



SPIRIT Advocacy

Strengthening People In Raising Issues Together

Incorporating HUG Action for Mental Health (HUG), People First Highland (PFH) and SPEAK (Stigma Prevention through Education, Advocacy and Knowledge)

Stigma Report

Stopping stigma, increasing awareness

Celebrating the Communications Project Work

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It is [the Communications Project] vital because it makes us accepted as human beings and full members of society ... I think that the whole community suffers as a result of stigma.

Skye HUG branch

[This work] is essential to our mental health and well being.

HUG Member

I am sure that I am not the only one who also gets a lot from helping or even simply being in the office. Thank you for helping us all to help others and so turn our scars into stars.

HUG Member

The Communications Project has improved my quality of life in that it has increased my confidence since I became involved. It has given me a greater sense of purpose to my life.... I feel I have benefited in that I have found I have a voice, and feel appreciated by professionals taking part in awareness training. My personal life experience has been validated.

Kaye, HUG Member

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What is HUG (Action for Mental Health)?

HUG (Action for Mental Health) is a network of people who have experience of mental health problems.

HUG has several hundred members and 13 branches across the Highlands. HUG has been in existence since 1996. Between them, members of HUG have experience of nearly all the mental health services in the Highlands.

HUG wants people with mental health problems to live without discrimination and to be equal partners in their communities. They should be respected for their diversity and who they are.

We should:

- Be proud of who we are
- Be valued
- Not be feared
- Live lives free from harassment
- Live the lives we choose
- Be accepted by friends and loved ones
- Not be ashamed of what we have experienced

We hope to achieve this by:

- Speaking out about the services we need and the lives we want to lead
- Challenging stigma and raising awareness, and understanding, of mental health issues

HUG's Aims

- To be the voice of people in Highland who have experienced mental health problems
- To promote the interests of people in Highland who use or have used mental health services
- To eliminate stigma and discrimination against people with mental health problems
- To promote equality of opportunity for people with mental health problems irrespective of creed, sexuality, gender, race or disability
- To improve understanding about the lives of people with mental health problems
- To participate in the planning, development and management of services for users at a local, Highland and national level
- To identify gaps in services and to campaign to have them filled
- To find ways of improving the lives, services and treatments of people with mental health problems
- To share information and news on mental health issues among mental health service user groups and interested parties
- To increase knowledge about resources, treatments and rights for users
- To promote cooperation between agencies concerned with mental health

Introduction

Ever since HUG was established 9 years ago its members have said that the stigma they face as a result of mental illness has been one of the hardest aspects of their lives that they have to face.

This stigma is sometimes seen as direct harassment in the form of name calling or even physical abuse but can also be seen as more of a shift in attitude from friends and neighbours or be a result of the actions and perceptions of the professionals that treat us. It can be seen as a cultural manifestation of abuse through distorted coverage of people with mental health problems by the media or through films and dramas featuring 'psychos' and other people. It can also be a result of the internal view we hold about mental illness and ourselves which sometimes causes us to be ashamed, embarrassed and guilty about our experience.

Despite stigma being a very harsh reality for many of us, we believe that more often than not, it is a result of ignorance and misinformation rather than the direct discrimination and prejudice that some of us unfortunately still face. This attitude has underpinned much of the work that we do when we challenge stigma. We believe that as people get to know us and realise that we are individuals just like everyone else that the worry about 'what to say to them' will diminish and ultimately disappear.

Seven years ago HUG received funding to establish the Communications Project which would challenge the stigma we experience living in the Highlands. For the next four years around half of HUG's work was devoted entirely to the task of improving awareness and challenging ignorance. A report of that time, 'Celebrating the HUG Communications Project', is available from HUG.

This work was so successful that three years ago we received funding from the Scottish Executive's National programme for Improving Mental Health and Wellbeing as a "local exemplar project of national significance." This allowed us to continue our work in challenging stigma and to let other people across Scotland and beyond know how we have done what we have done.

You have changed the way I look at my own health.....I hope HUG continue to inspire others to think that change is possible.

User, Forth Valley

The Communication Project has been a way of informing my family about my illness. Previously they did not want to know. They still don't but are more tolerant. I think people are more aware and more tolerant and that education is the way to defeat stigma.

HUG Member

This funding is now at an end and this report is a contribution to the national work people are doing in challenging stigma. Hopefully people will find what we are doing helpful and will be able to learn from our experience. This is especially timely as at the moment we are unsure about our continued funding and would not like the work we have done to go away unnoticed. In the report we will gather stories from users, the HUG branches, and professionals as well as describing what we have done and how we have done it.

HUG's Communication Project depends on two part-time workers as well as support from the Connecting Communities project of Highland Community Care Forum and good partnerships with statutory agencies. However, our work ultimately rests on the ability and willingness of our members to be open and honest about their experiences – without the involvement of our members both in the planning and delivery of our awareness programme nothing would have been possible. All of HUG's work has users at its centre - a reflection of the principle we have long held that if we don't challenge injustice ourselves and stand up for how we think we should be treated then little will change.

The main strands of the HUG Communications Project are:

- Providing **mental health awareness training** to professionals, including social workers, housing staff and psychiatrists.
- Working with **young people** to raise their awareness and understanding of mental health issues. This work is done through drama, peer education and work within the Personal Social Development curriculum.
- Working with **the media** to increase understanding and encourage accurate and responsible reporting on mental health issues.
- **Producing training and educational resources** through the production of personal testimonies on CD, video and DVD.
- Using a range of **Information Communication Technologies**, including the HUG Website and E-bulletins to members.
- Working with **other mediums** as alternative ways of getting our messages across: newsletters; arts magazines; art, and promotions such as posters and postcards.
- Working **nationally and internationally**: giving talks at conferences; working with the National Programme for Improving Mental Health and Wellbeing with See Me and being part of a European project with users and professionals.

Mental Health Awareness Training

I have seen a change beginning to happen. There is more understanding, more interest and willingness to know and understand, with more awareness of the reality of mental ill health. I am stopped in the street and thanked for my contribution to the work of HUG in battling the Stigma.

HUG Member

Why we work in this area

The professionals who work with us can hold the key, not only to the outcome of our illness, but also to how we view ourselves and what we have gone through.

This session with HUG members has influenced me as a person as well as a clinician.

Staff, Intermediate Care Team, RNI Hospital

It's crucial [the work of the Communications Project] if stigma's not challenged then we won't be seen as equal to other people.

Invergordon HUG Branch

Unfortunately, although most are committed to their work and try to be there for us they do not always leave us feeling good about ourselves. This may be because they don't have the time to give to us, or because they have come to concentrate on us as a diagnosis rather than individuals. Sometimes it is because their work has lost its spark and often it is because although they may work with people with mental health problems that is not the main focus of their work and, with a lack of training, they may feel that they don't have the skills to work with people such as us. On occasion there are professionals who, because of their standing can come across as feeling superior to us which can be very damaging to those of us who are feeling vulnerable.

