

Winter Newsletter 2010

“Moving Minds Exhibition and Event”

VOX has been working in partnership as part of the Scottish Mental Health Arts and Film Festival on the Arts and Mental Health, as this is a priority set by our members. The exhibition opened earlier this month at Kelvingrove museum and closed on Sunday the 31st of October. We will have photos to share from the day and Exhibition with you all in the near future.

On the 14th of October 2010 the Moving Minds Day of activities and events was held at Kelvingrove Art Gallery and Museum which reached around 300 people from workers, service users, members of the public, to mental Health and Social Work students.

VOX over 50's group contributed to the exhibition by sharing their stories and objects related to their experiences in Mental Health and growing up. The exhibition also has contributions from young carers, minority ethnic women and a narrative resource from Health Scotland.

It was a celebration of diversity and mental health, and an opportunity for people to participate and learn from each other and challenging stigma in mental health.

We would like to thank Kelvingrove Museum, our partners, VOX members and volunteers who helped make the day the success that it was. Many thanks also to our volunteer photographers.

One of the over 50's group, James McKillop displayed some polished stones and very kindly has allowed us to display his recipe for polishing stones by hand:

“Certain soft stones can be polished by hand.

You will need wet/dry sandpaper grades rough, medium, fine and a well worn piece of fine sandpaper, Duraglit and a soft rag.

- 1) Scour the stone with the rough sandpaper until all the holes and cracks are gone and the stone is smooth. This procedure can be very dusty and it is strongly recommended that it is carried out in a basin of water or under a running water tap.
- 2) Repeat the process with the medium sandpaper, ensuring any blemishes from step 1 (e.g. scratch lines) are now completely eliminated.
- 3) Repeat the process with the fine sandpaper.
- 4) Repeat the process with the piece of worn fine sandpaper.
- 5) Clean the stone with Duraglit and buff off residue with a soft rag.

- 6) The stone should now have a natural shine and can be freshened up from time to time with the Duraglit and a rag.

Notes:

It can be quite easy to get a side of the stone polished from start to finish and you might wish to accomplish this first before going on to finish the whole stone, which requires a lot more time and effort

The stone is fragile but can be cut/sliced (carefully) with a hacksaw and can also be drilled (carefully) with a small steel bit.

The sandpaper can be used a number of times and a worn piece of rough sandpaper can sometimes be used in lieu of the medium sandpaper and similarly worn medium might be used in place of the fine. Experience will guide you.

I hope you enjoy the exhilaration you will no doubt experience when you see the stone gleam at you and realise that you did it all by yourself. Other soft items may also be shaped and polished: - amber reindeer horn, sea shells etc. Hard coal will also polish but is dirty and oily.

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Weekly Updates.

We are aware that our weekly updates only go out to VOX members with an email address so with this in mind we are adding another page to the newsletter called "Updates". Below are some of the items which were included in previous weekly updates:

Relaunch of "Look ok... feel crap" website

A website for young adults providing information about depression and recovery has been relaunched by Depression Alliance Scotland. lookokfeelcrap.org provides access to an online community, forums and monthly chats. It also gives users the opportunity to submit stories, quotes and creative work. [Visit the look ok... feel crap website](http://lookokfeelcrap.org)

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Work with Faith Leaders

VOX in partnership with the Mental Health Network (Greater Glasgow), Glasgow Association for Mental Health and South East Glasgow CHCP have been developing a dialogue with faith leaders in the east of Glasgow to raise their awareness of mental health issues as well as looking at some of the cultural myths and stigma that can exist within communities. We have met with Christian, Muslim and Sikh faith leaders and are looking at supporting them to develop faith based messages promoting mental wellness among their congregations.

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Equality and Human Rights Commission

Do you or someone you know receive home care or are you a carer?

The commission wants to know your views on the quality of care delivered to older people (aged 65 and over) in the home (the good and the bad) in relation to human rights. By human rights we mean whether people are treated with respect and dignity, for example receiving appropriate privacy, and have choice and control over how they live.

