years old, I felt as if I was all alone, and the only one in this entire world who was enduring what seemed to me a unique situation.

My situation was very frightening to me, very scary to me.

Over twenty eight years I've struggled with the voices, and I've come to see and learn now that I am not the only one who hears voices and sees strange things.

I've found that with a combination of antipsychotic drugs, self – induced pain, or just by blocking out the voices by playing very loud music, that I could ignore the voices. Over the years I've become used and accustomed to the voices, and I've found that the voices over the years have become less violent too.

So they have become more acceptable and easier to live with.

**Anon**

## Sanatate Mintala in Romania

I was very pleased to be invited to join fellow HUG member Kaye Hardie and Peter Kampman of Inter minds on the Gruntvig Project Meeting in Romania from September 28 - October 2. Inter minds is an international mental health development charity working in Eastern Europe.

The Gruntvig Project is an EEC funded project with user participation and partners from Scotland, Spain, Portugal and Romania which aims to assess and improve active citizenship, empowerment process, social inclusion and employment.

The visit was hosted by the Estuar Foundation, a Romanian NGO providing social services for people with mental health problems, at the Bucharest Community Centre where we received a very friendly welcome. Our first day was very hectic: meeting the staff and users at the community centre, visiting two "protected houses" - supported living flats, a tour of Bucharest city centre on foot and attendance at the Estuar Foundation's "Gala of Gestures towards Normality" in the rather opulent surroundings of the Parliamentary Palace! The palace is the second biggest building in the world and we went to the wrong entrance resulting in a 1.5km jog round to the main entrance!

The community centre is attended by up to 50 service users per day and managed by psychiatrist Florian Mohorea and his team of staff and volunteers. The centre is like having a combined day hospital, drop-in, training centre and advice bureau under one roof! Despite limited space and funding, the centre offers an impressive array of activities including: Psychiatric counselling / CBT, Assessment, Self Development, Communication, English, Carpentry, Computing / Secretarial, Job Club, Free Legal Counselling, Drama Group and a daily hot meal cooked by the users. Inside the centre was just like one of our drop-in's with the essential ingredients of friends, coffee and fags! However users are only allowed to chill out in front of the TV for the first two hours of the day. The rest of the day follows a timetable of planned activities and everyone was keen to participate.

Life is quite hard and we were shocked to learn that benefits are only £40 per month, not enough to cover all the essentials and rent is very expensive with no cheap social housing. They have fewer possessions and appreciate things more than we do. I saw some full black bin liners in a corner of the room and assumed that they must be having a clear out - the bin liners actually contained people's best clothes and possessions for safe overnight storage in the centre as theft is common in shared flats. We shared many stories with our Romanian friends and we had the same illnesses, losses in life, problems and aspirations to return to work or study.

After several exhausting days of project brainstorming in five languages we embarked on a fact finding series of visits to organisations and institutions. I was in the group which visited Bucharest's largest psychiatric hospital which was built in 1926 and houses 1,400 patients in 17 self-contained clinic buildings (wards).

On entering the hospital grounds we were surprised to see the patients walking round the grounds and across the main road to the shops dressed in pyjamas and dressing gowns! The old "you're in hospital, you're ill so you must wear your pyjamas" persists - no sign of social inclusion and promoting dignity! The first building we passed was the psychiatric emergency dept, complete with green crosses and red emergency dept signs and lots of frightened patients and relatives all arriving by ambulance. The main building had a very grand entrance and my eyes were drawn to a large mosaic on the wall depicting a group of white-coated, hat-wearing communist doctors standing upright and beckoning to a group of pyjama-wearing patients, crouched in the opposite corner with outstretched hands and painful expressions! We were ushered into the hospital director's office where we met the director and one of her senior consultants.

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They were both wearing fleecy dressing gowns over their white tunics - blue for the director and red for the consultant! Perhaps it's to show empathy with the patients or some sort of colour denoting rank! We explained our project aims to the director but she looked a little perplexed by the concepts of patient empowerment and social inclusion. That's not surprising when you consider that everyone has to go into hospital for seven days twice a year (even if you are keeping well). If you don't go into hospital (to prove you have a mental illness) then you are struck off your psychiatrist's out patient clinic list and you can't see him/her or get your medication! The thinking behind this is "you are ill so you must need hospital" - all the young modern psychiatrists agree that this policy is crazy.

The rest of our hospital visit was spent at the ultra-modern Trepte Community Centre (day hospital) hosted by Dela Salceanu, a modern, forward thinking psychiatrist. Wouldn't it be great if our psychiatrists wore jeans, insisted you call them by their first names and invited you to join them drinking coffee and smoking fags during your consultation!! The Trepte centre was funded by the World Bank and it's main aim is to provide psycho-social rehabilitation but there is no funding for leisure activities although there was a drama therapy group. Psychological therapies are flourishing as psychology training and practice was forbidden by the Romanian government from 1975 until the revolution in 1989. This was a subversive action by the communists who were scared that patients could be brainwashed against the state!

