



VOX Spring Newsletter 2012

Further threats to disability benefits

Welfare benefits are constantly raised as a major issue for VOX members, and it seems not a year goes by without sweeping changes being made to the benefit system.

Last week a Scottish Government report warned that the country's most vulnerable people would lose lifeline benefits as a result of further Welfare Reforms planned by the UK Coalition Government.

Replacing incapacity benefits with the more stringent Employment Support Allowance (ESA) has meant that 330,000 people in Scotland have become trapped in a lengthy appeal process after being found 'fit to work' under the new medical assessment. In many cases this has led to the loss of benefit entitlement and people having to make choices about returning to work or facing a lengthy and stressful appeals process and future welfare reforms offer little reprieve. Earlier this year the Welfare Reform Act received royal assent paving the way for the introduction of a new Universal Credit to replace Council Tax Benefit, Income Support, Jobseeker's Allowance, Employment and Support Allowance, Child Tax Credit, Working Tax Credit and Housing Benefit and the introduction of Personal Independence Payments to replace Disability Living Allowance.

As well as losing income, loss of benefit can result in a loss of passported benefits such as free school meals, school clothing grants, concessionary travel, and blue badge permits. To lessen the impact on these passported benefits the Scottish Government is planning new legislation under Welfare Reform (Further Provision) (Scotland) Bill.

Like the Scottish Government our members have serious concerns about the impact that these changes will have in their day to day lives, their finances and their health and well-being. VOX continues to highlight these concerns at every opportunity, whether that is at DWP events or by responding to government consultations.

Personal Independence Payment (PIP) are planned to be introduced as early as next April, replacing DLA for working age people (16-64). In every way PIP looks to introduce a much more stringent assessment process with the government expecting to save at least £2 billion a year. Like DLA it will be made up of two parts: a daily living component (which has similarities to the current care component) and a mobility component.

Like DLA the mobility component will be awarded at two rates, however the daily living component will also be awarded at two rates instead of the current three levels of care in DLA. In simple terms this will mean that there is no equivalent of the lower rate DLA care component under the new system which is likely to mean that thousands of people lose entitlement to a disability benefit.

In April VOX responded to the latest PIP consultation which focused on the medical assessment process which for the first time introduces a points system for disability benefits. We have serious concerns that the planned assessment will not be robust or flexible enough

to adequately reflect the needs of people living with a mental health condition and highlighted these concerns in our response.

The language and the descriptions used in the proposed assessment often fails to be relevant to people with mental health problems. Mental health conditions are rarely simple and are often complex, particularly in relation to fluctuations. Whilst the assessment attempts to address this we felt that the assessment needed to take a more 'holistic' approach and look the overall impact of fluctuations, their frequency, severity and duration to properly assess the level of need.

We also felt that the assessment lacked understand and insight of the importance of recovery, support and self-management approaches for people living with mental health problems.

We are concerned that this could lead to a perception that a person is not significantly disabled, but we know through experience that if these structures and strategies are not in place or are disrupted, people can quickly relapse and their health can quickly become very much worse.

The combination of changes to incapacity benefits, training programmes and disability benefits are extremely challenging and worrying for our members. VOX is very aware of the real concerns and impacts these changes are having on people's day to day lives and we will continue to raise these concerns at every opportunity.

To see our full response to the PIP consultation visit;

<http://www.voxscotland.org.uk/news/personal-independence-payment-consultation-response>

To see the Welfare Reform (Further Provision) (Scotland) Bill, see link below;

<http://www.scottish.parliament.uk/parliamentarybusiness/Bills/48804.aspx>

MEMBERS PAGES

Behind Closed Doors by VOX Member Donna

Behind closed doors – that's where 'IT' happens. What is 'IT'? Well I reckon 'IT' for many people is mental health problems; Anxiety, depression, suicide and everything in-between. I don't think for one minute that my story will be unique, I think it will hit home to a lot of people, and may help them realise they are not alone and 'IT' is nothing to be ashamed about.

My story probably falls into the 'everything in between' category – I suffered from PMDD Pre Menstrual Dysphoric Disorder. You can read my full recovery story here - <http://www.scottishrecovery.net/Submitted-thoughts-and-stories/behind-closed-doors.html> see also www.peersupportnetwork.co.uk

'I decided to share my story to show what women with PMDD go through-in the hope that by raising awareness people will receive better treatment'
http://en.wikipedia.org/wiki/Premenstrual_dysphoric_disorder

POEMS

AMI

IV'E SUNK TO THE BOTTOM, IN A PIT OF DESPAIR
SCREAMING FOR HELP, IS THERE SOMBODY THERE

COWERING IN TERROR, TREMBLING WITH FEAR
IT'S COLD AND IT'S DARK, AND IT'S LONELY DOWN HERE

AFRAID OF A SHADOW, I CAN'T EVEN SEE
STUCK IN AN EDDY, THAT'S SWALLOWING ME

AM I FREE AS AN EAGLE, FOLK SAY I LOOK WELL
MY STOMACH IN TURMOIL, MY SOUL IN A CELL

CAN'T ANSWER THE DOORBELL, CAN'T ANSWER THE PHONE
SURROUNDED BY LOVED ONES, I'M STILL ALL ALONE

CAN'T EXPRESS THE FEELINGS, THAT ARE CUTTING ME IN TWO
TAKING PEN TO PAPER, THE BEST THAT I CAN DO

FAR TO MANY QUESTIONS, ANSWERS FAR TOO FEW
NEVER LOOKING FORWARD, TEARS OBSCURE MY VIEW

TRY TO STAGGER FORWARD, MY CRUCIFIX IN TOW
AM I GOING TO MAKE IT, I HONESTLY DON'T KNOW

DO NOT TREAT ME DIFFERENTLY, FOR I AM JUST THE SAME
THOUGH DEPRESSED AND ANXIOUS, PLEASE JUST USE MY NAME

ALTHOUGH MY WORLD IS CLOUDED, MY THOUGHTS PERHAPS INANE
I'M A FELLOW HUMAN BEING, AND I AM NOT INSANE

YES WE ALL CRY AND WE ALL BLEED, A FACT THAT'S SAD BUT TRUE
PERHAPS I CRY A LITTLE MORE, BUT I'M AS GOOD AS YOU.

©Glenn Merrilees

Come on bus!