They have compiled a short list of questions to help you feedback to us which should take no longer than fifteen minutes to answer.

The Commission's formal Inquiry launches on the 10th November and evidence gathering will run until 4th February 2011.

Download their call for evidence and terms of reference on their website [here](#). Your evidence will be treated in strictest confidence and will help to form a report with recommendations which will be published in December 2011. If you have any queries about the Inquiry please contact the EHRC at: homecare@equalityhumanrights.com

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SRN National Gathering 2011

The Scottish Recovery Network are delighted to announce that registration is now open for the next national conference, which will be held on 10th February 2011 at the Crowne Plaza Hotel, Glasgow. The National Gathering is a free, participatory event that will give Network members the chance to share information and consider next steps for the promotion and support of recovery in Scotland. For more information about the event, including how to register, please visit the SRN website at <http://www.scottishrecovery.net> or call us on 0141 240 7790.

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Trellis

Trellis, established in 2005, works across Scotland with over 125 therapeutic gardening projects. The Network helps projects to support each other through the sharing of expertise, good practice and resources.

Trellis is the national Scottish charity, registered as the Scottish Therapeutic Gardening Network that supports, promotes, and develops the use of horticulture to improve health, well-being and life opportunities for all. Therapeutic gardens have been shown to be a very effective measure in treating depressive illness¹.

They work with some of the most vulnerable members of society, e.g. 23% of projects provide support for those with mental health issues.

Therapeutic garden projects help people improve their fitness, mobility and mental health and gain skills and qualifications. Gardening can be sociable and is an accessible activity for everyone. Projects operate in hospitals, secure units, day centres and community gardens, often with limited resources & little recognition. **For more information contact Trellis at 40 St John Street Perth PH1 5SP. Tel: 01738 624348 mobile: 07770 724399**
Email: info@trellisScotland.org.uk www.trellisScotland.org.uk

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Famous Scots

First Governors of USA

When the United States were first formed and the thirteen states selected their first governors, nine were of Scottish ancestry:

- Archibald Bulloch (Georgia)
- George Clinton (New York)
- William Livingston (New Jersey)
- John MacKinlay (Delaware)
- Jonathan Trumbull (Connecticut)
- Richard Caswell (North Carolina)
- Patrick Henry (Virginia)
- Thomas McKean (Pennsylvania)
- John Rutledge (South Carolina)

In addition, all the members of the first American cabinet had Scottish ancestry:

- Secretary of State - Thomas Jefferson
- Secretary of the Treasury - Alexander Hamilton
- Secretary of War - Henry Knox
- Attorney General - Edmund Randolph

Famous Scots in New Zealand

At the risk of omitting someone important, here is a selection of people with Scottish roots who have made their mark on New Zealand's history. At one stage, 30% of the non-Maori population in New Zealand were of Scots lineage :-

- George Bruce - the first recorded settler, 1809.
- James Herd - leader of first organised settlement by the NZ Company, 1825.

- George Rennie - founded settlement at Otago, 1842.
- John Campbell - sent first cargo of NZ produce from Auckland to England, 1844.
- Rev Norman McLeod - brought his parishioners from Nova Scotia, 1852.
- Rev Thos Burns - nephew of Robert Burns, leader of Otago colony.
- Donald Sutherland - discovered Sutherland Falls, the country's highest.
- Wm Davidson/Thomas Brydon - first shipment of frozen meat to Britain, 1882.
- Sir Bernard Ferguson - Governor General (as were his father and grandfather).
- David Munro - Speaker of the House of Representatives.
- Sir Robert Stout - born in Shetland, prime minister (1884-1887).
- John Mackenzie - born Ross-shire, minister of agriculture, 1890s.
- Peter Fraser - born in Scotland, prime minister during World War II.
- Norman E. Kirk - Scottish descent, prime minister in the 1970s

Over 50's Coffee Morning Group

This group has been meeting every two months as a sort of social gathering with a coffee morning theme. The group is open to people 50 and over but also welcomes people in their 40's if they feel happy to be part of an older peoples group. The group meets to discuss issues related to mental health and being an older person as well as sharing useful information.

