

HUG
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ISSUES FOR PEOPLE WHO EXPERIENCE DEPRESSION FOR THE DEPRESSION ALLIANCE PRESENTATION TO SCOTTISH PARLIAMENT

INTRODUCTION;

Many HUG members face depression in their lives. We frequently discuss it and incorporate peoples views into documents on the whole subject of mental illness.

One of our volunteers was contacted recently to see if we had any ideas for a speech and representative of the Depression Alliance was giving in a few days time.

On 9 and 10 june we gathered the views of some of our members on the experience which are written below as quotes.

We hope they are useful and can be used to add life to stories and policy development around services society and depression.

In the short time we had to gather these quotes we cannot claim to have comprehensively covered the issue or covered a representative sample of people, neither can we claim to have created a well designed or organised report.

However we do hope people are able to use these illustrations of life with depression when speaking out at a National or Local level.

THOUGHTS ON THE ISSUES WE FACE:

MS E: (ARDNAMURCHAN.)

(e.mail)

- Isolation - partly self-inflicted but also people don't call. They don't know what to say and I have nothing to say as I have done nothing
- Can't get out of house - nightmare in rural community as actually have no privacy and wouldn't want to meet anyone.
- Might go for a walk if someone came and "dragged" me with them -as long as they had some empathy/understanding of depression
- Can't appreciate the scenery or sunshine or music. Not interested in cooking. Don't get up, but don't sleep properly either
- Can't make decisions - if taken to a supermarket (couldn't go on my own) might look at carrots for 10 mins as could not decide which ones to buy
- Can't decide what to cook despite being the cook in the house
- Left to myself would eventually eat some muesli or something similar. Would eventually have a cup of tea
- Don't enjoy alcohol or use it to blank out depression
- Don't contact services even though I know I should
- Don't contact agencies like CAB even when sure I was entitled to benefit as unable to work
- Wouldn't go to GP to get sick note - couldn't cope with trying to make a phone call or sit in the waiting room
- Very tearful
- Tax demand letters hidden away unopened - thought I would be sent to prison for not paying tax (had been self -employed for a time hence was supposed to do self-assessment). When eventually a bit better they actually owed me several hundred pounds!
- Didn't always have a CPN - did have consultant but I feel if you are by nature moderately articulate the extent of your debilitating illness is not so obvious
- Become a lump as if I have been switched off. No personality
- Occasionally I would worry that I would never drive again and managed to drive to Fort William to have a cup of tea with one friend who wouldn't ask questions. Could do that without speaking to anyone else as his house was in fairly private position. After half an hour or so he'd say are you going to go and do some shopping. I'd reply "yes" as I couldn't explain I couldn't face a shop. I have never told him that, but it mattered to me that he would just allow me to take up some of his time.
- Depression is far worse than being high or manic and for me far more dangerous due to suicidal thoughts and behaviour. Twice has rope had to be removed from our loft. I have hidden suicidal plans as I didn't want to be stopped. My current psychiatrist now knows that my lows are potentially more dangerous than my highs. It can take a long time for that relationship to be established.
- A friend who I saw this morning said I looked "haunted" when I was depressed.

- It is awful when I think back to my lack of personal care at times - I would wear the same clothes for weeks at a time. Even if I was almost forced to take a bath it would be so quick and I would get back into the same dirty clothes I'd taken off. (This was when I was at home)
- Transition from hospital to home is difficult as you are suddenly so much on your own. You miss other patients and the staff and feel totally isolated again. There is not enough support and it has to be someone you relate to and can have a therapeutic connection with.
- I am speaking as someone who does not live on their own, and I have often wondered how on earth a person who has no friends or family or good neighbours does manage. Hence the transitional model in Highland that was piloted over a decade ago
- Problems with medication - GPs may prescribe wonder drug like Prozac which I don't think suited me. Side effects of anti-depressants not good, and I don't seem to have been able to respond to any
- Have had CBT - didn't really help and I feel you have to be starting to "recover" before you can engage. May not help to know only have a certain number of weeks - what follows?
- Do have great psychiatrist at the moment - but what when he retires?

DEPRESSION AND ISSUES AROUND IT

Ms P. Inverness; 9 June 2014

(e.mail)

- "Current difficulties in accessing services in Highland due to the shortage of Consultant Psychiatrists would be my number one bug bear.
- This also spills over into continuity of service.
- Asking the question what is replacing the Atos Work Capability Assessment? Are there plans to introduce a second section pertaining only to people's mental health?
- Access to Talking Therapies too, Highland waiting times are very long, even if you are willing to pay for this service yourself. I have been trying to find someone qualified enough to take me on since I moved here!!!!"

DEPRESSION AND HELP IN CRISIS/ATTITUDES OF GP'S

- MS M; (Inverness) 10 June 2014

"I've had depression on and off for twenty years. I have gradually learnt to recognise the signs that I am heading into a depressive phase.

I have been heading there lately and one of the things I have been told to do in therapies like 'Steps', Stairways and counselling is to recognise the signs and then ask for help to stop myself getting to the suicidal point

A couple of weeks ago I had a woman from Children 1st who recognised the state I was in. She phoned and spoke to the doctor and made an appointment for me to see him that afternoon.

I walked in and he said;

"Right you are struggling with things, how about making a 'to do' list and I will write it down for you."

I couldn't think of anything; when you are that bad you can't.

I had said a few things;

One was going into college but I couldn't afford it so he said

"Well just don't do it then."

So I said;

"Can you help me with my mental health?"

I said;

"I am getting very depressed."

He said;

"I don't know what you mean."