We feel that if we can let the people who work with us understand our lives, what works and what doesn't then they will be far better equipped to help us and future users will be less likely to be damaged by unthinking and unnecessary actions. We also feel that if professionals who already do a good job hear directly from us on subjects of mutual interest then they will feel much better equipped to do an even better job with us.

What we do

We have a target of providing a full day's user led mental health awareness training every month. These sessions can vary from a whole days training to a couple of hours. It can be general awareness training or it can be on a specific subject such as self-harm or eating disorders.

We respond to requests for training from any agency and have, so far, not had to advertise what we do and have (because we are keen not to diminish the capacity that we have built up) sometimes had to turn requests down because we are fully booked.

The training we provide is free of charge except for the expenses we incur involving HUG members, which we ask to be reimbursed. On occasion agencies provide donations in recognition of what we have done.

Staff at Albyn have received training through HUG and the biggest impact to changing people's beliefs about mental illness was through listening to what people with mental illness had to say about their experiences.

Linda Armit, Housing Plus Officer, Albyn Housing Society

I have been involved with HUG's mental health awareness training sessions on eating disorders. I am extremely impressed by the high quality interactive workshop format training provided.

Dr Edmonstone, Consultant Psychiatrist Psychotherapy

How we do it

A training session is organised and facilitated by one of the HUG Development Workers and based around the testimony of people who have experienced mental health problems, either directly or through the use of video/DVD testimony. So, whilst HUG members are central to the training the responsibility for planning, arranging and delivering the training is undertaken by the HUG Development Worker.

An initial inquiry is discussed with the agency concerned and then followed up with a pre-training questionnaire to the participants to find out the main areas and issues that they are interested in learning about. A session is then designed around these learning aims and HUG members recruited who have the relevant personal experiences.

The day is built around a number of principles that include:

Participation – we want everyone to be able to contribute as much as they are able and try to make every session as warm, friendly and welcoming as possible.

Mutual learning – we make it clear that we are not going to provide answers to what people should do when working with us rather; by discussion and questioning people will be able to reach their own conclusions.

Safety – the subject matter that we discuss can be very sensitive and potentially hard for ourselves as users and the clients to deal with. We try to make the day safe for everyone and make it clear that people can have a break as well as offering follow up to our members.

Recovery – we now try to get a message of recovery into our sessions. It is easy to get immersed in the sadness of our lives but emphasising recovery provides a more hopeful and optimistic message.

Freedom to question – we make it clear that we are open to any question from the participants however probing they may seem to be, but we reserve the right not to reply if it is too sensitive for us.

The day is run around our experiences but in contrast to the early days of training only features a couple of direct testimonies of our experiences. The rest is built around group work, watching DVD's, discussing case studies, interactive quizzes and small group work. All of these training tools are designed to give breaks to the intensity of the experience and to provide a variety of different learning opportunities and ways of understanding our lives.

'...it is great to hear personal testimonies we can only be truly effective if we listen and learn from what is said. This seems to be breaking the 'them' and 'us' relationship and breaking down barriers.'

Participant, Postgraduate Certificate in Acute Mental Health Services

Due to my personal inexperience and lack of knowledge about mental health, I was frightened and tended to avoid any involvement with people who were mentally unwell. By the end of the session spent with HUG I had changed my views and attitudes and realised that we are all just human and one illness is much like another.

Staff, Intermediate Care Team, RNI

The HUG participants are recruited from word of mouth (from current members), from the HUG questionnaire that new members receive and from branch meetings. Members will usually have received training in advance as well as having met up with the HUG Development Worker to discuss what they are going to do and to check that they are happy with this. They will be given the opportunity to shadow training sessions before joining in as a full participant.

Before each session HUG members will usually be briefed on the content of the sessions and on what is expected from them and after each session a debrief is offered with the opportunity for follow up afterwards. We have recently started offering HUG members the opportunity to complete a reflection form immediately following the training, giving them a chance to comment on how they felt the training went and their involvement, as well as specifying what type of follow-up support or contact they would like from the workers.

Immediately after each training session the participants also complete an evaluation of the sessions, in particular to gain feedback about what made the greatest impact on them, what are the main things they have learnt and how this may influence their working practice in the future.

Finally, but very importantly, the HUG worker will collate all the evaluation forms and send them to the HUG members who took part in the training, ideally within a week so people can see immediately the difference their involvement and contribution has been.

What the effect has been

We are now fairly confident that we can deliver a good training session to any agency that asks for one.

We have delivered training to a wide variety of people ranging from psychiatrists and mental health officers, home carers to housing officers. Evaluations of these sessions have nearly always come out extremely positively with the personal testimonies of HUG members routinely being evaluated as excellent.

Participants have frequently said that they now feel that they have a better understanding of our lives and experience, and that they feel much better equipped to deal with other users sensitively.

I have been very grateful for the training HUG has offered to medical staff and medical students at New Craigs as it is very rarely during our medical training that we get to hear the experiences of users....Both medical students and senior House Officers have commented on the value of these teaching sessions...

Dr David Gordon, Consultant Psychiatrist

HUG members have also reported that they feel a sense of achievement and reward from these sessions. Knowing very quickly at the end of a session that they have made a real difference has been a great feeling for them and has helped with feelings of confidence and self-worth. An independently run focus group of HUG members came up with the following comments:

'I feel increased confidence to mingle with students and empowered/felt appreciated as an individual.'

'I really enjoyed this training event and it gave me confidence to participate in other training events.'

Participants identified a wide range of positive benefits that they gained from the training sessions. For example, greater awareness and insight into mental health issues and legislation (such as the Mental Health Act), reinforcement of 'good practice', an awareness of gaps in their knowledge and skills and in the types of support that may be required:

'It has firmed up my approach and as a result I will feel more confident in dealing with self-harm in the future.'

'Users are the experts in what it feels like and we should listen to their experiences.'

What we have learnt

The power of personal testimony

Personal testimonies- face to face, DVDs and audio CD - has had the greatest impact for the majority of participants across all sessions for a number of reasons, including breaking down barriers and providing insight at first hand:

'[...] it is great to hear personal testimonies ... we can only be truly effective if we listen and learn from what is said. This seems to be breaking the 'them' and 'us' relationship and breaking down barriers.'

Although our training sessions are based around the use of personal testimony followed by discussion we have moved on considerably from the days where a session was based around a succession of talks by HUG members. By providing a variety of learning opportunities we have managed to make the sessions more fun, more interactive and less intense. This is extremely important as the content of the sessions can be distressing and overpowering if handled wrongly.

HUG personal testimony is not just a story but HUG members contributing to the whole debate and using their experience to inform the training.

Personally I have benefited from giving personal testimony of my mental illness in schools and in agency training; user involvement is the great strength and pillar of the HUG approach.

Martin, HUG Member

Briefing and supporting HUG members

The discussions with HUG members prior to a training session is very important as it allows room for members to find out what to expect and to make sure that we understand that our testimony is a part of a training session, not a chance to bring up old grievances or to lecture other people on what they should do. The give and take, mutual openness and respect is a bedrock of what we do and can be hindered if people are too damaged and raw from negative experiences to participate freely.