If you are interested in meeting up for a coffee morning to discuss mental health issues for people around 50 or over please get in touch to see when our next meeting will be.

Advance Statements

An advance statement is only about the treatment you would prefer to receive, or not receive, for your mental disorder. It must be made while you are well enough to state your treatment preferences, and will only come into force if, in the future, you become too unwell to make decisions about your treatment for yourself.

If you have a mental disorder the Act gives you the right to make a written statement saying how you would like to be treated if you become too unwell in the future to make decisions yourself. It is not the same as a 'living will', which people sometimes use to say how they would like to be treated if they are dying. An advance statement is only about the treatment you would prefer to receive, or not receive, for your mental disorder. It must be made while you are well enough

to state your treatment preferences, and will only come into force if, in the future, you become too unwell to make decisions about your treatment for yourself.

To be valid an advance statement must be in writing, signed, and witnessed according to the following criteria:

- i. At the time of making (or withdrawing) an advance statement, the person must have the capacity of properly intending the wishes specified in it;
- ii. the advance statement must be in writing;
- iii. it must be subscribed (signed) by the person making it;
- iv. the person's subscription of it is witnessed by a person (the "witness" see note 8 below) who signs the statement as a witness to that subscription; and
- v. the witness certifies in writing on the document that, in their opinion, the person making the statement has the capacity referred to in paragraph (i) above.
- vi. An advance statement may be withdrawn by the person who made it if-
- vii.
 - i. at the time of making it the person has the capacity properly to intend to withdraw the statement; and
 - ii. it is made by means of a document written document which is signed and witnessed in the same way as the original statement (see the suggested style at the back of this guide).

An advance statement should set out the ways you would like to be treated for mental disorder, including any ways you would not like to be treated. It can include your wishes about medications, therapies and particular treatments, like ECT. It does not need to be typed, but it must be written clearly enough to be read by those who will be caring for you. A suggested style is included at the end of this guide but, as long as your statement meets the criteria listed at note 2 above it will be valid. It should also include

- your full name and address
- the name and full address of the witness, and how they qualify as a witness
- the date it was witnessed.

It will be helpful if you also attach to your advance statement a list containing, if you have them, the name and address of

- your named person
- your carer
- your general practitioner
- your guardian or welfare attorney.

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The Mental Health (Care and Treatment) (Scotland) Act 2003

The Mental Health (Care and Treatment) (Scotland) Act 2003 came into effect on April 2005. The Act applies to people with a 'mental disorder', which refers to people with mental health problems, personality disorders and learning disabilities.

The Act also contains safeguards which protect the rights of persons with a mental disorder. Every person with a mental disorder has a right of access to independent advocacy and the right to be able to choose someone (a 'named person') to support them and to protect their interests in any proceedings under the Act.

The Act is based on a number of principles:

- 1. Non-discrimination** - People with mental disorder should, wherever possible, retain the same rights and entitlements as those with other health needs.
- 2. Equality** - All powers under the Act should be exercised without any direct or indirect discrimination on the grounds of physical disability, age, gender, sexual orientation, language, religion or national or ethnic or social origin.
- 3. Respect for diversity** - Service users should receive care, treatment and support in a manner that accords respect for their individual qualities, abilities and diverse backgrounds and properly takes into account their age, gender, sexual orientation, ethnic group and social, cultural and religious background.
- 4. Reciprocity** - Where society imposes an obligation on an individual to comply with a programme of treatment of care, it should impose a parallel obligation on the health and social care authorities to provide safe and appropriate services, including ongoing care following discharge from compulsion.
- 5. Informal care** - Wherever possible, care, treatment and support should be provided to people with mental disorder without the use of compulsory powers.
- 6. Participation** - Service users should be fully involved, so far as they are able to be, in all aspects of their assessment, care, treatment and support. Their past and present wishes should be taken into account. They should be provided with all the information and support necessary to enable them to participate fully. Information should be provided in a way which makes it most likely to be understood.
- 7. Respect for carers** - Those who provide care to service users on an informal basis should receive respect for their role and experience, receive appropriate information and advice, and have their views and needs taken into account.
- 8. Least restrictive alternative** - Service users should be provided with any necessary care, treatment and support both in the least invasive manner and in the least restrictive manner and environment compatible with the delivery of safe and effective care, taking account where appropriate of the safety of others.
- 9. Benefit** - Any intervention under the Act should be likely to produce for the service user a benefit that cannot reasonably be achieved other than by the intervention.