The Trepte centre houses the office of ARIP (Wings) Assoc the user group run by Stefan Bandal. ARIP was started two years ago to fight discrimination and has grown from 9 to 67 members. They held a protest march outside the health ministry and last year their exhibition gained media coverage. I hope that HUG can help ARIP and I will be keeping in touch with Stefan.

Trepte users shared their in-patient experiences. For example you are given a handful of pills in the morning and if you ask why, you are just told it's your medication and you must take it. They described weekly meetings with the psychiatrists (ward round) as like being in a zoo. The psychiatrist dictates your treatment and you have no choice. There is no privacy, lots of other staff present and the other patients gather round behind you to listen to the intimate details of your illness, treatment and personal problems! Afterwards you are teased and taunted about your problems by the other patients! They have a long way to go to fight for better rights and treatment and it makes some of the things we are fighting for seem rather trivial in comparison.

Romania was a great experience and it was fascinating to discover the huge contrasts in our mental health services. The Romanians showed great dignity and courage when coping with their mental health problems. I will always remember their warmth and friendship.

FIONA SUTHERLAND

Websites: [www.interminds.org](http://www.interminds.org)  
[www.estuar.org](http://www.estuar.org)



## Flossy Names Don't Alter Manic Depression

Recently there has been a number of articles on manic depression in the media, and I have found myself double checking as to whether they are referring to the same condition I have been suffering from over the last fifteen years. I have been particularly struck by articles written by "sufferers" in which they describe how, under medication, they miss the "highs" and will even stop taking therapeutic drugs to get back in touch with that sensation – which, for some, becomes psychosis. Don't get me wrong, I realise that some people prefer to battle illness without the aid of medication, but this isn't what I am discussing here. And I will concede that some ailments left untreated can bring pleasure. Athletes foot for example! I will only apply cream when my toes, sore from rubbing, affect my balance.

Similarly, while Manic Depressive Disorder does lack a certain marketing ring, it is more appropriate than suggestions such as "Bi-polaria", which better describes an emotional response to a lottery win. As there is a running debate on whether the illness is passed through our genes, my concern is that a naive, optimistic, portrayal might result in a stampede to get the condition tattooed onto DNA.

Describing manic depression is not easy as it can vary between individuals. In my case it tends to take the following route – crippling stress, evangelical elation, blind terror, suicidal tendencies and black hopelessness, and depression. That this gene should activate in a decade that became a byword for stress (the 1980's), and when it was decided that the mentally ill could best be cared for on the streets, should encourage evolutionists to stand by their theory that DNA "knows nothing but blind, pitiless, indifference". An analysis that is fine as far as it goes, but which tends to overlook the humour dimension; and, although only a derivative of the 'Ho Ho! Jolly japes' strain, in conjunction with blind, pitiless, indifference, it is lethal.

**DNA 1.** "Hey chaps! I've got a great one! Listen to this! We tinker with his historical data, children's section, and he wakes up believing that he's a paedophile...."

**DNA 2.** "Oh wacko George, that really is the business...."

**DNA 1.** "Hang on, hear me out. Then we travel over to Newcastle docks on a Friday night and he goes into a bar, strips off and confesses to the lot!"

**DNA 2.** "A peach George, a peach. He'll love it!"

In instances such as the stages described earlier are superseded by the Big Bang scenario. The act of awakening triggers a chemical reaction between the five elements and the subsequent cerebrbral explosion continues to grow and recreate itself. In such instances I never cease to be amazed at my vocal chords independence when in the company of sadistic bigots. This is the same gene which, during the Spanish Inquisition, would meddle with parts of the brain, resulting in lines such as ; "Enter kind sirs, my wife, children and worldly goods are yours", articulating as; "Sod off, who do you think you are?" A number of potential outcomes reveal themselves here, and are very much dependent on fates toss of the dice – dice heavily loaded in favour of prolonged torture. Yet it is only when the mind starts interacting with life on the local psychiatric ward that the benefits of slowly roasting on a spit become apparent.

'...mash the pages from the address book into a soggy ball and swallow the names of protectors of the goddesses. They're watching me – I know. They won the war. During the last days they contacted the spirit underworld and made a pact. They made us believe we won. The goddesses will lead the fight back. To my right. He was watching. I've seen them all before, but now they all look different. They've been tracking me! A click. Panic! Tightness around my chest. They're scanning for information.

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Move from the sink and concentrate on breathing. It's hard – they're sucking air out of the room. Stay calm. A worker passes. He was looking at me. The spirit in his body keeps watching. Walk around the ward. Head down. Regular steps. Count the breaths. The yoga teacher! He was preparing me for this! Stop thinking or they'll kill him. Concentrate on counting. Don't look up. They're all looking – standing upright, eyes rolled back, gaping mouths tasting air for fear. I can't breath. They're attacking me. Don't think! Sing! 'Roses are red my love, violets are blue.....' Louder! Louder! A nurse says to stop. A patient walks past. His look tells me to follow. People are sitting around a television – smoke everywhere. They send a message. Watch the programme, they can't read your mind then. Sit. Local news. Sea birds starving because there's no herring. Desperately plunging into the sea. It's everywhere. Chaos! Chaos! The smoke! They're using it to read my thoughts! In the corner sits an old man – he sends a message. Pretend to die then they will carry you out – but get it right. Stop heart and breathing for two minutes. Calm. Calm. It won't stop! I fall to the floor. It's still beating! Shallow breaths. Hurried footsteps. Lift. A voice says I'm faking it. Dumped on a bed for torture.....