Importance of debriefing and follow-up contact

When we first started our awareness sessions we always gathered together afterwards and offered a chance to unwind reflect and wind down as well as provide contact afterwards for any HUG members who felt insecure as a result of the session. However, we gathered a core of people who were very used to training and this declined a little – once people had scanned the evaluation forms to check that they were positive they tended to want to get away and home.

However, the focus group discussions that we have held and the occasional shaken HUG member has led to us reinstating our debrief again. We will provide an immediate debrief after the session and if any member has indicated that they need support afterwards (either verbally or on the evaluation form) then we will contact them in the days following to check that they are ok and to offer any support that we can. This has been welcomed by HUG members.

Keeping safe

We have always been very keen to protect our members from the power of their experience and will spend a long time with members to check that they are comfortable with what they say. A degree of emotion is inevitable but we don't want any member to end up feeling that they have found themselves in an unsafe place because of what they have done in a session. We will take measures to make our members feel as safe as possible within a session and provide follow up afterwards if they have experienced distress. Some of our members do always have powerful reactions to what they say and yet still want to participate as they feel their message is very important.

We have also found out that the audience, in the early days, sometimes felt insecure which we didn't initially expect. They may find our stories hard to listen to and it is more common than not to find that the participants have themselves experienced mental health problems too. Sometimes they reveal their mental health problems for the first time to their colleagues in a session. The way we run a session now is designed to create as safe a space as we can for *everyone*.

Overloading people

It can become easy to rely on the same HUG members to deliver training all the time, we may become used to their input and find that their proximity to Inverness makes it easier to use them more than others. Our questionnaire and a discussion amongst awareness raisers has helped us move beyond this to use a greater variety of people and recruit new trainers.

Dealing with negative reactions

There have, very rarely, been times when participants have been less motivated to join in with our sessions and inevitably there will come a point where we receive some negative feedback from individuals. We need to anticipate this and realise that there may be reasons why staff don't want to participate; perhaps they have been made to come to a training session that they didn't wish to be a part of in the first place.

'[Getting involved] in training was a therapy....a way of giving something back and gaining self-worth and self-esteem. It is about feeling useful, there is a purpose to our lives....it is empowering....'

HUG Member

Payment for HUG members

There has been a debate for a long time in HUG as to whether HUG members should receive payment for their part in a training session. Our last discussion with current awareness raisers in December 2005 came to a clear conclusion that the majority didn't want paid and that they valued the voluntary contribution they made above any monetary reward. This is a subject that we will periodically revisit.

We have sometimes wondered whether we could make the training a commercial activity. The evaluations would seem to indicate that we could. At present we are resisting this as it may detract from the ethos of what our members provide and indeed we are currently funded through the grants we receive to provide training.

Working with Young People

The work you all do at schools is brilliant as it challenges the stigma that is still around with children. I was involved with the school work a few years ago at Wick High and will never forget the experience.

HUG Member

I have had people come up to me in the street after the DVD [Mental Health Act DVD] and play [STIMGA] and all the responses have been very positive once they have explained why they are speaking to me.

Wick HUG Member

Why we work in this area

We have made our work with young people one of our key aims as HUG members asked for this to be one of our main areas of work from the beginning of the project and again at later sessions when we have discussed our work.

This is for a number of reasons:

- **Young people's attitudes**

We feel that sometimes young people can be responsible for some of the discrimination and harassment that we face. The language that young people use to talk about mental health issues is at best confused and unclear, and at worst disturbing and extremely inaccurate:

People being carted around in straitjackets with metal cages around their mouths.

Psychopaths, serial killers, paedophiles, schizophrenic.

Crazed people capable of inhuman things.

Yet, these same young folk, following a session with HUG, said that their attitudes had changed and that now:

I understand more about the illnesses.

I understand mentally ill people much more ... they just seem normal.

We also feel that if we can influence the attitudes of young people then they will act as our ambassadors of the future and play a fundamental role in removing stigma.

- **Young people want to learn about mental health issues**

Our experience over the last few years has shown that young people are very receptive to learning about people with mental health problems and often less set in their attitudes than adults.

'We should talk more about the aspects of mental health. Need to be able distinguish mental health from mental illness. Mental health is harder to talk about than drugs. There is a choice with drugs there isn't with mental health.'

Young Person

In the HUG report 'Stigmatisation and Discrimination: Exploring young people's attitudes to mental health issues', 2004 the young people were unanimous in supporting the suggestion of speakers coming into the schools to talk to young people, particularly people they could relate to, e.g.

'....people with experience of self-harm, people of your own age....close to your age.'

- **Young people experience mental health problems**

We know that young people can also develop mental health problems and that they may find themselves very alone and isolated at such times. We are keen that they feel able to seek help without feeling any shame.

What we do

We work in five main areas:

- i. Delivering the Eden Court 'STIGMA' play to secondary schools throughout the Highlands.
- ii. Work within school Personal Social Development curriculum to talk about a range of mental health issues and our experiences of illness.
- iii. Millburn Academy Peer Education Group.
- iv. We work with Lochaber Youth Minds to raise awareness of mental health.
- v. Sharing our experiences by speaking at conferences and seminars

How we do it

Eden Court 'STIGMA' play

"The play has been a powerful asset in raising the profile of mental health issues in school. The play, due to the material and the great acting, has provided a great tool to help communication about the significance of mental health issues, whilst also allowing the forum for young people to ask and receive support."

Chris Lemon, Primary Mental Health Worker Easter Ross

The Eden Court production "STIGMA" is a part of a joint project between HUG, Eden Court Theatre Outreach and the Department of Child and Family Psychiatry (as part of the Self-harm Forum).

The aim of the project was to raise awareness of mental health problems amongst secondary school children in the Highlands through the use of drama, workshops and class room discussion. It is based around the experiences of four young people and looks primarily at issues of self-harm, depression and stigma. Despite being very powerful it also uses humour as a central element of the performance. It provides information, challenges myths and misconceptions, looks at stigma, makes it clear that it is good to get help when things go wrong and shows that people can recover from mental illness

HUG's work with young people is highly acclaimed for both its impact but also for the insight it provides into young people's attitudes. When 'see me' was developing our young people campaign, we drew upon HUG's work to help devise an approach which would effectively get the anti-stigma message across to a young audience.

Linda Dunion, Campaign Director, See Me

The play is now in its third year and has reached a total of about 4,000 young people in the Highlands. In the first year it toured 23 schools; in its second 21 schools and this year 13 schools.

The planning for the play starts well before the performance and whilst HUG is key to the process the lead comes from the Highland Self-harm Forum, which is an informal partnership between HUG, the Department of Child and Family Psychiatry and Primary Mental Health Workers and Eden Court Outreach.

The play is the centre piece of the awareness raising that is carried out with young people but vital to the process are the pre-performance briefings carried out in advance of the play by Primary Mental Health Workers, Guidance teachers and HUG workers and members. There is also a debrief carried out after the play.

The play itself is mainly shown to fifth and sixth year pupils (although in some schools it was shown to S3 and S4 pupils) in the high schools and is acted by actors recruited by Eden Court Outreach. The play is followed by a workshop that is also lead by the actors. Mental health workers, teachers and HUG workers are present at the performance to provide information and support.