10. Child welfare - The welfare of a child with mental disorder should be paramount in any interventions imposed on the child under the Act.

The Mental Health Tribunal for Scotland (MHTS) is involved in considering care plans, deciding on compulsory treatment orders and carrying out reviews. Service users and carers are able to challenge compulsory treatment orders if they want to. Services users can make advance statements, setting out how they would wish to be treated if they become unwell and unable to express their views clearly at some point in the future. The Tribunal and any person responsible for giving treatment under the new Act would have to take an advance statement into account.

The Act allows for people to be placed on different kinds of compulsory order according to their needs. There are three main kinds of compulsory powers:

1. Emergency detention - This would allow someone to be detained in hospital for up to 72 hours where hospital admission is required urgently to allow the person's condition to be assessed. It will only take place if recommended by a doctor.

2. Short-term detention - This would allow someone to be detained in hospital for up to 28 days. It will only take place where it is recommended by a specially trained doctor (a psychiatrist) and agreed by a mental health officer (an officer of the local authority).

3. Compulsory Treatment Order (CTO) - A CTO would last for 6 months initially but could then be extended for a further 6 months, and after that could be extended for 12 months at a time. This has to be approved by a Tribunal. A mental health officer would have to apply to the Tribunal. The application would have to include two medical recommendations and a plan of care detailing the care and treatment proposed for the patient. The patient, the patient's named person and the patient's primary carer would be entitled to have any objections that they have heard by the Tribunal. The patient and the named person would be entitled to free legal representation for the Tribunal hearing.

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Named Person Role

The Mental Health (Care and Treatment) (Scotland) Act 2003 includes measures to improve the rights and representation of those subject to compulsion including; Emergency Detention Orders (EDO) Short Term Detention Orders (STDO) and Long Term Compulsion Orders (CTO), advanced statements the Named Person (NP) and advocacy.

In July 2007 the Scottish Government commissioned a research study into the operation of the Named Person role, Advance Statements, Advocacy and its interaction with forms of patient representation. The University of Stirling were commissioned to carry out this research and in June 2008 produced a summary of initial findings report.

The aims of the project were:

- To determine the extent to which the NP role is being utilised
- To identify factors that has acted as facilitators and barriers to the appointment of a Named Person.
- To provide recommendations for the future development of both Named Persons and other forms of patient representation under the Act.

Summary of key findings

- There is a lack of clarity about the role of named persons and the process of nominating a named person.
- Interviews suggested that most NP's are default and are related to the person.
- Should there be no nomination then the default person is normally the carer or nearest relative.
- The focus of involvement for named persons seems to be around Tribunals which can be very stressful.

Recommendations

- Clarify the role of NP's in codes of practice and information leaflets.
- Publicise and build in support for NP's to take up the role outside Tribunals.
- Improvement of the Tribunal process for NP's

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Study on Fundamental Rights of People with Mental Health Problems and People with Intellectual Disabilities

An International study on Fundamental Rights of People with Mental Health Problems and People with Intellectual Disabilities was started in July 2010. This is the first research in this field, carried out under contract with the European Union Agency for Fundamental Rights. ECCL is one of the five organisations represented on the Advisory board to the study.