I freeze while waiting on the bus.
Why does it have to be such a fuss.
When it pours I get soaking wet.
Wondering if the bus has come yet.

As I stand and hear so many people say.
Come on bus, so many times in one day.
Frost bite I'll get as its bitterly cold.
Another minute to wait I've been told.

Looking for the number of bus that I need.
Please don't be long I do plead.
Buses are never on time or late.
Waiting doesn't half get me in a state.

The day the bus comes early, this is rare.
Saying to the driver I'll not dare.
A waste of time this would be.
If it happens I will most certainly see.

Katharine Rennie

VOX (Voices of Experience)

There is an organisation I do know
A group that I know will grow
Meeting new people there is fun
For new friendships have begun

VOX is cool helping people out
Getting people out and about
The experience is oh so good
Especially at lunch there's lots of food

Listening at conferences there's lots to hear
Never a problem or a fear
Waiting for info or other dates
Patience seeing other mates

The day I go to different meetings
Plenty of times and a lot of greetings
VOX is ace, I like very much
Waiting for that day we love such

Katherine Rennie

Carousel

There is always the motion of time
Forests and Mountains, Rivers and Seas
Stars and Planets
What would the Earth be without us?
I look at the Carousel Moon
As it glides around our Home
Never showing its dark side
Waiting
The Wicked run
The Romantic kiss

The Lonely cry
Paul

WHEN YOU LOOK AT ME WHAT DO YOU SEE?

Wouldn't it be good if we had translucent skin?
Then you could see what lies deep within
Beyond the mask be it a smile or a frown,
The outside appears shiny but is the core rotten and brown?
The soul that has suffered, the family that has lost,
The pelvis that is empty at what emotional cost?
The heart that has been shattered, battered and broken,
The words that are felt – but will never be spoken.
The trials, the self-hatred, the paranoia, the doubt,
It's all deep in there, even though I don't shout it out
You don't see any of that – for all that you see
Is the woman who stands before you – it's all a front can't you see???
The next time you meet me – look into my eyes
There you may see a trace, of the many tears I have cried
Think of a swan, full of grace and mite,
But look at her feet below the water – is it such a peaceful sight?
She appears to be graceful, like a well-designed boat –
But take a look at her feet - paddling desperately to keep her afloat.

Donna

IIMHL 2011 member's feedback

In September 2011, VOX Members Shirley Doig and Laura Caven were selected to attend the International Initiative for Mental Health leadership Conference in San Francisco. On their return, both have provided an account of their attendance: -

Feedback from Shirley Doig

As a Service User and member of a number of Mental Health Organisations, this opportunity to attend the IIMHL conference in San Francisco allowed me to discuss my condition with other service users and mental health professionals. I was also asked to present a speech at the conference under the title 'People in Recovery - Envisioning Success'. This allowed me to share my experiences from a service user point of view, not a clinical or academic view which I feel is extremely valuable to all those involved in Mental Health. After my speech I was approached by many individuals who worked professionally within mental health to discuss my condition. I was also able to speak to many individuals about the work of VOX and the Mental Health Foundation. Part of this trip was also visiting an organisation called Bonita House which helps homeless people with mental health issues (caused by alcohol and drug use) to secure housing and employment. The professionals running this organisation were themselves service users who had managed to achieve a level of success in coping with their illness/addictions. The organisation believed that their service was greatly enhanced and successful due to shared experiences. I was given the opportunity to learn and share with the

amazing staff and service users of this organisation, all of whom were interested in VOX and The Mental Health Foundation.

I am more than happy to share everything I learned and my experiences of this amazing trip with anyone who will listen. My own attitudes towards service user involvement have changed and I believe this is the way forward. I would be delighted to speak with VOX and the MHF about this trip and share all aspects both positive and negative (of which were there few!)

I want to say a massive thank you for this opportunity and your belief in me. Before I joined VOX, I was, quite frankly, a mess but gradually I was able to build confidence in myself. The invitation to attend the IIMHL from you was an enormous boost for my wellbeing, confidence and self-esteem. This cannot be measured.

The IIMHL and Bonita House are amazing organisations who practice what they preach. They are inclusive and equal which, unfortunately, is not always the case for people suffering from mental illness. Stigma and non-inclusion are all too real and the more we participate in events like this will absolutely benefit everyone.

Feedback from Laura Caven

For me: The opportunity to see that all over the world in the countries represented, the same issues in terms of mental health problems, stigma, and barriers to treatment and recovery, exist, but more importantly, seeing how they are dealt with.

For others: It inspired me to look at non-medical, holistic, recovery-focused approaches to mental health. Especially in the exchange part of the trip, the projects we visited in San Francisco and Oakland which were very focused on community, and getting people back to normal life, not just treating symptoms. I came back and wanted this to be a clearer aim in treatment therefore worked with Young Scot and other organisations to run a project called Re-Capture (www.re-captureproject.com), looking at the process of recovery from eating disorders in a wide sense, asking young people with experience of the illness to show what recovery meant to them. It also provided me with a number of other ideas that I have spoken with to various people and organisations about, all looking at recovery from mental health problems holistically and not just medically.

Sharing Best Practice – the experience gave me the opportunity to see what was happening in a number of different countries with regards to mental health. It has allowed me to make contacts in other countries that I email and Skype with, discussing what is going on and what is working for them and others in their country.

Capacity Building – The experience improved both my own confidence, and my family and friends confidence in me, in that I travelled with someone I did not know, to somewhere I did not know, to meet others I had never spoken to from other countries. This allowed me to see that I was capable of doing these things that fairly recently I would not have been able to do.

Awareness Raising – As I mentioned previously, the trip inspired me in my initial ideas of a project raising awareness of recovery. The project is so far a great success and I hope it carries on. I intend to continue and develop the awareness raising activities I am doing.

Foster Innovation, Creativity and Positive Change – By developing on the ideas I got from projects in other countries that I learned about through the exchange and conference, I saw that the arts were very effective in promoting both good mental health and awareness of mental health issues. The arts were also used to help people get back into their communities, local activities and networks, as well as being used ways to express themselves. I thought it was important this was brought back to Scotland, where we do use the arts, but could do so more!

I have already spoken to a number of people and organisations about the experience and the ideas I got from it, and instigated the Re-Capture project.