Work within school Personal Social Development classes

We have had regular requests to go into schools to talk about mental health. These sessions are co-ordinated between the school and a HUG Development Worker and can be one-off sessions or, more often, part of a series of classes that ultimately reach a whole year of students.

Because the sessions are very short due to the time allotted to each lesson (between 50-70 minutes, they have to be quite focussed, and are centred on the experiences of users of services. A number of techniques are used to discuss issues such as depression, psychosis, self-harm, stigma, medication and getting and keeping well. We may show a video aimed at young people which features two people, one who has experience of manic depression and one with experience of schizophrenia. We may ask our members to give brief descriptions of themselves, their lives and their experiences and get the young people to write questions in groups which they then read out and we answer.

Another technique is to get the young people to draw their perception of what a person with a mental illness looks like, these often gory pictures provide a focal point for discussion as well as a great deal of humour.

Sometimes the HUG worker will go into the first class alone and provide background facts and figures which are followed up in the next class by giving the young people a chance to meet HUG members and to find out about their lives.

Peer Education Project

This is a new area of work, first started in January 2005, and has been carried out with around a dozen students in one school in Inverness, Millburn Academy.

Following the September 2004 tour of the 'STIGMA' play S5 and S6 pupils from Millburn Academy were asked if they would be interested in talking part in a pilot peer education project, jointly lead by HUG, guidance staff at the school and John Batty from Eden Court. Funding to support this project was received from the Highland AWARE project, and this was used to buy resources (including DVD's and books), hold a team building day, a stress busters session, and most importantly (from the young folks' point of view) nice lunches and free snacks!

The idea behind this project was that we would help the pupils to learn about a range of mental health issues by encouraging them to set up interviews with HUG members and professionals, read books and watch films with a mental health theme (e.g. Sylvia Plath's 'The Bell Jar' and movies such as 'Girl Interrupted' and 'A Beautiful Mind'), collect newspaper and other articles on mental health issues and research topics on the internet. The group would then be responsible for developing educational material that would raise the awareness of their peers within the school.

Whilst we as workers pointed the pupils in the right direction, they were very much encouraged to take ownership of how they wanted to educate themselves and to choose specific topics of interest. The pupils were particularly interested in self-harm, schizophrenia and eating disorders.

This information gathering part of the project took around four months and involved weekly meetings after school plus designated time within school, supported by guidance staff. Having completed the research their next task was to discuss how they wished to educate their peers; they decided to produce postcards and posters, develop an internal school website, and a DVD collection of films, interviews and images of mental illness.

Lochaber Youth Minds

HUG was one of the key partners who set this group up in 2001 to do more focussed work around young people's mental health in Lochaber. Lochaber Youth Minds is an informal grouping of workers and users from a wide range of statutory and voluntary agencies with an interest and remit in work on mental health and young people.

What We Have Achieved

An evaluation of the play in its third year is available from HUG, and this evaluation shows the power and impact that this project has had on young people's attitudes and understanding.

Here are some comments from the pupils themselves:

"I thought the play was awesome, moving and helpful"

"I could relate to the issue of depression and have attempted the issue of self harm. This session made me think that I could in fact open up to more of my close family members for advice."

Over 80% of young people thought the play was 'excellent' or 'very good'.
Over 80% of young people thought that they had learnt somewhere between 'quite a lot' and 'hugely' on the subjects of self harm, depression and stigma.

48% of young people said that their attitudes had changed as a result and many said that they already had positive attitudes about mental illness. Many other students were at pains to say that before they saw the play they felt that their attitudes to people with a mental health problem were already positive.

This is a very encouraging result and shows how valuable this medium can be in helping people come to an understanding of the lives of people who experience mental health problems. The comments people had about their attitudes have been grouped into broad categories which can be seen below:

- I understand a lot more about they are going through
- I never thought of them as different/ I always respected them
- I will treat them better and be more considerate and understanding

In addition, schools reported that the play made the subject of mental illness more open within the school. They also said that when this, combined with the multi-agency seminars on young people who self-harm (planned and co-ordinated by HUG and the Department and Child and Family Psychiatry), made people much more aware and confident about offering or referring people on to help if they needed it.

As a result of the play some young people were referred on to Primary Mental Health Workers or guidance teachers for advice information and support. Of the eight schools where we kept records 50 people asked for help immediately after the play. Some of these people only had minor inquiries or were already known to services but others sought help for the first time.

Work within school Personal Social Development classes

The work within the PSD curriculum tends to take place within the Inverness schools, mainly Milburn Academy and Charleston Academy, delivering sessions to around 10 classes of S5 and S6 pupils. This is partly due to geography and an inability to spread ourselves wider due to limited staff time, but is also due to the enthusiasm and commitment of these two schools and a belief in the importance of the pupils meeting with, and speaking to, HUG members.

Despite the constraints of time and large groups (we can have anything up to 50 or 60 pupils) these sessions are fun and energetic, as well as hopefully communicating important messages to the young people.

Peer Education Project

The young people who participated in this have all been very positive about their experience as have 3 HUG members who met with them and who found them enthusiastic, very respectful and extremely eager to learn.

Some of the young people decided that they would like to work with people with mental health problems in the future as a result of these sessions.

The group are now ending the first year of this project and have recently spoken at a conference on mental health and young people organised by the Inverness Children's Services Forum (and got an excellent reception) and are about to assist the HUG worker in the next round of work within PSD classes.

Their next task will be to help us recruit and support the new group of young people who have expressed an interest in the peer education project following the September 2005 'STIGMA' tour.

Lochaber Youth Minds

Whilst the group is not so active currently, over the years the spirit, commitment and enthusiasm of individuals has been strong, with regular meetings providing a much-needed chance to share and gain information as well as to carry out specific pieces of work. This has included the creation of displays and information about mental health which are available throughout the area and in each school.

The group has also co-ordinated the running of a number of 'Feel Good Days' Lochaber high schools where young people had a chance to experience activities that promote a feeling of wellbeing as well as having a chance to meet HUG members and professionals to learn about the experience of mental illness.

A number of training sessions have also been organised. These have included two sessions delivered by HUG to youth and education staff and a two-day training session on suicide and self-harm.

The work of this group has been supported by grants from the Highland Council and Highland Choose Life.

The lessons we have learnt

Eden Court 'STIGMA' Play

In the first year of the play we quickly realised that the subject matter was so powerful and so close to the lives of some young people that it was very important that we provided support and safety for the young people involved in it.

We feel that we are now as close as we can be to this. We will not allow the play into a school unless they give a commitment to briefing the young people (usually via the Primary mental health workers) and to providing support on the day and after for any young people affected by it. We are now sure that all the young people have advance warning of the plays material and can choose not to attend if they wish.

The workshops provided after the play are a chance for the students to rerun some scenes to provide better outcomes. They are also a forum for the provision of information. We have always felt that although important that they didn't quite hit the mark and are considering asking Hug members to provide short stories of recovery as a finale to the workshop and as a realistic and positive ending.