The first part of the investigation involves collecting information about the laws and policies which affect the lives of people with mental health problems and people with intellectual disabilities in the following areas: Community living, Fundamental rights in institutions, Legal capacity and Access to justice.

The FRA will focus on areas that have been identified together with persons with disabilities, research partners and decision makers as being of particular importance. Four focus areas include:

- ❖ **Access to justice** (Article 13 UN CRPD)
- ❖ **Accessibility** Article 9 UN CRPD)
- ❖ **Independent living** (Article 19 UN CRPD)
- ❖ **Involuntary treatment and involuntary placement** (Articles 14 and 15 UNCRPD)
 - ❖ **legal capacity** (Article 12 UNCRPD)
 - ❖ **political participation** (Article 29 UNCRPD)

Having noticed the lack of NGO materials in these areas the research team calls for local organisations to send information about research, statements, press releases, and other relevant materials. For further information please contact: www.community-living.info

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QUIZ

Question 1.

How many people will have a mental health problem at some point in their life?

- a. 1 in 4
- b. 1 in 5
- c. 1 in 6
- d. 1 in 10

Question 2.

What proportion of people with mental health problems experience stigma from others?

- a. 8%
- b. 30%
- c. 63%
- d. 81%

Question 3.

How many people will recover from a long term mental health problem?

- a. one third
- b. one quarter
- c. two thirds
- d. half

Question 4

Which of the following have experienced a mental health problem?

Jim Carrey, comedian, actor
Eric Clapton, musician, singer
Sheryl Crow, singer, musician
Ludwig van Beethoven, German composer
Kim Basinger, actress
Paula Abdul, singer

- a. None of the above
- b. Jim, Sheryl and Paula
- c. all except Paula
- d. All of the above

Question 5

The Disability Discrimination Act (DDA) only applies to people with physical health problems?

- a. True
- b. False

Question 6

The Disability Discrimination Act aims to end discrimination against disabled people in a range of circumstances, including in employment, education and the provision of goods and services.

- a. True
- b. False

Question 7

The Disability Discrimination Act states that people who have disabilities should have the right to their employer making reasonable adjustments in the workplace e.g. taking extra breaks, adjusting working hours. This counts for people who have mental health problems?

- a. True
- b. False

ANSWERS ON PAGE ??

- Question 1** **a. 1 in 4**
Question 2 **d. 81%**
Question 3 **c. two thirds**
Question 4 **d. All of the above**
Question 5 **b. False**
Question 6 **a. True**
Question 7 **a. True**
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Calling the Samaritans

Recently one of our VOX members called the Samaritans on a mobile phone and was shocked at the cost that could have been incurred, so here is what their response when enquiries were made about being able to keep within a phone budget.

Typical call charges are between 1p and 10p per minute depending on the time of day for landline customers. Calls from mobile phones generally cost between 20p and 40p per minute, this depends on the package and the provider.

Callers worried about the cost of their call, can request that the branch call them back. People can make use of the reverse charge call services, or text on 07725 909090.

There is also a landline number for most areas: 01382 832555 is Dundee. A number that with a BT line is free of charge with some packages 08457 909090.

The following web site will give you links to local numbers in Scotland for the Samaritans:

http://www.samaritans.org/talk_to_someone/find_my_local_branch/scotland.aspx

Information can be found on the website about another number which is free for some mobile networks and being able to obtain support online.

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Help for People with Multiple Debts

Particularly people with mental health problems or dementia or their carers.