The manic (high) stage has been described by a psychotherapist as occurring "when the mind and body creatively react and try to cure our pain by allowing us to escape from this reality and create a better one". Surely compulsory drug testing in this profession is just down the road! This is also the stage when a slice of the brain that enjoys pottering around in the garden, walking the dog, and dozing in front of the fire, screams out for a ban on all creative impulses and an immediate lobotomy. blind terror that enter the nervous system.

Chemical changes in the body ensure that the equivalent of pure amphetamine is injected directly into the brain, fuelling its search for "a better reality". And all the relevant material is there. Deep in the subconscious lie blissful memories of breast-feeding and pampering; of a protected and happy childhood. Time since has witnessed travel, lovers and deep friendships. Scattered throughout flutter beautiful images enhanced by exotic drugs and sincere attempts to visualise a world at peace with itself.

Yet, despite this wealth of material, the most sophisticated human organ known to medical science lands me in a scene from Belsen scripted by Pol Pot and Mengeles. But at least I'm in hospital. Slip through the "safety net" and trains, cars and high buildings add to a picture that can become unhealthy and sticky.

Hospitalization used to be for nine months until the invention of the drug Lithium. Now you can be out in two weeks. Lithium is also a component of nuclear weapons, which is probably why the "therapeutic" level has to be regularly checked. As well as lobbing a couple of stone on, it can rot the thyroid, mince the kidneys and liver, and cause brain damage. An added bonus is that it doesn't necessarily work, but stop taking it and an attack is a certainty.

It gets worse – I had to give up drinking and smoking. A heavy cigarette smoker, I dabbled with cigars but found myself chain smoking Hamlet and facing an iron-lung in my early forties.

Attractive though the prospect of mechanically assisted smoking was, I realised that the cost would be prohibitive and had to stop.

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Likewise with alcohol. I used to look down my nose at social drinkers until a psychiatrist advised me to cut down to seven pints a week. I sat listening with a strained, quiz-zical look, similar to when I first read that the speed of light was 186,000 miles per second. It was impossible to visualise, so I quit.

Friends, whose vices are now entrenched, say how much they admire my willpower, although I know that behind my back they discuss my luck on the genetic lottery and hope that one day they will be similarly struck down. And suppose that a less dramatic name can have its benefits. Under 'medical history' on my last job application form I put athletes foot and bi-polaria. "This condition of yours" he asks. "Do you treat it with foot powder?"

Anon



Fruit and Nut Case

Not in this day and age, but in a day and age an incredibly long time ago, a story teller fashioned a story. If it was a good story it would be remembered and repeated through many days and ages, as it was: and would make many people pause and think as it did. There was a deep quiet pool in the story, with a tree growing beside it. The tree was a tree of knowledge, and the fruits of the tree were the hazel-nuts of knowledge, there for the taking. But there was an idea among people who knew of the tree that if they took the nuts, something not very good might happen. In the pool lived an old, wise salmon, indeed it was Fintan the Salmon of Wisdom. In the fullness of time the Hazel Nuts of Knowledge would ripen and fall into the pool to be eaten by the Salmon of Wisdom, then whoever caught and ate the salmon would have fore-knowledge and far-sight.

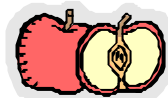


Is this a story for the day and age when it was first told, or this day and age, or any day and age?

And where between reality and fantasy does the truth of such a story lie?

In the time when the story was first told, perhaps around a great peat-fire of an evening, somewhere in the Celtic lands and centuries before the light bulb was ever even thought of; people had thinking time. So if they didn't use it, let their acquired nuts of knowledge drop into the pool of the consciousness, to be mulled over and digested as if by the Salmon of Wisdom, what excuse did they have? But rash people must have done just that, leading the story teller to make up his tale. In our time, people are crying out for thinking time, but we have light bulbs, we can be on the go all the time, and many of us are, grabbing for what information we can get and running with it, hoping for the best. Maybe we need to find the pool again, and sit beside it waiting while the fruit ripens and the salmon also waits.

Garry



My Experience— Housing

On a cold January day, I left safety of my tourist class B&B where I was staying to try to look for more permanent accommodation. 'Sky Blue' the room was called, yet as I tramped up the icy street the storm clouds appeared to be gathering over my housing situation.

How strange, I mused, to be on my way from a tourist B&B to try my luck at a DSS B&B. I rang the bell, and the woman came to the door with shoulder-length loosely curled hair and slippers. "Are you homeless dear? The only way I take people in is if I receive a phone call from the housing office". She told me where to go and off I set to be processed, or so I thought. Seated on the other side of the housing office glass from where I was perched, the clerk asked me "do you have any connection with the area?" I told her I was an HNC graduate of Inverness College. It is part of the policy of the UHI to educate students to enable them to get jobs in the area. She excused herself to go and speak to an official higher up than her, and then returned. "Do you have family living in the area?" She asked. "No" I replied. "You cannot move here unless you have a local connection, try elsewhere" she said. I told her I was still on Incapacity Benefit due to a mental health problem. "You would not get housing benefit" she responded. Fortunately, having worked for Perth Cyrenians, I knew this to be untrue and told her so. "Oh aye, you can apply for it" she said.