I am very grateful that I had the opportunity to take part in this exchange. I am still, and will continue to be, in contact with the people I met through it, sharing experiences, developments in the areas and countries we are from, and hopefully I can be an effective link in providing some sharing of what is working elsewhere and why it is, and so on.

VOX Members Meeting Response to The New Mental Health Strategy Consultation 2011-2015

On the 12th of December 2011 VOX held its winter members meeting at the Grand Central Hotel in Glasgow. 78 people attended and participated in an open space event, responding to the Scottish Governments Strategy for shaping mental health over the next 5 years.

Thanks VOX would like to thank everyone for getting involved on the day and we will let everyone know when the Scottish government have developed the strategy, and how you can continue to remain involved in the future.

The Key issues which were raised by VOX members on the day included the following;

Stigma

In terms of challenging the stigma around mental health our members felt that this should be a core part of the strategy, and that there should be a greater focus on the community level. Ideas given included **more school level education and creative community events** to achieve social awareness and reduction in stigma. In addition to this that **key indicators to combat stigma should be developed.**

There was also a feeling **that stigma and recovery should be linked** together in terms of their aims.

Recovery

It was felt that we should make sure that recovery does not become seen as a service or a term which is fixed in its meaning, and **that people with mental health problems are the ones that guide how recovery as a concept grows and develops in the future.**

Social Isolation

Members felt that the strategy should consider how the issue of **isolation** is addressed. Many members are not in relationships, do not have family and friends around them and feel isolated. This should be **acknowledged, and thought through within the strategy.**

Use of technology

It was felt that we could **make more of technology** within mental health, and that some work should be carried out to consider how this could best be developed. Areas where this could be developed included the **development of advanced statements, consideration of telephone and internet counselling to speed up the system.**

Peer Support

It was felt that **peer support should be included in the strategy.** Members felt that there are many situations where support from someone who has “recovered” can be inspirational in terms of their own recovery. This was discussed in terms of a sort of talking therapy but also in terms of social issues such as housing, benefits and employment issues.

Dual Diagnosis

It was felt that **basic training in addictions** should be rolled out to mental health staff so they have an understanding and awareness of addiction issues. It was also suggested that individuals who had mental health and addiction issues should be treated by a team of experts.

Asylum Seekers/Refugees

It was felt that there was a lack of communication from the government, and a lack of mental health provision for asylum seekers and refugees. The social isolation, lack of networks, and barriers in terms of language and cultural differences, combined with sometimes extremely difficult circumstances for seeking asylum that this issue should be given priority.

Suggestions from a services perspective included **cultural awareness, clear pathways for people who have been discharged from services and the provision of appropriate advocacy services (cultural awareness).** There was also a community level perspective which related to **integration of asylum seekers and refugees into the community,** and breaking a barrier the “them” and “us”

Dementia

It was felt that the early recognition of dementia was essential, however that **accessing psychological therapies** was still important. Furthermore that recognition of early onset of dementia should be highlighted in some way.

“Treat the condition, not the age of the person”

Advocacy and Participation

There is a **continued need to ensure that the way in which policy and strategy develops is steered by those with mental health problems.** It was also felt that the suggestions given need to be taken seriously.

The importance of both individual and collective advocacy was emphasized.

Eating Disorders and Self-Harm in adults

It was felt that some issues were incorrectly seen as an age related problem, in particular eating disorders and self-harm which were felt to be neglected if you don't fall into the "young people category". On-going support is required to ensure that people get the support that is required. Members stressed that **problems don't just stop as soon as you reach a certain age**.

Young People

A focus should be placed on **young people's transitions**, and there should be specific support around this age, for example setting up young people's health services which have an emphasis on young people's mental health. It was also felt that when young person is unwell there should be a push to help them at home or in the community where at all possible.

Talking Therapies

There is a need to raise awareness of the variety of talking therapies which exist and allow individuals to have a certain degree of choice into what they feel might work for them. Members felt that the choice and empowerment in itself can help them to recover. They suggested that evidence based research may not consider the effects of **control and choice** and that this in itself negates some of the foundation for using evidence base when choosing talking therapies.

To view VOX's official responses to the mental health Strategy click on or type the following link;

<http://www.voxscotland.org.uk/publications/vox-response-mental-health-strategy-2011-2015>

TIME and SPACE

Time and Space is a new charity set up to support people with complex mental health problems, in particular those who suffer from auditory hallucinations (hear voices) and their families. Voices can be commanding and abusive. Sufferers can also experience visual hallucinations and tactile sensations.

Hearing voices can have a profound effect on the sufferer and medication doesn't always help to reduce the voices, leaving the sufferer isolated and often afraid with no idea how to manage. We aim to work alongside existing medications to provide a safe place where people who are troubled by voices can come and explore their experience and share coping mechanisms and strategies, allowing them to find their own solutions and gain control over the voices and their lives.

Voice hearing can be experienced by those suffering from complex mental health problems such as schizophrenia, bi polar disorder, schizoaffective disorder, borderline personality disorder and psychosis as well as those who have never been diagnosed with any mental illness. It is estimated that between 3 and 30% of the population will be troubled by voices.

It can also be upsetting for the families who are often given little information about what is happening to their loved one. The families can be left feeling guilty, frightened, angry, sad and worried with no idea how to help or what to do for the best. Our group offers sufferers and their families' support that THEY feel would be helpful.

We offer free counselling, support and information to our members and their families and every week we will facilitate a separate women's and men's group which will be exclusively for voice hearers. This will give our members the chance, often for the first time, to openly discuss and explore their voices with people who have had similar experiences.

Monday 5.30pm – 8.00pm Community group/drop in support & information
Wednesday 10.30am – 11.30am Drop in support & information
12.00pm – 1.30pm men’s voice hearer’s group
2.00pm – 3.30pm Women’s voice hearer’s group
316 Duke Street (Haghill & Dennistoun Credit Union Office) Dennistoun Glasgow G31.
Drop in or contact Elaine on 07875 219 668 or Lindsay on 07891 673 485. For more information email: info@timeandspace.org.uk www.timeandspace.org.uk

BIPOLAR SCOTLAND

Bipolar Scotland is a national charity which seeks to support people with bipolar disorder and their carers, family and friends. We have around 400 members and provide self-management training, awareness raising talks, information, newsletter, conferences and seminars and self-help groups around the country.