The main lesson from this is that it is hard to pack in all the information needed in the time available. We need to be sure that promotional material such as videos don't get out of date and to be sure that HUG members are comfortable in the classes as it can be unnerving speaking in front of a group of students.

It is also important to keep learning techniques that will keep the young people engaged and interested. Asking them to write down questions in small groups has been good as it allows them to speak together instead of being talked at and also makes it easier for them to ask questions as they are speaking as part of a group rather than on their own.

Although the Development Worker has had a disclosure check and Hug doesn't work alone with the young people we have decided that all HUG members who wish to work with young people in the schools should also go through a disclosure check.

Work within school Personal Social Development classes

Our work with schools over the past five years has revealed a number of important things:

Young people want to learn about mental health issues: Once it is 'out in the open' young people are often very keen to hear about and explore issues of mental health and mental illness, and can be open talking about the issues. One HUG member said, 'I was surprised how easy the young people were to talk to ... I can see how helpful it may be now or even in the future of these young people's lives'.

Many of the young people HUG has worked with say they want to know about the major illnesses, signs and symptoms, help, support and recovery.

Young people want to hear directly from people with experience of mental illness as they are seen as more credible in the information they provided than e.g. teachers or parents. As with the training, the greatest value is being able to engage with HUG members and ask questions about individual's experiences.

Change in young people's attitudes

This type of awareness raising work can make a difference to how young people view people experiencing mental health problems and how supportive and understanding they are of their peers.

Lack of information

Generally speaking, young people do not know where to go for help, information or advice on mental health issues. An important part of our work within schools is to provide a wide range of accessible and relevant information (in the forms of booklets, leaflets, local and national helplines and websites).

Peer Education Project

The main lesson from this has been to do with the gaps in learning – although the young people were enthusiastic and happy to do this work in their own time, things such as the summer break created a big gap in the continuity of the project.

Lochaber Youth Minds

The main lessons HUG learnt from being involved in Lochaber Youth Minds is that informal groups and partnerships, with committed and dedicated workers, can undertake creative and innovate work locally. However, some small funding is required to support the cost of project costs. It is also important that group members take and share responsibility for the work being undertaken as it is all too easy for one or two individuals to be left with carrying greater workloads.

Working with the Media

We have all heard various talks on the radio on mental health issues in which HUG members have taken part.

Skye & Lochalsh Community Care Forum

Why do we do this

The media, in its various forms, shapes and influences the way we all see the world and for most of the public the media remains the most common source of information about mental health issues and plays a crucial role in forming our attitudes towards mental illness. Many users of mental health services have identified unfair, unbalanced and negative UK media coverage as one of the key factors in the discrimination they experience. The Mind report 'Counting the Cost', identified that more than 60% of people with a mental illness blame media articles for the discrimination they face.

HUG's work with the media aims to encourage balanced, accurate and responsible reporting about mental illness and ensure regular press coverage on mental health issues. We hope that by having regular positive reporting on mental health issues that the subject of mental illness will lose its mystique and become an ordinary part of conversation; we often say that an awareness session may reach twenty people whilst a feature article can reach thousands.

How do we do this

HUG's experience of the Highland and Scottish media has generally been very positive and we have received great support from individual journalists who have written with tact and sensitivity about our work, and we aim to have at least one mention in the media every month.

We do this in a number of ways:

- We have built up relationships with the local media so that we can place items relatively easily and with as little risk as possible to our members. This growing partnership means that we have gained an awareness of what is newsworthy and equally that the media know what to expect from us.
- HUG members who are willing to speak to the media will meet with HUG workers to discuss this step. In addition, we provide training possibilities for HUG media volunteers where they can meet journalists informally and learn some of the skills needed. 'See Me' have also helped with this and we have used our own internal expertise for training.
- If a HUG member is going to appear in a feature article or on the television or radio, we will offer to brief them before hand and accompany them to the event to provide support before during and after the event.

It is well known that direct contact with people with mental health problems is the single most effective way of overcoming stigma and prejudice.

Catherine Jackson, Editor, Mental Health Today

- If we are responding to a news story, then it is usually HUG workers who will respond. Where necessary we will gather HUG members' views or quotes to illustrate our response.
- Nowadays many of our reports can create their own news so before they are released we try to create our own press release to accompany them.
- On occasion we have joined together with local agencies to work on specific subjects such as challenging the reporting around self-harm or suicide.

We are most concerned to use the media to report positively about our lives and to increase the profile of mental health amongst the public. It could be quite easy to use the media to report on the issues that we face in our lives and with the services we use. However, we only do this as a last resort preferring to see if we can settle these problems with the agencies concerned first of all.

What have we achieved

We tend to exceed the target of one placement in the media every month:

We have had regular media coverage both locally and nationally and recently we have been getting more and more feature article coverage. One recent example that really shows what a difference accurate reporting can make; One of our HUG members did a feature article on suicide, this was followed up with another article on support available. Not only was the general public made aware of the issues and better informed. Debbie the HUG member who did the article said that she had a positive reception from people in her community who had read the article, for the first time people spoke to her about it and were not afraid to ask her about her experience. For Debbie this was a really positive thing.

Whilst HUG appear in the national media less frequently than the local media we have made many appearances on BBC Radio Scotland as well as with Grampian TV and in papers such as the Scotsman and the Guardian.

More commonly we appear on Moray Firth Radio and in the Press and Journal, Inverness Courier and Highland News as well as very local papers such as and the Badenoch and Strathspey Herald, and community papers such as Lochaber Life.

We are also featured regularly in specialist journals such as Mental Health Today, Well magazine, Community Care magazine and a variety of newsletters.

Our biggest fear is that an article that features one of our member's experiences will backfire and result in increased stigma for the person. This has almost never happened but is one of the reasons we are so keen to discuss the process in detail with our members. Generally, people get a good reaction and members of HUG have talked about receiving very positive reactions from their community when they have been public about their lives.

Lessons Learnt

It is very easy to get mixed messages with the media and to distrust them. For this reason, building relationships with them has helped considerably. On occasion we have encountered papers that don't appear to report on mental health responsibly. When this occurs we don't ask our members to speak to them until we are sure that they will be sensitive in their stories and then we will re-engage with them.

Equally we may not always be aware of what is newsworthy but by getting to know the journalists we become much more in tune with what makes for interesting news.

We have learnt that there are different ways to use the media – to campaign over an issue (say with the Health Board) via the pages of a paper is not a productive way of solving disputes and is something we avoid or use as a last resort. This doesn't always fit easily with all of our members as it can feel like one of the first things we want to do when faced with injustice.

Because an article in the media is by its nature very public we need to be careful in whom we invite to speak to the media both for our image, the safety of the HUG member and the relationship we have with the media. For instance one person may be an ideal candidate for a feature article in the papers but not appropriate for the radio. It is in these situations that we need to be careful. When HUG members volunteer to speak with the media they are offering a great part of themselves and therefore the way the story is reported is extremely important but so is getting into the piece to start with. Believing that you are going to be on the radio can be an exciting and tense time but often a radio program will be oversubscribed and not use everyone. This can be hard to cope with.