Outside the office, I burst into a flood of tears. A few months ago I had still been a home owner in Perth. If I had still the money to buy a house, I could have moved to Inverness no bother, but here I was now a 'second class citizen' on Incapacity Benefit with a mental health problem.

Feeling very upset, I phoned Jim my ex-boss at Perth Cyrenians. He advised me to go somewhere so that I could speak to someone. After a cup of tea and a chat, the people who manage the hostel kindly said I would be welcome to move there when they had a vacancy.

With the feeling that the storm clouds were beginning to lift, I made my way back to the B&B where I was staying. The proprietor, who never knew my true situation, had told me they had friends up the road who owned bed-sits with kitchenettes.



I decided to give this a try, so the next morning he phoned them for me while I was having my breakfast. He came back with the good news that I had got a bed-sit. I then phoned them up, and it was arranged that I would call to see the bed-sit the next day. As I neared the large house, I expected to see a place that would resemble Mrs Haversham's in Dickens. Imagine my surprise when I found a lovely oak-panelled sitting room with a warm red carpet, beautifully lit with lamps, and the bed-sit was equally attractive. I paid a deposit and arranged to move in. When I arrived, there were freshly laundered bedding to match the beautifully patterned wall paper. The corridors and shared bathrooms and toilets are cleaned for us every week. I had to cover the rent until my housing benefit came through, which took eight weeks! My landlady was kind enough to point out that I am legally entitled to expect payment after *two* weeks.

When I was a care-worker at Perth Cyrenians, I had what I now think was a rather naive view that all landlords should accept people into their accommodation whether they were going to receive immediate payment or not. I now realise that the situation is a lot more complex than this. Private landlords are essentially running a business. It is the structure of payment that needs to change. I have been lucky in that the couple who own the bed-sits where I live are two of the better landlords and landladies. Finally, landlords often have no knowledge of mental health problems. Perhaps that is where we come in as HUG, with training and media reports on the positive aspects of mental health and mental illness.

**Pauline**

## Single Sex Accommodation At New Craigs

Craig Dunain Hospital always had single sex ward areas and some of these were maintained when New Craigs Hospital opened - female accommodation in Morar and male in Ruthven. New Craigs Hospital underwent sectorisation in June 2004 and the acute wards were reorganised in accordance with the new Community Health Partnerships (CHP's) in NHS Highland.

Under sectorisation the new accommodation arrangements are as follows: people from Inverness, Nairn or Badenoch & Strathspey are cared for on Maree Ward, people from East Highland, South Skye, Wester Ross, Lochaber or Lochalsh are cared for on Ruthven Ward, people from Caithness, Sutherland or outside Highland are cared for on Morar Ward.

Some accommodation remains unchanged: people who need a safe and secure environment are cared for on Affric Ward, people with an addiction problem are cared for on Ruthven ward and Morar Ward has 12 beds to care for people who are over 65 with acute mental health problems. The reason the ward people go to is based on where they live is because the consultants cover geographical areas so the same consultant will look after people in hospital and when they leave hospital.

We are in favour of sectorisation as it is important to have the same consultant and it is reassuring to be with people from your own area when you are unwell. However, we did not realise that this would mean the loss of the single sex areas until after sectorisation. Many of our members were concerned and upset at the loss of the female single sex accommodation on Morar Ward. In August, we wrote a letter to the trust expressing our members concerns, namely: Some of our members are admitted to hospital as a result of abuse and the presence of people of the opposite sex may be extremely distressing. We understand that some of our members have stated that they would no longer agree to be admitted as voluntary patients on mixed wards.

- ◆ **A single sex environment is reassuring and therapeutic, removing unwanted attention and can dramatically hasten recovery.**
- ◆ **Patients can feel isolated and vulnerable if they are the only female in the locked ward.**
- ◆ **Everyone has a lockable single room which may be considered as the single sex accommodation but individuals may isolate themselves in their rooms when they feel unsafe.**
- ◆ **Mixed sitting and dining areas can be an uncomfortable environment for some people.**

We invited Jackie Agnew, Acting Service Manager, and Michael Perera, Service Development Manager, from New Craigs to attend recent HUG Round Table meetings. We discussed our concerns about single sex accommodation and they agreed to address the issue and review the current arrangements. In September, we had the opportunity to raise the single sex accommodation issues with the Mental Welfare Commission when they visited New Craigs. They shared most of our concerns and have asked the hospital to group bedrooms into some single sex areas by the end of the year.