Self-help groups encourage peer support, self-management and friendship. Anything said in a group is treated as confidential. Groups are open to people with the diagnosis and their loved ones. We have groups in Glasgow, Fife, Stirling, East Renfrewshire, Inverclyde, Lothian, East Lothian, East Kilbride, Stranraer, Irvine, Dumfries, Ayr, Aberdeen and Inverness. We also have a LGBT group in Glasgow for lesbian, gay, bisexual and transgender people who have bipolar disorder and their carers. New groups are planned for West Lothian and Borders. If you would like to know more about any of the groups, any of our activities or to arrange a talk from the development team contact us on 0141 560 2050, www.bipolarscotland.org.uk or email aileenb@bipolarscotland.org.uk

MOMENTUM SKILLS’ PROJECT

The Fresh Start Programme

Momentum Skills’ Fresh Start Programme assists people who are unemployed with a mental health need or stress related illness. During the 20 week programme participating in group work and one-to-one sessions helps participants to move towards further education, training and/or employment.

Service Users are encouraged to make positive and informed decisions with the support of staff in a comfortable environment “calmer than normal everyday situations”, according to one service user.

Recovery-related outcomes

- **Increased self-confidence/self-esteem** - to express themselves and to communicate better
- **Building resilience and coping strategies** - having tools to manage life’s challenges

Social Inclusion-related outcomes

- **Building peer relationships** - getting a routine of going out and meeting other people
- **Developing wider social networks** – learning of organisations and places of interest

The next Fresh Start Programme commences on **Tuesday 17th July** and referrals are being taken.

If you would like information, please call Kate or Maureen on 0141 333 0567.

Brain Injury Vocational Rehabilitation

People with an acquired brain injury can find it difficult to reintegrate back into their community or to return to work. Momentum Skills offers vocational rehabilitation which support those who have sustained an acquired brain injury. We will provide support in a wide range of skills which may include communication, team working, anger management, brain injury awareness, vocational exploration and job seeking skills. Individuals are assisted to identify and set practical, solid goals working within a flexible plan of action. Practical work experience and job opportunities are built into the programme to build up experience and stamina. Each person whose uses the service will have their own key worker to support them. The programme is open to individuals who have acquired a brain injury, are over 16 years of age and are residents of Glasgow. Anyone interested in brain injury rehabilitation should contact the Pathways team on 0141 333 0567. Momentum Skills, 7th Floor, Tower 77, 77 Renfrew Street, Glasgow G2 3BZ

Employment Tribunal Service

Have you been unfairly dismissed from your job?

Have you been discriminated against in relation to your employment?

Did you know that you have less than 3 months to submit your claim to the Employment Tribunal?

VOX has been working with the Employment Tribunal Service to ensure that our members have access to the key information that you would require if you were unfairly dismissed or discriminated against by your employer

- Employment Tribunals
- Introduction
- Employment Tribunals hear claims about matters to do with employment.
- These include:
 - Unfair dismissal
 - Redundancy payments and
 - Discrimination

They also deal with a range of claims relating to wages and other payments. You can access a full list, called a jurisdiction list, from any local tribunal office or the Employment Tribunals public enquiry line on 0845 795 9775.

If you are not sure that your claim is something that an Employment Tribunal can deal with, contact the public enquiry line or ACAS on 08457 47 47 47 which is open from 08:00 to 20:00 Monday - Friday and 09:00 to 13:00 on Saturday.

An Employment Tribunal is like a court but it is not as formal; for example, nobody wears a wig or gown. However, like a court it must act independently and cannot give legal advice. Almost all hearings are open to the public and evidence is given under oath or affirmation.

The Employment Tribunals are independent judicial bodies who determine disputes between employers and employees over employment rights. There are strict time limits that operate. This is usually 3 months although there is the possibility of the tribunal allowing a claim to be accepted late if it considers that it would be “just and equitable” for the time limit to be extended (discrimination complaints) or it is satisfied that it was “not reasonably practicable” to submit the claim in time (other complaints such as unfair dismissal). Their website provides information about the tribunal’s procedures and gives guidance on how you make or respond to a claim. <http://www.justice.gov.uk/tribunals/employment>

East Lothian Users Network

CAPS Collective Advocacy for East Lothian is a voice for people in East Lothian who use, or have used mental health services. We are an independent collective advocacy group for people who have experience of using mental health services. Collective advocacy is about groups of individuals with a common cause coming together to raise awareness, campaign and influence service planning and provision.

CAPS supports groups in East Lothian to talk about mental health services and other issues. CAPS is introducing a new monthly meeting for service users who use or have used mental health services in East Lothian.

East Lothian Users Network (ELUN). The purpose of the network is to allow a space for service users from across East Lothian to get involved with campaigning on issues that are relevant to as wide a range of service users as possible. Service users will have opportunities of working in smaller sub-groups (away from the monthly meetings), dividing tasks up and creating service user led research.

CAPS will support service users to organise, create and present their findings to those responsible for planning local mental health services.

One topic that has been suggested is to look at drop-in facilities or focused group activities in East Lothian. Come along and have your say and get involved. Alternatively, if you have any questions or specific requirements to be able to attend our monthly meetings, please call Nikki on 0131 538 7177 or email nikki@capsadvocacy.org

Recently published in the British Medical Journal

Scotland introduces record of ethnicity on death certificates

Bryan Christie

Edinburgh

Scotland has become the first UK country—and one of the first in the world—to record ethnic origin on death certificates. The data will be used to learn more about important health differences between different groups.

The change to death certification was introduced by the registrar general for Scotland this month and will mean that anyone registering a death will be asked whether they are willing to provide the information. It is entirely voluntary. Those involved will be told that the information will be used by the NHS for research purposes only and that no individual will be identified through use of the information. It follows a consultation exercise last year that found strong support for the change. Until now information on death certificates has been restricted to the deceased's country of birth, which traditionally has been used as a proxy for ethnic origin. However, the value of this has diminished over time as subsequent generations of immigrants have been born in the United Kingdom.

“People working in this field have been recommending for 25 years that we need to move towards ethnicity, but it has never happened until now,” said Raj Bhopal, professor of public health at the University of Edinburgh and a leading advocate of the change in Scotland. He said that offspring of immigrants are often not picked up in the system at present despite them having similar health patterns to older generations. Susceptibility to a number of conditions, including cardiovascular disease, diabetes, and cancer, differs significantly among ethnic groups, and reliable data are needed to aid study of these differences and to learn from them. The proposal to collect data on death certificates grew out of a 2009 report,

Health in our Multi-Ethnic Scotland: Future Research Priorities

(www.healthscotland.com/documents/3768.aspx).