Legal Services Agency's North Glasgow Money Advice and Budgeting Project

Please note that LSA's new Budgeting Project is now available. The Budgeting Service can help you by providing a way to pay your creditors. In order to access the service you must open an account with the Pollok Credit Union in order that payments to your creditors can be made from your account. All clients or referrers need to do is to contact the Budgeting Service either in Shawlands or in Pollok. For further information please contact John L. Robertson at the Shawlands Office, 17 Kilmarnock Road, Glasgow, G41 3YN. Tel: 0141 632 1182, Email jlir@pollok.cu.com or Jacqui Wylie at the Pollok Office, Unit 13, Silverburn Centre, 763 Barrhead Road, Glasgow, and G53 6QR. Tel: 0141 880 7888: Potential clients in the North of the city will be visited at home, in hospital or an appointment can be arranged at one of North Glasgow Advice Services' outlets.

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Your Views

Your Views shape the future in mental health and how VOX Develops

VOX makes sure that any projects it develops are initiated by our members, we hold members meetings and a range of focus groups, meetings and activities to make sure that our members are the ones who shape what we do.

We share good practice with others, locally, nationally and internationally

VOX involves its membership in a number of opportunities where we can learn and share from other areas; we know that by learning from each other that we can develop better services for those with mental health problems.

Opportunities we have opened up to our membership include the International Initiative for Mental Health Leadership (IIMHL) www.iimhl.com/ We also develop projects to gather good practice examples across Scotland; work has included good practice in employability and mental health.

“Walk the walk and talk the talk”, a summary of some peer support activities in IIMHL countries has been undertaken as there is a growing interest in this way of delivering services. Knowledge is what the IIMHL is all about and this report is a great example of how each of the seven countries can learn from the experience, innovations and lessons of other countries. Peer support services are seen by many as a key strand in the overall mental health and addictions tapestry. Hundreds of people from across the seven IIMHL countries (Scotland, England, Canada, USA, New Zealand, Australia and Ireland) contributed to this work. The full report can be seen at http://www.iimhl.com/iimhlupdates/walk_the_walk.pdf

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Capacity Building for Groups, Organisations and Individuals

One key aim for VOX is to help to support local networks and projects to make sure that the voice of the local person is heard. Work in the past has included

capacity building in Orkney. We are currently providing some support to Fife to help support the development of a mental health network.

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Improving Services

VOX has representation on a number of networks and steering groups. This enables us to influence and develop services which put the person with a mental health problem at the heart of any service.

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Awareness Raising

VOX has been involved for the last four years in Scotland's Mental Health Arts and Film Festival. This festival generates debate and discussion around mental health and challenges stigma and discrimination. For further information on the Mental Health Arts and Film Festival go to www.mhfestival.com/

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Measuring Outcomes in Mental Health

VOX members are involved in making sure that the way in which we measure outcomes has the service user at the centre, we know that it is those with mental health problems who understand what they need and want in terms of outcomes.

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Undertaking Research

VOX in partnership with a range of organisations has been involved in the development of the service user involved network. This network brings together academics and those with mental health problems to develop a unique approach to research in mental health in Scotland.

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Promoting Justice, Human Rights and Social Inclusion

VOX has a programme of work which focuses on Diversity and Human Rights; this includes work with young people, older generations, Black and Minority Ethnic Groups and a range of other groups from diverse populations.

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CALM Project

VOX is involved with GAMH and the CALM Project.

The CALM Project is a partnership between Glasgow Association for Mental Health and Glasgow North Community Health and Care Partnership. The project provides access to complementary therapies and mindfulness for people aged 60 and over who are living with a long term condition. This could be a mental health problem, arthritis, M.E., diabetes, dementia and many other long-term conditions. The project is funded by the Long-Term Conditions Alliance and the Scottish Government for one year. Complementary therapies are therapies that work alongside conventional medicine. They usually adopt a holistic approach whereby the whole person is treated rather than just the symptoms of an illness. The calm project offers a range of complementary therapies including Indian head massage, reflexology, hot stone massage and Reiki. Therapies are offered on a weekly basis for a period of 6 weeks. For a referral please contact 0141 552 5592 or email: calm@gamh.org.uk

VOX NEWS

New Additions to the VOX Family

We are all delighted and proud that in the early hours of January 4th 2011, our Development Coordinator Wendy McAuslan had twins, a little boy and a little girl, who are both doing very well. Congratulations Wendy and Tom.