In recent weeks, we were very pleased to be invited to the Clinical Area Manager's (ward manager's) meeting at New Craigs. We had a very productive meeting to discuss our concerns regarding single sex issues and they put forward a number of proposals to improve the comfort and safety of vulnerable patients. Some of these proposals, such as single sex sitting areas, are being trialed and the managers agreed to write an article detailing their proposals. We have published their proposals alongside this article and we are keen to hear the views of HUG members regarding single sex accommodation in New Craigs.

**Fiona**

## New Craigs Acute Ward

The acute beds at New Craigs were reconfigured in June of this year. This was as part of the sectorisation process to allow hospital and community staff to work more closely together, with improved contact and communication with the overall benefit of improved patient care.

To facilitate the allocation of beds to the sectorised areas, (the 3 Community Health Partnerships in Highland), it was not possible to retain the male and female only areas in Ruthven and Morar.

We are aware that this may have caused some concern among the user group and following discussion with HUG, we hope that the following information may help to allay some concerns.

If you are admitted to New Craigs you have the right to request a primary nurse of the same sex as you. This request will be accommodated as much as possible.

We are aware that some patients feel vulnerable for a variety of reasons when they are in hospital. Nursing staff can provide call barrels that alert them when you need assistance or feel frightened. The barrel would be made available to you following discussion with your nurse.

The ward quiet areas are designated as single sex areas and are marked for males only or females only. Staff will do their utmost to enforce this. Any person being admitted to hospital should raise any concerns they have on this issue with the person referring them to hospital. The hospital will try to deal with any concerns about this before you arrive.

Questions or concerns about this issue can also be raised via HUG who will raise them with the hospital managers on your behalf.

**Tom Allen**

## see me—Networking Meeting

The conference was organised into three main areas;

- Open Marketplace – an opportunity for groups to display materials and inform other delegates of forthcoming events
- Base group sessions – small mixed groups to enable delegates to discuss the workshop activities.
- Workshops – An opportunity for delegates to explore specialised areas.



Because HUG already has a large involvement with 'see me' we concentrated on networking with other delegates and absorbing what was happening in other areas and seeing if any ideas could be used in the Highlands. It was also a good opportunity to socialise and build solidarity with other individuals and groups.

Pauline and I did workshops including;

- ◆ Challenging stigma at local level
- ◆ Getting the media involved
- ◆ Building evaluation into everything you do
- ◆ Influencing local planning mechanisms/strategies

The workshops provided short 'taster sessions' covering a range of skills and ideas. We concentrated on workshops involving 'see me' and the media, e.g. how to present cases of stigmatisation and building anti-stigma campaigns for media coverage. A number of practical possibilities were suggested such as alerting 'see me' to relevant local media opportunities, advising 'see me' about local strategic contacts and gaining PR and advertising support to carry out local action.

The present campaign is provisionally due to end in 2006. During 2005 'see me' would like to see a national network set up so that the work of 'See me' can be continued both at national and local level. Pooled resources will help make the best use of materials and support.

Training was one of the areas highlighted by participants as being of vital importance. We acknowledged that 'see me' could not provide this training but felt that 'see me' could facilitate further training through network events on areas such as evaluation, media work and lobbying.

Helping groups to exchange information and expertise through a database of contacts, case studies etc was also one of the areas that would be beneficial to the network both locally and nationally. One base suggested a very simple newsletter that could be sent out either electronically or hardcopy. This could share news and raise awareness. It was suggested that this could eventually be passed on to a consortium of user groups.

**(Continued on Page 33)**

(Continued from page 32)

The feeling of the whole conference was that the 2005 network event should be bigger and should be a celebration of all that has been achieved. In addition to this large event, many of us were keen on finding ways of meeting each other in order to keep up the momentum. We acknowledged that e-mail was good, but 'Nothing beats personal contact.....Coming together sounds more do-able.'

**Pauline and Debbie**

### Life Coaching

Coaching is quite a new service, which is rapidly gaining popularity in the UK and Europe. It is a much better known and used service in Canada and the United States because that is where coaching was originally developed.

As coaching becomes more familiar to us in the UK, it's potential benefits can be seen more clearly, not just in business, but also for users of mental health services.

The distinctive feature of coaching is that it is highly goal orientated.

Discussions during a coaching session lead to crystallisation of thinking and to understanding one's own needs, strengths and abilities, as well as to finding one's own voice and ultimately to achieving one's goals.

Coaching derives from two main sources, that is, the psychotherapies and sports coaching. At first glance, coaching sessions look like psychotherapy because most of the sessions are talking. However, like sports coaching, definite goals are set and the coaching is successful only when those goals have been achieved.

An interesting aspect of life coaching is that because it is goal orientated, it makes no distinctions between people on grounds of race, mental health, mental ability or anything else.

What that means is that whereas a user might set themselves a goal of achieving a sustainable and fulfilling life, or of getting back into the workplace, someone stuck on the career ladder might set themselves a goal of promotion.

My experience of coaching shows that clients derive great benefit from the service. As a result of coaching my clients have improved motivation. Clients typically remark that sessions also improve their focus, and the discussions crystallise their thinking because the atmosphere is always so constructive. In addition, sessions are an opportunity for clients to "try on" new ideas in a safe environment and for them to develop the ability to speak their own mind more freely (find their voice). Awareness raising is also an outcome from such sessions. Clients have raised self awareness, raised awareness of their needs and raised awareness of the way they interact with others.