Laurence Gruer, director of public health science at NHS Health Scotland and chairman of the group that took forward the report's recommendations, said, “To our knowledge few other countries record ethnic origin on death certificates and none for the explicit purpose of carrying out health research. As the number of deaths accumulate we will be able to build up a much clearer picture of the main causes of death and differences between ethnic groups in Scotland. This will be of immense value in studying the underlying reasons for different death rates with the aim of improving preventive efforts and health service

responses for all ethnic groups.” Although the system is voluntary, Dr Gruer said that experience has shown that most people respond positively to sharing such information with the NHS. “We will be monitoring the proportion of informants who agree to provide the information. If high rates are achieved, we hope other parts of the UK will start to do the same.”

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Spring Diversity Update

Welcome everyone to the latest edition of the diversity update. Hopefully by the time you read this, the weather will be nice, warm and sunny (We can but hope).

We have been involved in a few new pieces of work related to our diversity in mental health work program since our last diversity update; some of the work is highlighted in this update whilst others have been sent to our members via our weekly e-mail bulletin that John sends out to our members most Fridays. We do however continue to support and develop our existing groups and projects and welcome new members to be involved in these, such as our over 50's group, young VOX, LGBT VOX and the Minority Ethnic Women's Voices group.

We start our update with our experience of the Boxed in Event, **Boxed in? A debate exploring issues of identity, self, community and belonging, for disabled people.**

People and experts from across Scotland gathered to discuss what it means to be disabled and to explore issues around identity and feeling 'boxed in' by definitions and by society .

This question time style debate explored issues of public perception, definition, self-image, and belonging around disability. The debate featured a panel of experts which included academics, disabled people and a representative of the media.

The debate briefly touched on what being disabled actually means, for example some people from the Deaf community consider themselves to be a linguistic minority rather than disabled and some of those with mental health problems perceive the term Disabled as only or mainly applying to people who have visible mobility impairments. So some people may identify around their impairment whereas others around the issue of social barriers to participation, and in some cases both which they consider disabling.

This debate was a good start to bring people together to explore these complex issues, such as what it means to identify as 'disabled' or to be legally defined as disabled but not necessarily identify as 'disabled'.

The debate was planned and organised by Independent Living in Scotland, with support from; Glasgow Caledonian University, Inclusion Scotland, Glasgow disability Alliance, LGBT Youth Scotland, Voices of Experience and the British Deaf Association.



The Boxed in event helped us think about language and terminology and reflect on whether people with a lived experience of a mental health problem who do not identify with the term 'Disabled' are perhaps being missed out from policy and access to information and services. On reviewing some of our findings from the LGBT VOX survey for example we found that over 30% who identified as having a mental health problem did not identify as being disabled whilst 50% of the of those who did, had another disability in addition to their mental health problem. It is also the case that not all of our VOX members identify with being disabled yet they identify as having a mental health problem (Based on our individual members equalities monitoring questions). There can be many reasons for this but it is

important for us to explore them to ensure that we have an accurate understanding of the range of views that exist, as well as ensuring that people are aware of the policies and services that may impact or have an effect on their lives, these may use language and words such as 'Disabled people' which actually do include people with mental health problems but not necessarily use the words 'for people with mental health problems' as clearly or obviously as we (people with mental health problems) would like.

Our next step has been to work with the Equalities and Human Rights Commission and the Scottish Human Rights Council on a seminar to explore one such policy and what it means for people with mental health problems.

The Equality and Human Rights Commission, Scottish Human Rights Commission and VOX Scotland invite you to discuss: Being part of Scotland's story under the Disability Convention - what the Convention means for mental health?

The event

The seminar will give participants an opportunity to discuss what the United Nations (UN) Disability Convention means for people with lived experiences of a mental health problem. The day will begin with an introduction to the Convention; the rights it promotes and protects, the role of Governments and the Commissions and the central importance of disabled people in making sure the right action is taken to implement the Convention.

There will also be roundtable discussions about the issues facing people with lived experiences of a mental health problem, the various ways the Convention can be used to help address these issues and how we can overcome any barriers to achieving full realisation of the rights set out in the Convention.

This Event took place on the 28th of March and we will provide an update in the next VOX newsletter. Also keep an eye out on our website and weekly e-bulletins for feedback from this event and others exploring identity, mental health and disability.



An update on the VOX 'Women's Voices Project' has been active since October 2011 with the aim of providing Minority Ethnic (ME) women with an opportunity to come together in a safe and friendly environment and raise issues affecting their lives and their emotional wellbeing. Since January 2012, the project has started working in cooperation with 'Amina - Muslim Women's Resource Centre'. The group is made up of 5 individuals, who meet once or twice a month, mainly focusing on group members' interests.



The group work is a process of collective action, working together and learning from each other. The work is done through facilitating engagement amongst group members to share their experiences and talk about the issues that concern them but they cannot express and consequently build up and lead to losing their self-confidence. The work has started by raising issues affecting ME women in Scotland; like identifying needs and barriers facing them which cause stress and lead to more isolation, and continued by discussion on awareness-raising about available services. During different sessions, the work has been progressed by utilising art material to develop participation amongst group members. Through art, women have had a chance to express themselves and learn from others' experiences and share information to reduce the amount of stress they have.



This was a way of enhancing their self-confidence as each member creates something through personal thinking and reflecting that they could share it with the wider community. My hope is to share the group members' achievements with wider communities in Glasgow and possibly expand the scope of the project and start working with other community organisations in the city of Glasgow, especially organisations that have more contact with BME communities and wider role in supporting them.

Room for a laugh

Can you believe it, the following are real notices and signs;

In a London department store:

BARGAIN BASEMENT UPSTAIRS

In an office:

WOULD THE PERSON WHO TOOK THE STEP LADDER YESTERDAY PLEASE BRING IT BACK OR FURTHER STEPS WILL BE TAKEN

In an office:

AFTER TEA BREAK STAFF SHOULD EMPTY THE TEAPOT AND STAND UPSIDE DOWN ON THE DRAINING BOARD

Spotted in a safari park: ELEPHANTS PLEASE STAY IN YOUR CAR

Seen during a conference:

FOR ANYONE WHO HAS CHILDREN AND DOESN'T KNOW IT, THERE IS A DAY CARE ON THE 1ST FLOOR

Notice in a farmer's field:

THE FARMER ALLOWS WALKERS TO CROSS THE FIELD FOR FREE, BUT THE BULL CHARGES.