Once we have put ourselves into the public domain we cannot remove our story. This has only been an issue on very rare occasions but we did have one member who found a feature article used as a training resource for fellow students at a college she later went to. This was, for her, uncomfortable as the article no longer seemed relevant to her life and exposed her in a way she wasn't ready for.

Recording all the articles that appear in the media has proved to be impossible for us. It is just not feasible to buy and read every paper when we speak to the press and so some of our mentions go unrecorded.

Our members have frequently said that we should have volunteers to challenge negative reporting (similar to the Stigma Stop Watch run by See Me). We have thought of trying this but have not succeeded as it involves a level of commitment and time that we cannot coordinate successfully at present

Perhaps the biggest lesson we have learnt is the need for mutual trust. When we first started working with the media we were warned that it would be hard to get any articles printed and that most reporting would be biased or sensationalised. We have not found this to be the case so far and believe that this is because we have built up relationships with our local journalists which allow for a shared understanding commitment and knowledge about what we are trying to achieve.

You are helping us to think and to stand up for ourselves and fight for our rights.
Lochaber HUG Branch

Producing training and educational resources: DVDs and Videos

After my first DVD...it boosted my confidence and when the feedback came back one staff member said that they had been rendered speechless [by the DVD]....that sort of blew me away.

HUG Member

Commission staff have been particularly impressed with the way the Mental Health Act DVD brought the principles to life and we have used the DVD widely in the training of our staff.

Douglas Seath, Mental Welfare Commission

Why we do this

We have produced a number of CDs, videos and DVDs in recent years in order that HUG members who find it difficult to attend training sessions personally (e.g. due to the great distances they need to travel within the Highlands, the fear of stigma within their communities or from family or the changing nature of mental illness and its unpredictability) are still able to have a voice and speak out about their experiences. They also help us to get a message to a wide group of people who wouldn't be able to hear from us if we had to appear in person each time. They act as an alternative and creative way of getting the voice of our experience recorded and listened to.

What we do

We have produced a series of DVDs, videos and CDs on particular topics. They have been used at conferences, seminars, as part of the training that we provide to professionals and as training packages used by professionals outside of HUG. The DVDs are on specific subjects and are all based around the testimony and experiences of our members.

How we do it

The production of DVDs is co-ordinated and produced and sometimes edited and filmed by HUG but often also uses the many skills of the Highland Community Care Forum Connecting Communities Project and sometimes the skills of outside professional agencies.

In the early days of filming we often thought of a subject and simply filmed our members talking about it and then edited it into a DVD for us to use. Over the last couple of years we have become considerably more organised and sophisticated in our approach and in the final product:

- i. We select the subjects that we want to film over the year and then set up a plan for when we will film each DVD then invite HUG members to participate and brief them fully on the content of the DVD, where it will be shown, who will see it and how it will be used.

I was involved in filming for the new employment DVD. It was a really positive experience. I felt valued and worthwhile.

HUG Member

- ii. We agree how widely the DVD will be distributed; some DVD's will only be for internal use whilst others will be for as wide a distribution as possible. We repeatedly check with the HUG members who are involved that they are happy with the proposed distribution.
- iii. We draw up a story board for the content of the DVD.
- iv. We consult with a focus group of HUG members to check they agree with the theme.
- v. We film the HUG members in as pleasant and appropriate venue as we can manage.
- vi. We check that HUG members are happy with their input.
- vii. We then edit the film to the final version and distribute it or use it ourselves.

What we have achieved

We have produced eleven DVDs on particular subjects. (See appendix for a complete list of HUG's DVDs and those still in production).

Some examples of recent work:

Self-harm DVD

We produced a DVD, entitled 'Silent Cry', featuring two members talking about their experience of self-harm with an introduction from the Department of Child and Family Psychiatry.

Because of the very sensitive and personal nature of the participants' testimony we do not allow public use of the DVD; instead we get permission from the participants each time we want to show it.

So far it has been shown at:

- four multi-agency training seminars aimed at professionals working with young people who self-harm (involving 200 professionals)
- to the Edinburgh Self-harm Project
- to staff at See me
- to Highland Home Carers as part of a HUG mental health awareness session

Mental Health Act DVD

We produced a DVD on the new Mental Health (Care and Treatment) Scotland Act, which was built around the principles underpinning the Act. It was professionally filmed and edited by an independent production company, but working very much in partnership with HUG members and the HUG Development Worker.

The content of the DVD focussed around a description of each principle of the Act with an illustration of what we as users would like to see happen with the act. These illustrations came from the experience of people who have been detained in hospital in the past, either as voluntary or involuntary patients. It also featured discussion about some of the new aspects of the Act and what we thought of them, such as advance statements and named persons.

I got a lot from making the DVDs. It helped me to gain confidence especially when I got feedback.

HUG Member

The DVD continues to be very well received and forms an integral part of our training on the new Mental Health Act.

Laura Gilles, Highland Council Social Work

The DVD was produced over a 6 Month period in attractive surroundings across the Highlands. It was edited so that people could go directly to the section that interested them. A draft copy was then sent to all the participants prior to release and then made available to anyone who wanted it. Initially it was free of charge but as the cost of copying it came in we made a nominal charge of £15 in order to cover re-production costs.

We have distributed 350 copies of the DVD all over Scotland and it now forms part of the mandatory training for professionals who will have responsibilities under the new Act.

Following on from the success of the DVD we are in discussion with Open University about incorporating the DVD into the new nursing honours degree and Moray College plan to use it as part of their health and social care courses.

We have had consistently good feedback on it and know now that the voices of a group of people which often go unheard have now been heard by many and will hopefully lead to improvements in the way that people who have been detained are treated.

Lessons learnt

The main lessons we have learnt are:

- Video/DVDs of direct user's experience are a very powerful tool in training as a way of getting people's experiences across without them being there in person
- Major issue around ownership of testimony especially in situations where HUG has no control over who sees the videos
- Issues around charging for videos/produced has been raised on a number of occasions and needs to be explored in greater detail
- After discussions at HUG Away Days, HUG is drawing up a contract which will give clear guidelines on what members who give their testimonies can expect from HUG but also how the testimonies can be used

Many of the lessons from this are of a technical nature. When we first started filming it was almost a case of what do we want to film and who will talk on this subject; let's point a camera at them and film them.

This did a good enough job in the beginning but now we are a great deal more sophisticated we (Highland Community Care Forum and HUG) have gained skills in filming, directing and producing that we learnt over time and sometimes from seeing mistakes arise that we hadn't anticipated.

We were told how and to whom the videos / DVDs were to be shown. We were clear....we went in with our eyes open.

HUG Member

Some key lessons are around the importance of:

- Preparation of HUG members for what they intend to say and support if needed.
- Preparing for the whole DVD from the beginning.
- Setting realistic timescales.
- Setting it in the context of the rest of the work we do.

- Continually involving, and checking back with HUG members and ensuring they are fully informed:

It is especially important to work out with HUG members at the very beginning how far they want the DVD to be distributed. Despite some of the DVDs being of superb quality we restrict distribution because that is our members' wishes.