I am a relative beginner at coaching. Nevertheless, the evidence is that it is working for my clients. Apart from the feedback mentioned above, they also often seek my advice outside office hours. I take that as a vote of confidence.

**Susan M**

## "Tommy Cooper's Wireless"

How do our liabilities become Assets----- with lots of Joy, Love, Compassion and self-discovery!----that's HOW!

I've suffered from a compulsive-obsessive-addictive disease and depression practically all my life-yet because of the vagaries of how I am perceived, and quite frankly the arrogance of some of the members of the medical profession, it was frequently mis-diagnosed! And I've had to pay a terrible price!

At one point I was left in extreme withdrawal--my heart feeling like it would burst,-no-co-ordination,-legs-buckling!,-no-where to go, thought I'd die!,-no money in Sherborne, Dorset, on Christmas days morning, 1989,----I didn't DIE!

I'd been dumped there by Somerset police officers----my pal-up in London said he didn't think I'd make it!----a good Samaritan come out of the Cathedral there and took me home with her!

Things sometimes get better---you lose what you HAD, ---you GET what you GET!-- I now know I was destined for a life as a living-breathing artist! Free of mind-altering medications-legal or otherwise!

"I" the "Real me!" suffers from an allergy which manifests itself in extraordinary behaviour, and only the kindness and identification of other sufferers is capable of truthful identification-----am I saying that some practitioners have colluded to deny my problems,---well in my case probably, as I was on prescribed benzodiazepine-"Ativan" for a great part of my life and also "Valium", also various anti-depressants, all of which have horrendous side-effects, and this has been well documented these past few years!

With our prime minister threatening to interfere with the benefit system, as the latest diversion from his disgraceful madness in IRAQ, things do not bode well for this struggling artist – depressive. -----Use your vote to get the neo-con-NEW?-Labour fascists ousted! ---- does anyone know what liberal really means! ---It seems as if it was 1969, in Kensington Market only the blink of an eyelid away!---at least it was truly liberating---at least people expressed their views, --sexuality-all forms of ART!--- believe me, we're being made fools of!

In Finnish culture, and Indian, and formally the MAYAN one, those who were perceived as weird---mad---schizo-----bi-polar----depressed! Paradoxically-----very funny! Had a dodgy EYE!----These were the people who were known as SHAMANS----MYSTICS-----SECOND SIGHTED!-----we lost much of these OLDER and more respectful; folk traditions when we lost the predominant use of our first language, which was Gealik!

My MAD PRIDE tells me that since my bonding and involvement with HUG, locally, "Cafe Drummond, Aberdeen", and "Band on the Wall"- "Manchester", and of course everyone at the TAG unit, Inverness ! my creative input has jumped forward leaps and bounds, my liabilities have become assets, and if we consider the concept of the "CONGREGATION OF JOY PILOTS!" ----things will get much better---remember its critical mass "US!" that moves things along, not selfish OLD ME!

My death will be HYSTERICAL-I'd pains in my chest the other night in Aberdeen--- maybe TOMMY COOPER-Style!----- LATER-----

At My lowest Ebb I know I've been carried through all these horrendous Circumstances-----it's as if Tommy Cooper's wireless is still tuned-In and TURNED\_ON!

The Godfather of Psychiatry, Carl Jung, maintained that those suffering with addictive disease were in fact – soul-searching, as the Greek word for alcohol-“spiritum!”, defined the greatest form of Depravity, plus the highest form of Enlightenment at the same time! Therefore----“Spiritas contra Spiritum!” ----

Subsequently?, are O>C>D>!-Bi-polar-depression!, High and Low schizophrenia!-Types of Autism?, are they – ALL! Manifestations of the same disease-the Strange Fruit!-----the “Thing that Is,nt There?”

Another Paradox is that these types --- “Inclined to mania!”, are often seriously talented and get a grasp of theories very quickly-----they include nearly?-all my close friends. Therefore have we perceived “Dafties!” really got a handle on things, that other's haven't?, but are maybe too sensitised?

Just recently one of the perceived elite!, at Radio Scotland-----described my work as “Deeply Troubled!”

Well!, “I” the “Real Me!” HAS been searching all his life,----was this a compliment?----? Of my queer-ness!

OR!,-----as the Fellow WI the BIG LUGS fae Portsoy said Tae ME!-----  
-----YER NAE FAE HERE,-----  
-----ARE YE!,\_LOONIE!

Raurdhi Murdogh maccoinneach, agus Ruardhi Buitcheoch!-----  
LORD of ASTRAL FUNK!

P.S.----“I” felt ill in Aberdeen the other evening,---pains in my chest!-----  
on stage-----Tommy Cooper Style-----Oh Know!

At My Lowest Ebb I Know I've been Carried through all these horrendous Circumstances-----  
-----It's as if Tommy Cooper's wireless is still TURNED\_ON

Raurdhi—HUG member

## Psychosis and Spirituality—Exploring the New Frontier

**Edited by Isabel Clarke, MA, C Clin Psychol, NHS Community Trust, Southampton**

My heart lifted with hope when I first saw this book which challenges the conventional understandings of psychosis with a radical new perspective. I have not been disappointed on reading it and would fully recommend it to anyone interested.