Message on a leaflet:

IF YOU CANNOT READ, THIS LEAFLET WILL TELL YOU HOW TO GET LESSONS

On a repair shop door:

WE CAN REPAIR ANYTHING. (PLEASE KNOCK HARD ON THE DOOR - THE BELL DOESN'T WORK)

RE-CAPTURE PROJECT



Do you want to play your part in inspiring others? Then Re-capture is your chance to express what recovery from an eating disorder means to you. Re-capture is a youth led project and is open to all young people aged 14 to 25 with experience of an eating disorder.

The project aims to raise awareness of recovery as an individual and personal journey in which young people need to be involved by giving young people a platform to express what recovery means to them. The project was successfully launched on Thursday 23rd February 2012 and had over 50 people attend, including Public Health Minister Michael Matheson MSP and Humza Yousaf MSP, policy makers, health professionals, youth workers, university and college staff and of course young people, families and photographers!

Young people can keep submitting, and viewing, their inspiring photographs of eating disorder recovery at <http://www.re-captureproject.com> and the exhibition will be in parliament next week, at the Eating Disorder International Conference in London in March,

and can be booked for other locations, contact re-capture@youngscot.org to



organise.



Think Positive – improving student mental health

Think Positive is the student mental health project at the National Union of Students Scotland. Society often assumes that being a student is “the best time of your life”, but we know that all too often that just isn’t the case. The pressure to juggle paid work and family responsibilities with exams, deadlines and assessments means that being a student today can be very stressful.

That’s why Think Positive is working to help students think openly, honestly and positively about their mental health. We want to promote good mental health and wellbeing in student communities and tackle the negative attitudes that exist around mental ill health. We are working to help improve the supportive environment available to students at their college or university and break down the barriers that limit access to support.



From conducting research into student mental health issues, supporting student-led mental health campaigning to delivering mental health training, Think Positive aims to make a real difference to students’ lives.

For more information about the project or how to get involved please contact Katie on katie.rafferty@nus-scotland.org.uk or 07595 057 391 and visit www.nus.org.uk/thinkpositive.

How can you get involved?

- Download a copy of our “Making mental health matter: The Toolkit”, a complete guide on
 - how to plan and implement a successful mental health campaign on your campus.
 - Get in touch and find out how you can complete the Scottish Mental Health First Aid training course for free on your campus.
 - Download our research reports into student mental health and wellbeing: [Silently Stressed](#) and [Breaking the silence](#).
 - Get in touch for other campaigning resources
 - Join our Facebook group and follow us on Twitter @thinkposNUS
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Consultation responses

As part of our diversity program VOX sent joint and/or sole responses to the following consultations (To read the responses please click on the links below or type the web address into your web browser);

The Scottish Governments consultation, on the Mental Health Strategy. Submitted as part of ‘ETHNICITY IN MIND’ (THE SCOTTISH MENTAL HEALTH AND ETHNICITY SPECIAL INTEREST NETWORK)

http://www.voxscotland.org.uk/webfm_send/136

The Scottish Governments consultation, on the Mental Health Strategy. Submitted as part of the Sanctuary Group

http://www.voxscotland.org.uk/webfm_send/137

Young VOX member’s response to the Scottish Governments Consultation: Advocacy Support for Children and young people

http://www.voxscotland.org.uk/webfm_send/138

Useful equalities contacts

Scottish Refugee Council www.scottishrefugeecouncil.org.uk

Scottish Inter Faith Council <http://www.scottishinterfaithcouncil.org/>

Equality and Human Rights Commission <http://www.equalityhumanrights.com/>

Scotland Helpline 0845 604 5510

Scottish Human Rights Commission <http://scottishhumanrights.com/>

Beyond Prejudice survey

“Beyond Prejudice, evaluation survey”



VOX, GAMH and 'see me' launched in 2011 the "Beyond Prejudice" film – mental health stigma and recovery among black and minority ethnic communities in Scotland.

The film explores mental health issues in BME communities with members of BME communities voicing their personal experiences of stigma, racism and attitudes of family and communities. It also explores the way some people have overcome their mental health issues, whether through support, community activities or medication.

We would like to seek your views and comments on the film and how it may be developed further

as an educational resource. If you have seen the film can you please click the link below to a short survey; <http://www.surveymonkey.com/s/BeyondPrejudice>

If you have not seen the film yet, you can see it on the VOX homepage: www.voxscotland.org.uk

Or on YouTube: <http://www.youtube.com/watch?v=hcZDDFX8YYs>

This DVD is one of the final resources developed through the *Mosaics of Meaning* work stream in NHS GG&C's *Anti Stigma Partnership*. www.mosaicsofmeaning.info which will include all of the *Mosaics of Meaning* resources.



The DVD is funded by 'see me' and NHS Greater Glasgow and Clyde

European LGBT survey launched

To support equal treatment legislation and policy making, the European Union Agency for Fundamental Rights (FRA) has launched an EU-wide LGBT survey, with a questionnaire that is available online and awaits the opinions of lesbian, gay, bisexual and trans people over the age of 18 living in the European Union or Croatia.

The survey asks a range of questions about LGBT people's experiences including:

- Personal circumstances
- Public perceptions and responses to homophobia and/or transphobia
- Discrimination
- Rights awareness
- Safe environment
- Violence and harassment
- The social context of being an LGBT person

To find out more and to take part in the survey visit this link;

<https://www.lgbtsurvey.eu/html/lgbt2t/startpage.php>

To find out more about FRA visit: http://fra.europa.eu/fraWebsite/home/home_en.htm

The effects of budget reviews on people with long term mental health problems

Background

The last two years has seen significant cuts to public sector spending affecting the social care funding across Scotland. Mental health service user representative organisations (including: VOX, HUG, Bipolar Scotland, ACUMEN, Stirling Users Network, Scotia Clubhouse, Mental Health Network (Greater Glasgow), and Peer Support Fife have concerns as to the impact that these cuts will have on the lives of people living with a mental health condition, particularly in relation to quality of life, mental health and well-being and recovery.