Although the DVDs allow us to capture the experience of HUG members who wouldn't normally come to a training event, we didn't anticipate the degree of control people may lose: if speaking in person, you use your own story and adapt it to the audience and reveal more or less depending on your mood and the situation. With a DVD this isn't the case and yet people remain just as public. It is for this reason that we feel that we need to know at the very beginning how widely we plan to show the DVD's so that we can ensure that HUG members feel safe and get as much support as any other participant.

Some members also expressed concern about a lack of understanding and awareness amongst some professionals about the protocols of interacting with people they may have seen on a DVD, particularly outside of the training context. In this situation, it was considered important to brief professionals and participants, on the do's and don'ts with regard to relating to HUG members. The importance of being sensitive, careful and discrete was considered essential.

The environment in which the DVD/videos were shown is also worth considering, as for some HUG members it was important to be presented on DVDs/videos in a more 'natural' or informal environment. It was also felt that technology should be there to facilitate involvement rather than to dictate the format and the process of DVD/video production.

Finally, whilst this area of our work is relatively new, the great merits and advantages of these medium is already clear to see and valued by our members.

It helps you as a sufferer – it changes your attitude when you are speaking up about mental health – it gives you a different perspective – you become more positive and confident about yourself.

Lochaber HUG Branch Member

Using Information Communication Technologies – Emails and Website

Keep up the great work; it's fantastic all these opportunities you're passing on to us all!

HUG member on email bulletin

Why we do it

HUG needs to be able to be as accessible to its members and the public as possible in order that we reach as many people as we can.

Some of our members cannot come to meetings or the office for a number of reasons: there may not be any meetings near to where they live or they may live a considerable distance from Inverness. They may not find it easy to mix in groups or be prevented from joining because of work. Some people don't want to get involved because they don't want other people know that they have experienced mental health problems.

So another area of HUG's work that has been developing over the last year is around using ICT to reduce HUG members' isolation but also as away of increasing their involvement in HUG's work. We regularly send out an E-bulletin to our HUG members about conferences, events and meetings to inform them of what is happening and giving them opportunities to be involved.

More recently we have been investigating the development of an on-line message board for our members. This has proved to be a very popular idea especially to those who have difficulty in attending meetings.

The creation of a website also allows a wide range of people from the Highlands and beyond to hear our message.

What we do

We are in regular contact with a variety of HUG members who would not ordinarily be able to participate.

We have established a HUG website which provides detailed information about HUG, our aims, the work we do, and how people can get involved.

How we do it

The HUG website was established a few years ago following consultation with HUG members about what the function of the website would be, how it would look and how it may be used by our members.

What it has achieved

The use of Email in challenging stigma can be described with two examples:

One member couldn't attend HUG events because she found other people hard to cope with. However, over a series of months she wrote her story of self-harm and communicated with HUG workers by email. After her death her sister gave permission for her story (as narrated by an actor on CD) to be used as part of our mental health awareness training.

Another HUG member used email to communicate her story and experience of hearing voices and how she coped with them. These then became articles for the HUG newsletter, which many members felt were very inspiring.

The website is a convenient way of giving people easy access to our views and the anti- stigma message that we convey. Feedback about it is anecdotal but positive. We have frequent enquiries from students about what we do and the website is both a tool for their studies and a means of access to us. We have also had enquiries from user groups in other parts of the world which helps us offer each other mutual support in the struggle we are engaged in.

On occasion the website is also a means of accessing help. There is not a great deal of information about mental health services in the Highlands on the web and the website has been the means by which some people are put into contact with services.

Lessons that we have learnt

It would be great to have a live interactive multipurpose website, to have message boards.

HUG Member

We can imagine that with this in place we could contact and involve many more people as well as become much more capable of getting our message across.

Working with other Mediums

I think that the HUG Communications Project is fantastic....I am a mental health professional and a user of mental health services....I always look forward to the HUG newsletter which is full of really useful advice, really good personal stories and fun.

HUG Member

Why we do this

Finding alternative ways of giving voice - such as the creation of newsletters, the production of an arts magazine, the productions of leaflets (such as the Recovery Guide) or the continued re-printing of HUG post cards - all combine to give a strong message to our extensive mailing list about our anti-stigma work.

These publications are slanted towards our membership and help reinforce the message that we will not feel shame for our condition whilst trying to inspire people in speaking out, learning from each other and feeling proud of who we are.

This is a reflection that not all stigma comes from the outside – sometimes we are victims of our own culture and need support to help us believe in ourselves.

What we do

We produce a quarterly newsletter that features reports and news by HUG workers, profiles HUG members, features stories and contributions from members, raises news about new initiatives and anything else that we think would interest our readers.

We produce a arts magazine, called 'Moonstruck' which features creative writing and art work by people with an interest in the subject.

We have produced occasional publications – one of poetry and another of a member's journey to recovery.

How we do it

The newsletter is produced and edited by a HUG member who is on a supported work placement with us. She works alongside a HUG worker in getting articles and contributions from a wide ranger of users and some professionals, and plays a large role in the design and lay out of the newsletter. Articles are initially

suggested by the HUG Friday Forum and after that can gather a momentum of their own as members hand in their contributions.

'Moonstruck' was initially produced and edited by a HUG member but as his involvement in the user mover nationally increased and so demanded a great deal of his time, the magazine lay dormant for a couple of years. It has now been reinstated by another HUG member who is keen to see quarterly editions of it.

I have found reading them [HUG newsletters] and your various reports over the last two years invaluable in helping me understand and hopefully interact better with patients with mental health issues.

GP in Carbost (Skye)

The 'Guide to Recovery' was written by a HUG member and then designed by a member of the Highland Community Care Forum admin staff.

The HUG postcards were produced by HUG members in 1999 with the work being co-ordinated by a HUG member on work placement with us. The work came out of a partnership between HUG, NHS Highland Health Promotion Department, art TM and Hi arts.

What we have achieved

The feedback we get about the newsletter is very positive especially in recent years when it turned from a means of saying what HUG workers do to a publication that HUG members have a great sense of ownership of. We are often approached to see if articles that have appeared in it can be used in other publications and know that some of the pieces are used to help other patients.

'Moonstruck' has not been published for some time but we hope it will be an additional tool for speaking out. The Recovery booklet has received praise from other HUG members and has been put on the Scottish Recovery Network website.

The postcards were initially distributed in a great variety of venues – we now restrict distribution to the hospital, at conferences and to members. We do this mainly because we don't have the time to keep other places stocked up. We have now distributed well over 100,000 cards across Scotland and beyond.

Lessons we have learned

At the moment we are reviewing whether the newsletter is too long, as feedback from some (minority) of professionals suggests it may be too much to take in.

However, in December 2005 we asked our members to comment on the newsletter (via a brief questionnaire) and the response has been positive:

I thoroughly enjoyed this (and all) editions of the newsletter.

I find the newsletter interesting and informative.

The other lesson is that we need to start preparing for the next issue as soon as we send out the last one.

It can be a very busy time when active in the user movement and some activities can suffer when we rely on small numbers of people to produce publications for us. Making Moonstruck an occasional publication seems to be a solution here.