Fourteen learned people have contributed to the contents of the book. Their backgrounds include psychiatrists, psychologists, nurses and university professors, some of whom have had spiritual/psychotic experiences themselves.

Religious preoccupations in psychosis are common place and this book bravely tries (and in my view manages) to break through the boundaries of conventional thinking to explore the connection between spirituality and psychosis.

It links the 'highest' realms of the human consciousness (mystical?) with the 'depths' of madness (psychosis?).

In chapter 5 Peter K Chadwick MSc DIC PhD CPsychol, gives a wonderful account of his personal experience – Sanity to supersanity to insanity. In what he refers to as a mystico-psychotic crisis he explains the distressing background, the onset of the 'mystical state' and its metamorphosis into psychosis. I am left in no doubt that his experience, from which he is now fully recovered (he takes 2.5 mg haloperidol per day and has had no psychotic episodes since 1979) will benefit both he, his clients and students in his work in mental health.

Chadwick talks of the parallels between mystical and psychotic states (below). It seems that it may not be the thought, but how we understand and interpret that thought that makes the difference. It seems they are both similar and yet opposite.

### ***Mystical intuitions***

I am in touch with everyone  
The world is not as it is commonly seen  
There is great harmony and oneness between all things  
Nothing is trivial  
No one is a stranger  
I am both supreme and insignificant  
I am passive, floating, at one with the universe, open to all  
Meaning is everywhere/all is meaning  
I do not think, I am thought

### ***Psychotic intuitions***

Everyone can hear my thoughts  
The world has changed, there's a war on  
People and the world are all together against me  
Everything means something, even street signs and car number plates  
Everyone knows me and is plotting against me  
I am Christ and the Devil  
I am dissolving, decaying, penetrated by rays  
Everything that I do or that happens has double, triple or quadruple meanings  
I do not think, thoughts are planted in my head by computers/hypnotherapy at a distance

In chapter 11 Emmanuelle Peters PhD C Clin Psychol, talks of what differentiates religious and delusional experiences. She questions our existing diagnostic criteria for delusions, which emphasise unduly the content or 'bizarreness' of beliefs to classify them as pathological. 'Anthropological writings have long recognised that similar mental and behavioural states may be classified as psychiatric disorders in some cultural settings, and religious experience in others'.

The similarity between religious ecstasy/spiritual awakenings and the type of elation and 'flights of ideas' seen in mania is noted: sudden onset; a sense of external or internal light; profound joy; difficulty in verbalising the mental state; a feeling of purpose in the experience; an insight into the connectedness of previously unrelated events etc.

Indeed some 'psychotic' experiences (by Western standards) are actually highly revered in other cultures, such as shamanism. Some authors have attempted to explain the evolutionary paradox of schizophrenia by the idea that psychotic people may have, in previous Western, as well as other contemporary cultures, been esteemed for their mystical experiences and enjoyed privileged social status as Shamans, Prophets, Visionaries or Saints. Some have even postulated that, in some ways, the psychotic person is behaving like a prophet lacking followers.

*I would like to thank all authors, the editor and Southampton NHS trust for producing this book. It has helped me immensely. In the past I have felt somewhat embarrassed to describe my 'experience' as a 'spiritual journey' as opposed to a 'psychotic breakdown', feeling others will think I am 'mad' or simply 'in denial'. At last this book has given me the permission to do so with my head held high – I am neither alone nor 'stupid' in my 'mystical ramblings'!*

*I just wish that NHS Highland would allow themselves to be a little more open-minded and risk straying slightly from the contemporary model of mental illness they (it seems) so rigidly follow. They need to get real (it may be hard for them to accept reality!), get radical and begin to explore the possibility that psychosis, although unusual, may be quite 'normal', it may be our society, cultural beliefs and lack of understanding that makes it so difficult to live with.*

*In the book it is suggested that the only difference between a religious belief and delusion is the course of development on which the belief takes one.*

*Hope, faith and freedom are found in mystical experiences while this is not the case in deluded individuals: 'the mystic swims, the psychotic drowns'.*

*Sadly it can be very difficult to cling on to hope, faith and freedom in our society, especially with the contemporary beliefs which still prevail our mental health services, so take my advice if you 'suffer' from psychosis – read this book and learn to swim!*

**Susan**

## "The Opening of the Scottish Parliament



The first ever opening of the new Scottish Parliament building at Holyrood in Edinburgh was a memorable occasion.

The day was cold but bright and I was escorted by police and ushers to a long cue of guests who were waiting outside the Committee Chambers just off the Royal Mile. There was a high degree of police presence but all of the officers were pleasant and this didn't alter the air of festivity and anticipation

Inside the Chamber I was escorted to a room where I met up with Garry, given a coffee and ID and then we had to join the line up outside for the pageant.