New Year Honours List

VOX are extremely proud that one of our members, James McKillop, has been awarded an M.B.E. in the New Year Honours list.



James McKillop, former chairperson of the SDWG (The Scottish Dementia Working Group) and founding member of the group, has been awarded an MBE for his tireless service in campaigning to improve the rights of people with dementia and raising awareness of the illness.

The SDWG is an independent group run by people with dementia and funded by Comic Relief and Alzheimer Scotland. Membership is open to people with dementia. The purpose of the group is to campaign to improve services for people with dementia and to improve attitudes towards people with dementia.

VOX Board of Directors

The following Office Bearer appointments have been made:

Dougie Pickering	Secretary
Gordon Johnston	Treasurer

Our grateful thanks and best wishes go to Shaun McNeil, founder member and ex Secretary of VOX who has gone off to pastures new half way across the world in New Zealand; we wish Shaun and his wife Shona every success in their new venture.

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Sanctuary

Addressing mental health stigma experienced by asylum seekers and refugees

With Scotland hosting increasing numbers of asylum seekers and refugees, the mental health needs of this population has become an important issue to address. The Sanctuary programme brought together national, regional and local partners, including VOX, Positive Mental Attitudes, the Scottish Refugee Council, the Medical Foundation for Victims of Torture and the NHS. Peer led research was undertaken with over 100 participants, seeking to identify patterns of stigma and discrimination experienced by asylum seekers and refugees in Glasgow and to explore how this may be addressed. It found how pre-migration trauma as well as poverty, racism and the stress of the asylum process was impacting negatively upon people's mental health. In addition, significant levels of stigma and discrimination towards mental health issues were found towards asylum seekers with mental health problems, resulting in a reluctance to seek help.

Following the research, two programmes were developed. Awareness workshops, known as 'community conversation', explored mental health and stigma and promoted help seeking, peer support and recovery in safe, supportive workshops. 10 peer educators drawn from asylum seeker and refugee community organisations were recruited to develop and deliver the workshops and 25 workshops were delivered to 328 asylum seekers and refugees in Glasgow.

The research had also identified the need to address the lack of awareness of the mental health needs of asylum seekers and refugees amongst key service providers, including NHS staff and housing providers. The group developed a tailored training course, which has been delivered to over 100 NHS staff, with further courses planned. To enhance the training course, a DVD film was produced by the specialist film maker, Diversity Films, to capture the narratives of 6 asylum seekers and refugees in Scotland.

This is being used as a resource to accompany the training and is having a powerful impact on training participants. The film recently won an award at the Scottish Mental Health Arts and Film Festival International Film Awards.

The Scottish Mental Health Service User Research Network

Service user involvement in research is important for a number of reasons. Firstly, the involvement of service users is essential in developing research that is relevant to users of services. It improves the quality of research by encouraging a more open minded approach to which questions are worth asking in research and how they should be asked. User led research creates a space for users' understandings of the issues facing them. It does something very different from academic and health service research and aims to enable service users to take part in carrying out research whilst gaining skills and confidence in the process. It aims to be inclusive and informative, ensuring that research participants are kept fully informed of the results and of any action subsequently taken.

The Scottish Mental Health Service User Research Network aims to take this agenda forward in Scotland. It was launched in March 2009 at a conference in Stirling and is supported by 3 national mental health organisations (VOX, The Mental Health Foundation and the Scottish Recovery Network) and 3 universities. Its activities include: supporting service user research projects; training service user researchers; holding national conferences; and taking part in an international seminar series in Birmingham with service user researchers from 10 other countries.

Currently the network is supporting funding applications for service user research projects and plans to hold a conference in 2011 to showcase the work of service user research in Scotland. If you would like to join the network and attend its meetings, please contact John Steel at the VOX office on 0141 572 1663 or Email: jsteel@mhf.org.uk