In October 2010 mental health service users began to report to representative organisations their experiences and concerns regarding local services cuts within their areas, including day centres, crisis services etc. This research aims to provide evidence on the extent of spending cuts and how they impact on the services people receive, and whether the spending cuts have resulted in negative social outcomes affecting people's mental health and recovery.

Methodology

The research was conducted using both a questionnaire and focus groups between May and August 2011. The questionnaire was made available online. 152 people completed the questionnaire. The majority of questionnaires (115) were completed online. In total 9 focus groups were held in Glasgow, Edinburgh and West Lothian. One focus group was cancelled in Fife, as there were insufficient numbers to run a focus group.

The research questions (see appendix) aimed to gather information on the effects of care and support packages, both at home and in community based services; the effects of changes to employment and training provision; the effects on social, cultural and leisure services; and how people perceived these changes effecting their mental health and well-being, recovery and social networks. As well as self-selecting answer options, most questions allowed respondents to provide free text examples of how they viewed the effects of these changes and provide anecdotal evidence.

Analysis of the information provided by focus groups is comparative with the information gathered from questionnaire responses, with a high level of similarity around experiences and anecdotal information provided. However because of the differences in the way data was collected the statistical information in the report is based on questionnaire responses unless otherwise stated.

About the respondents

In total 152 questionnaires have been completed to date, 115 of which were completed online using Survey Monkey. In 52% of the questionnaire responses, the person living with a mental health problem was female and 48% were male.

116 (76%) were completed by a person with a long-term mental health condition. 37 (24 %) were completed by a carer for someone who has a long-term mental health condition. 16 (9%) people described themselves as working in mental health but also described themselves as either someone with a long-term mental health problem or a carer. There were also 9 people who described themselves as both having a long-term mental health problem and a carer.

Respondents came from a wide range of ages although the majority of people (69%) between the age of 31 and 59, however 5 people under the age of 18 and 13 people over the age of 60.

Age of person with a long term mental health problem:	Response %	Response Count
Under 18	3%	5
18-30	19%	29
31-44	33%	50
45-59	36. %	54
Over 60	9.0%	13

A further 72 people took part in focus groups which had a very similar mix of people attending with 84% describing themselves as having a mental health problem and 16% as carers. There were also a slightly higher percentage of women (57%) attending focus groups.

The majority of people accessed care and support from more than one agency with 70% receiving some form of care and support from the NHS, 47% accessing voluntary sector services and 21% accessing care and support from Local Authority Services.

18% of people were unsure of who provided some or all of their care and support.

Care and Support at home

In the last 12 months 46% of people received some care and support at home. No statistical information was provided on who provided this care and support, or what level of care and support people received.

44 people (28%) reported that there had been a reduction in the care and support that they received at home. In the majority of cases (32 people) they felt that either their care needs were the same or had actually increased. However 9 people did feel that there was an improvement in their health resulting in the change in their support. Four people reported that they had lost all of the care and support that they received at home and in each of these cases this was due to either cuts in staff or changes to the way a service operated.

People felt that most of the changes that they saw in relation to home support was as a direct result of funding cuts affecting service provision either in relation to cuts in staffing levels or staff facing pressures to cover other services particularly crisis services.

Although there had been a significant reduction in home care support provided by voluntary sector organisations, many people reported that they had been affected by changes in the NHS and had seen home visits cut or reduced by their CPN. Although the government has said that there would be no compulsory redundancies people were reporting that the cuts were due to

staff retiring, going off on maternity leave, or finding other employment and not being replaced.

Of those who had lost home support they reported feeling more vulnerable and isolated and that this was having a significant impact on their ability to cope, putting their mental health at risk.

"I have been referred to the hospital twice this year and have come the closest to being admitted in years. I did have a nurse attend my home every two weeks for a good number of years up until about a year and a half ago but that was put to an end. I really miss that as I feel it really helped me!"

Other people reported that they had seen staff replaced by new staff or outsourced to a new care provider. Often this was seen as a poorer quality from staff that did not have the same level of training or understanding of mental health issues. In some cases this has been the approach taken by local authority social care services and some people viewed it as providing basic services and described it as an example of 'uncaring caring'.

"Due to management cuts and staff changes, I felt that the support I recently was given was nowhere near as supportive or friendly. I did have the same workers for all these years, which understood me and treated me like an equal. I am afraid that I found the attitude of the recent workers appalling."

Community Based Services

The majority of people (75%) responding accessed community based services.

Of the 114 people who accessed community-based services only 23 people reported that they had not seen changes to any of the services they access. The focus groups also highlighted a high level of changes affecting community based services.

Of people who accessed community based services: -

- 28% reported that they had lost at least one service, group, or activity
- 32% felt that there had been a reduction in services, groups or activities that they could access.
- 26% had seen a reduction in the number of staff due to funding cuts
- 19% felt that they now needed to travel further to access services

Closure or relocation of services, loss of social activities featured highly in the responses. This appears wide spread and across NHS, local authority and voluntary sector care and support services.

People expressed concern over the closure or relocation of services, which appeared widespread. This is very closely linked to people feeling that they need to travel further in order to access services. This gave rise to a number of problems. Some people said that they

had difficulty using public transport due to their mental health problems therefore such changes increased their anxiety or increased their isolation. For some people the concerns were in direct relation to access to public transport. The relocation of services does not appear to have taken fully into account access by public transport. In order to continue to access a service some people reported that this would require catching more than one bus and travelling into unfamiliar areas. Increased travel costs were also raised as a barrier to access.

“Loss of support worker in the community mental health team Loss of OT in the community mental health team It appears that neither of these posts are going to be re-filled despite being well used and popular Long term sickness of CPN means I have to travel to see a different one - no-one comes to the house. This entails a round trip of 56 miles and a short ferry crossing each way”

Changes to Scotland’s travel card scheme have meant that some people no longer have concessionary travel cards based on their Disability Living Allowance award. Whilst people may be able to claim concessionary travel cards because they are accessing psychological services the fact that people reported increased travel costs indicates that not all people who may be entitled to travel cards have applied for concessionary travel.