And I said

"On a scale of depression, I am heading towards suicidal."

He said

"Is this a scale you use."

And I said;

"If depression is here and suicide is here, I am here,"

And he said;

"Are you actually suicidal?"

And I said;

"No but I am heading that way. Would it help if I was suicidal?"

To which he replied;

"Yes, there are things we can put in place if you are suicidal. I.e. we can change your medication to a weekly pick up and we can use Braeside" [crisis service]

I said;

"So there is nothing you can do at all until I get suicidal, there is nothing you can do until I get to that point?"

And he said;

"What makes you think you are going to be suicidal?"

And I explained about this being ongoing and recognising the signs and reckoned that I was possibly a couple of weeks from being suicidal.

He suggested I make an appointment for two weeks time to see if I was suicidal or not by then.

I said again;

"So there is nothing you can do now?"

and he said

"Well not really; you have a lot of support in place and I don't understand what you mean."

At which point I lost the plot slightly and said

"Have you ever been happy?"

He said;

"Yes."

I said;

"Have you ever been extremely happy?"

And he said

"Yes."

And I said

"Can you see that there is a gradual scale between the two?"

And I said

"It is the same with depression, there is feeling a little bit sad and feeling very depressed; they are at the opposite ends of the scale."

He just looked at me;

And I said;

"Should I wait and see if I get suicidal and just make an appointment then?"

And he said

"Yes, just make an appointment for two weeks time and we will see how you are doing."

And I didn't make an appointment. I thought I would just take my chances in the big bad world without his help.

I just got up and left – I was feeling quite angry

At some point he said;

“Why don't you wait 'til you see your psychiatrist again?”

And I said

“I don't know, I have only seen him once and it took four months to get an appointment then.”

You can say Dr X doesn't know much about mental illness but you can see that they really need trained in this – If you go in with eczema and they don't treat you well, the eczema won't be worse at the end. But if you go in with a mental illness and they don't listen and help and you end up more ill than when you went in.

They should at least say that they don't understand it fully but that they will pass it on to someone else.

Tonight I am going to visit the Dr because now, without telling me he has put my prescription down to a weekly one which actually makes it harder, I can't get out to the chemist easily and have problems with doing this with the children – it all becomes more complicated and stressful. I already have enough medication anyway if I had intended to kill myself.

The last time I was at that point it was with a different doctor and I was pretty suicidal and she asked me

“Do you have a car?”

and she said

“Why don't you drive out to a forest and take a nice little walk there? or why don't you get a nice part time job to keep your mind off of things?”

And then I got up and left.”

Hug focus group

Four people (Inverness) 10 June 2014

“The fact that you don't function and therefore everything becomes difficult – you can't do most things; memory, organisation, cooking, socialising, washing stops. I assume no one wants to talk to me.”

“You can look ok and have done all the things you should do like eating and bathing but it is all a lie and a mask about how you are inside.”

“Accessing services – when you are really depressed you don't leave the house and yet everyone thinks you are ok. You don't even see the G.P.”

"Most people would know to go to the G.P when they first get ill and would expect to be signposted to the right services but this doesn't happen."

"Parents, especially single parents often do not access services because of worries about their children and whether they will be taken into care or seen as 'at risk'."

"When you have a depressed mind you have one that cannot focus and function: a treacle soaked mind."

"Help in crisis – I have never phoned a help line because I don't think I am worth it."

"I wrote a huge email about how I felt but I never sent it."

"If we are suicidal we often don't contact people, sometimes it is just sheer bloody mindedness that keeps us going."

"Sometimes it is being on the care program approach that protects us from ourselves. If we don't have that we often resort to self harm or become very isolated."

"There is a lack of friends and the ability to socialise."

"Stigma is still a huge issue."

"Not being able to communicate how you are feeling – when I am in a very deep depression I say nothing and when I am in hospital, I have a few phrases written down in a notebook that I use, I can't see the point in speaking."

"No one believes you, because you can't use emotion to demonstrate how you feel, you are beyond emotion."

"We need to train G.P.'s in mental health."

"I benefit from having a good doctors surgery that knows me on first name terms."

"Having a G.P. that understands mental illness is very good."

"Medication is useful, you have to take it – without it you can be suicidal – without the right medication, life is a huge a problem – moves to reduce antidepressant use is not logical, if it works you should have it; but we do need alternatives/complements to medication. We should not have a psychologist that we only see for time limited therapy or after a six month wait – only getting a 6 week block of sessions with a c.p.n. or guided self- help worker is disgraceful."

"Some of us get lots of support and others get almost none and yet we may need as much help as each other, this doesn't make sense."

"Welfare reform is having a huge effect on us and has damaged many of us – assessments for benefits, the bedroom tax, universal credit and P.I.P. cause great concern as does the demonization we face when faced by the media and D.S.S. and UK government."

PARENTS WITH DEPRESSION:

MS M; (Inverness) 10 June 2014

"It can be hard getting appointments and getting to appointments and getting into hospital because you have children.

You can be frightened to ask for help because you are frightened that you will lose your children.

Also I have a friend: she was not well, she didn't understand depression and I had a hard time persuading her to go to the DR's until, one day I found her about to go to the police station and hand her children in and then jump off the Kessock bridge.

I got her to take her children round to mine and got her to speak to NHS 24 and then got her to speak to a CPN which worked – but she had been terrified to get help because she thought they would just take her child off of her.

I've also been very worried that it will be used against me in some way; whether it is in my son being taken off of me or my partner being seen as the main carer and me only getting occasional visits.

I know social work want to keep children with the parents but it doesn't make you worry any less really."

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