We joined the section for the Highlands and Islands. A banner was held up by 2 schoolgirls behind a band. We stood in the cold air and waited for what seemed to be ages before the procession would begin to animate. We were given disposable cameras which were to be processed at the end of the day.

### The Walk Down the Royal Mile

The start of the walk was signified by an RAF flyover. At last the pageant was starting to move and the bands were playing as we started a slow move down to the end of the street and right wheel onto the Royal Mile where we were joined by the MSPs for the Highlands and Islands. Fergus Ewing MSP and Mary Scanlon MSP were walking close to us in the procession. The Royal Mile was crowded with Military personnel in best uniform as well as onlookers, cameramen, police and many people from every part of the country who turned up for the occasion.

The cobbled streets of the Royal Mile made for slightly uncomfortable walking down towards the new Parliament building

There were people at their windows all along the High Street waving flags and cheering.

The procession passed the Queen and Duke of Edinburgh who had the First Minister (Jack McConnell MSP) sitting along side her and they were chatting and waving to the crowds.

It felt an honour to be part of the day.

### **Entering the building**

The pole bearers by this stage had blisters on their hands from bearing the banner for the Highlands and Islands down the Royal Mile.

We were now standing outside the ultra modern Parliament Building at Holyrood. The building its self is breathtaking and the feeling of walking into the entrance Chamber is one of grandeur and is rather like walking into a Cathedral Chamber.

We were led up to syndicate rooms where there were large TVs to watch the ceremony as the main Chamber its self is not big enough to accommodate all of the invited guests who attended that day. The room was styled attractively and on a modern but practical theme.

I was handed refreshments and politely ushered to a seat in front of one of the large screen TVs. The syndicate room was very modern indeed and there was a large amount of other guests sitting in the room. Religious leaders, police, children and people from all walks of life were gathered in this room which must have been one of many rooms filled with guests. Ushers politely directed guests to their seats and the occasion was filled with a feeling of huge anticipation.

The TVs were covering the opening in the main Chamber and the lights dimmed in the syndicate room as the ceremony was about to begin.

### **The Opening Ceremony**

The start of the opening ceremony was marked by military personnel and the Queen's guards marching into the main Chamber. Her Majesty the Queen entered with Prince Philip and took her place beside George Reid MSP the Presiding Officer at the front of the Chamber.

George Reid then started the ceremony with a prepared speech. The Queen and Jack McConnell MSP (First Minister) then read their speeches which were moving and then a clever blend entwining beautiful traditional and modern music, verse and rhyme was seamlessly presented along with more speeches.

The seemed to be aimed at a very broad range of people and was at the same time very down to earth and humorous in parts.

It was concluded by everyone throughout the Parliament Building joining hands and singing "Auld Lang Sine".

### **The Reception**

After the ceremony we were ushered to a reception area where a selection of wines and canapés were being offered to the guests by stewards. The wines were all Scottish Parliament branded and the food provided a light lunch.

There were a lot of VIPs and politicians in the reception hall and the atmosphere was friendly and relaxed although crowded. I managed to find Garry and stopped along side her to chat and the lady who was with her for a little while. After a little while the reception area felt a little too congested for me so I politely excused myself and made my exit from the building.

On the way back up the Royal Mile I stopped to talk to a policeman that I encountered along the way; one of many police who were present in and around the Parliament building area.

I stopped him and thanked him for the overwhelming friendliness that the Police and members of the armed forces had showed to the public. I told him that it was this factor that largely contributed to make the day a huge success in spite of the franticness of the day.

He thanked me warmly and wished me well on my return to the Highlands.

### **Thank you**

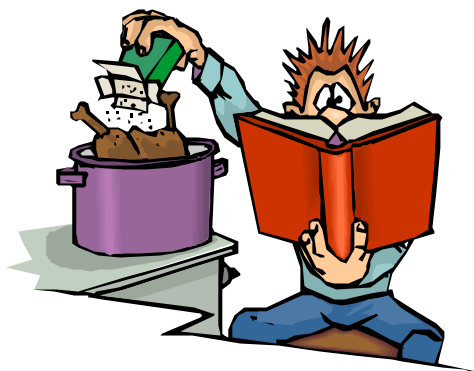
It has been an honour to represent HUG at the opening of the Scottish Parliament.

Thanks for inviting me and Garry to represent you on such a momentous day.

*I truly felt privileged.*

**Andrew Ross—HUG Member**





## Maori Chicken

The huge amount of vitamin C and bioflavonoids in kiwi fruit make this a much more interesting and peace-enhancing variation on traditional coronation chicken. Garam masala gives it a bit more bite and contains a mixture of anti-stress spices. Rice provides enough bulk to make a complete dinner and encourages the brain's production of peace-inducing tryptophans.

- 1 tbsp **garam masala**
- 300ml or 10fl oz **mayonnaise**
- 350g or 12oz cooked and shredded **chicken**
- 85g or 3oz cooked **rice**
- 1 small **onion** very finely chopped
- 2 tender **celery sticks**, very finely chopped
- 115g or 4oz diced **red pepper**
- 125ml or 4fl oz **vinaigrette dressing**
- 3 **kiwi fruit** peeled and cut into chunks