“Closure of local centre and now have to get a bus and travel to another part of city”

Access to therapeutic or social activities also seems to have been significantly affected by funding cuts. People reported that activities which may be described as having “soft outcomes” had been lost or significantly reduced. This not only included social activities such as walking groups or outings, but also groups providing daily living skills like cookery groups, or therapeutic groups like relaxation or art groups.

The support staff used to run a drop-in which is now stopped, & the relaxation group has also been discontinued.

People felt that as well as dealing with the reduction of services or staffing levels they also experienced anxieties of future cuts. In some cases, people felt that there was a lack of consultation over changes to services.

“A support group for women I attend will lose its worker in the next 2 weeks and there are doubts about the group continuing”

Accessing information was very difficult and people felt that there was a lack of information about the effects of funding. In some cases this appears to be because services themselves were uncertain about the future, but in some instances people felt that they were just not being informed about what was happening.

Training and Employment Services

Not everyone accessed training and employment services. Only 66 (44%) of people had accessed training and employment services in the last 12 months. However of those people who had accessed training and 19% said that the service they accessed had closed and another 19% said that there had been reductions in staffing levels.

Over the last 12 months there have been changes in the way the DWP funds training and employment services 12% of people accessing training had seen a change in their provider.

"I was hoping to get a placement at a local training provider; however I have been told they are no longer accepting referrals as their funding is under review"

Although transport issues were raised by respondents this was less of an issue than for people accessing community based supports with only 6% of people saying that transport was an issue for them.

However although only 44% of people had said that they accessed training or employment services there were issues raised that affected a wider number of respondents. Access to information on training was a major issue with people feeling that there was a lack of information on what was available locally. Some people felt that they were continually going around in circles trying to get information but not making any progress.

"Service changes have meant people no longer have any support, and the new Work Programme isn't up and running yet. The providers of the Work Programme are operating under tight budgets and are going to be very target-driven (because that's how they get paid) rather than person-orientated".

People felt that staff in Jobcentre or in private sector services had a real lack of understanding about mental health issues. This has made some people feel undervalued or that they are just there so that someone can "tick a box". For some people this lack of understanding has meant that where they have accessed employment this has been a negative experience impacting on their overall mental health because of being "squeezed into inappropriate work".

"I work and one of my friend's works I jumped through hoops to get my support but my job is great I really enjoy it. My friend hates her job and because of the cuts she has been left with no support she is made to work most weekends"

Access to support whilst in employment was also highlighted as an issue with the closure or loss of staff in supported employment services.

Access to further education or community education was also highlighted as a problem. People felt that there is a reduction in part-time or leisure courses which would be a useful part of their individual journey back into work or an important part of managing their mental health and recovery.

"Cuts to other training and employment services have made it more difficult for us to move people on"

Funding was also raised as an issue with access to education. In some cases people reported that they would now have to pay to access classes and courses provided free whilst for other people changes to their benefit entitlement had affected their ability to access educational course.

Social, cultural and leisure services

Social, cultural and leisure services have been highlighted as an important factor in everyone's mental health and wellbeing and an important factor in the recovery from mental health problems.

Around 16% of people reported that there had been a loss of local services due to funding cuts, including local groups, facilities and community centres. Another 20% of people reported a reduction in opening hours restricting access to services and having a significant impact on them. In particular, changes to opening times seem to be around quieter times of the day. People said that if they do access leisure services it tends to be at the quieter times as their mental health causes them problems at other times, especially where people have anxieties or problems around other people.

"One of the public sports halls I visited with friends (it was smaller than and not as busy/intimidating as others) has been closed. Last time I tried to go with them to a larger one I cried and had to leave early"

A number of people linked access to social, cultural and leisure services to their personal finances. Most people who commented felt that their travel costs had increased and services had increased their charges. Loss of benefit entitlement also restricted access to social cultural and leisure activities.

"Everything now costs more and they have increased the costs of leisure passes and bus fares, after everything else that has gone up I can no longer afford these activities"

Impact on mental health and recovery

Almost 60% of people felt that the changes they were experiencing had a negative impact on their mental health and recovery particularly in relation to access to support. Even where people felt that they had not seen significant cuts at this stage there was a high level of concern over what cuts would be made in the future.

"They haven't happened yet but they are on the horizon and have me very worried indeed"

"There is less help available and my health is depreciating significantly due to the stress of having to appeal benefit decisions when all my evidence shows clearly that I am entitled to support - it is simply outrageous!"

Although a small number of people (4%) reported that there had been an improvement in their mental health over the last 12 months, it is clear that most respondents felt that they felt less supported and more socially excluded and that their ability to participate in key activities that are important to their mental health and recovery have been restricted over the last 12 months. Research has shown that social networks are important to promoting mental health and wellbeing, and coping with living with a mental health problem. However, 55% of people also felt that changes were having a negative impact on their social networks.

Mental ill health is both a *cause* and *consequence* of exclusion and there are complex and relationships between poverty, disadvantage and mental illness. People living with a mental health problem are much less likely to be in work and, living on low incomes and facing other

forms of poverty and inequality. 50% of people felt that they were facing added stress in relation to increased costs. At the same time many as dealing with these additional financial costs many of the respondents felt that this was likely to become worse due to changes to the benefits system and limited changes of being able to find work.

Quiz

- 1) What is at the foot of Royal Mile in Edinburgh?
(Holyrood Palace)
 - 2) Who is the Detective Inspector in a series of Ian Rankin novels?
(John Rebus)
 - 3) What is the largest loch in Scotland?
(Loch Lomond)
 - 4) What was the name of the rock that the ancient kings of Scotland sat on to be crowned?
(The Stone of Destiny)
 - 5) Who stands on the pillar in the middle of George Square, Glasgow?
(Sir Walter Scott)
 - 6) What does the word "Blether" mean?
(Talk)
 - 7) In which century was Dunfermline the capital city of Scotland?
(11th)
 - 8) What is the largest city in Scotland?
(Glasgow)
 - 9) What is the most famous golf course in Scotland?
(St Andrews)
 - 10) What year did Alexander Graham Bell invent the telephone?
(1876)
 - 11) What city is the TV programme River City set in?
(The Clyde)
 - 12) When was the Scottish Parliament formed?
(1998)
 - 13) What is Scottish national flower?
(Thistle)
 - 14) The Scottish national animal is the unicorn and lion TRUE or FALSE?
(True)
 - 15) Is Scotland closer to Australia or America?
(America)
-