The postcards could have been distributed much more widely over the last few years but ultimately we lacked the capacity to organise this.

Working Nationally and Internationally

Why we do this

We are regularly involved with meetings of the National Programme for Improving Mental Health and Well Being as well as See Me and a trans-European Project under the Grundtvig 2 programme and in giving talks at national conferences.

The work we do is not just about addressing an issue confined to the Highlands, in fact we are engaged in a struggle for social justice that affects people with mental health problems across the world.

Few areas are as fortunate as we have been in having a good source of funding to do what we do. Although our work within the Highlands is the bedrock of what we do it is also important that people can learn from us and us from them. It is also a great benefit to be able to represent people from the Highlands at a national level. This ensures that we have a strong voice and reflects well on the Highlands.

What we do

HUG is one of the five alliance members of See me, Scotland's national anti-stigma campaign. The 'see me' campaign was launched in October 2002 to challenge stigma and discrimination around mental ill-health in Scotland.

HUG is involved in local anti-stigma action, which feeds into the national publicity programme and the actions of See me.

We attend regular meetings of the National Advisory Group, which advises Scottish Ministers on the National Programme's strategic direction and implementation.

We are involved in a three-year Grundtvig 2 programme, an International project, involving 6 European countries which supports the life long learning opportunities of users of mental health services. We take part in study visits to each country and research and develop a core curriculum on areas such as empowerment processes, social roles, how to look and manage work, citizenship and leisure activities.

HUG contributes to the Scottish Executive's 'Choose Life' Strategy aimed at addressing the rising rate of suicides in Scotland. HUG has received funding from Highland Choose Life programme, for two pieces of work (STIGMA play and self-harm seminars) which are developed through the Highland Self-harm Forum to fulfil the objectives of early prevention and intervention and promoting greater public awareness and encouraging people to seek help early.

HUG workers and members have also regularly spoken at national conferences over the last few years (as well as at some local seminars and conferences) these all have the user message as a key element and help raise awareness of our lives and wishes.

How we do it

Much of our national Anti-Stigma work is carried out by HUG workers and the European work by a HUG worker and a HUG member.

We use our knowledge of our members' views and experiences to influence national groupings and will test out initiatives inspired by national work and elsewhere in our networks through running focus groups and making new ideas topics of discussion within the HUG branches.

What we have achieved

The funding of the HUG Communications Project by the Scottish Executive as an 'exemplar project of national significance' was an achievement in itself. It was also featured in a Scottish Executive publication highlighting examples of good practice of projects that promote mental health and well-being.

The force of a small article about one of our members was sufficient to get us involved in the Grundtvig 2 program where projects from different countries learn from each other and develop shared learning tools, and this has been a great experience for both the HUG workers and HUG members who have taken part:

'Our involvement in this project has given us even more of a sense of purpose in life in relation to having suffered from mental health problems, our recovery, and our ability to contribute towards fighting against stigma and discrimination that so many people experience.....Our confidence has ... grown as a result.'

'Being involved in this project has....It has been great to meet other people with mental health problems from other countries and have the opportunity to share our experiences and learn from each other. We felt privileged to be involved in a project that has people with mental health problems at the centre and gives us a real say in its development.'

We were part of the group that established the internationally acclaimed 'See me' anti- stigma project and continue to be represented on its management committee. One of the Hug workers gave opening talks on the impact of stigma at meetings of the cross parliamentary mental health group and a meeting of officials of the Scottish executive. These meetings were organised by the alliance of organisations that oversee See Me and helped lead to its establishment. Since then Hug has been involved in its development and management as a partner in this alliance. At the same time See Me has assisted HUG through providing local media training and other activities.

By meeting with users and projects across Scotland and elsewhere we have been able to pass on information about what we have been doing to challenge stigma and have been given the opportunity to learn from them and gain a shared understanding of the importance of the task we are addressing.

What we have learned

It can seem as if the national work that we are doing detracts from the work we are doing in the Highlands. However, we find that the opposite is the case.

Challenging stigma is one of the key tasks around improving the lives of people with a mental illness. It crosses regions and borders. The work we do can help other groups with their own work and we in turn can learn from their activities.

Sharing knowledge, celebrating success and providing mutual support and solidarity is one of the ways in which we can make stigma reduce.

Conclusion

Promoting greater awareness in the community at large in particular schools promotes insight understanding and tolerance at a very early age. These are key building blocks toward removing the prejudice that surrounds mental illness and those affected by it in the community. Working with the children of today who will be the adults of tomorrow is a cornerstone towards alleviating prejudice. This work is vital and has to be on going.

Dr Alistair Hay, Consultant Psychiatrist

From what I know of the project it is invaluable work at grassroots level. In terms of the governments objectives for tackling stigma & reducing suicide rate this is the sort of project that will surely make a difference.

Dr Susan Brown, Staff Grade Psychiatrist

We are fortunate in HUG in having been given the freedom to develop our own program to challenge stigma in the Highlands and fortunate in having had such supportive partners to help us carry out our work.

Our work is having an impact and a hopefully a lasting effect but we are still in the early stages of the work that needs to be carried out to make the stigma of mental ill health a thing of the past.

The quotes from people affected by our work is testament to the importance of what we do – hopefully it will influence future funders - it would be a great blow to the task we have taken on if our work had to stop.

This report can act as a guide to people especially those in the user movement who may feel that they want to do similar work to us. We hope that our example is inspiring to them and shows that we as users, when given the opportunity, can really make a difference and achieve real and lasting change for our members and people in the communities that we are a part of.

Over the last three years our work has really taken off – it's variety and scope is dramatic especially when we realise that this work is coordinated by two workers sharing only 42 hours a week between them. We expect that people reading this report may find it hard to believe how much has been achieved with relatively little resources and few people to deliver the results. A great deal of the impact must be rest on the skills of our communication workers but equally the partnerships we have developed have made more possible and even more importantly our HUG members have acted as the catalyst and bedrock that makes change possible and real and the reality of our lives visible. We worry about the amount that we rely on our members but have found over the years (as can be seen from the quotes provided) that not only does this project make a difference to users across our communities but also to our members individually. This was something that we hadn't expected Hug is not about

therapy but more and more we find that many of our more active members grow and develop through the invaluable gift they give to us and others.

This report will be issued a few short weeks before the funding for our work finishes there are some possibilities that we may be able to tap into some reduced and short term funding to allow a little of our work to continue but we hope that having read this that local funders (which is how a project such as this should be funded) can see their way to support the continuing work of the HUG communications project and by doing so not only help increase awareness and reduce stigma in the Highlands but also help us act as an example and partner in the huge task that still needs to be carried out nationally and indeed internationally.

I feel that my time with them and the Communications Project (about 4 years) greatly contributed to my recovery and confidence and has certainly improved my personal health and enabled my return to work.

Catriona, HUG Member

I think the work that has been done by the HUG Communications Project has shown what can be achieved by dedicated staff in one locality. I think the lessons that can be learned from this are transferable to other parts of Scotland - particularly the way in which the project has actively engaged with local geographic communities and communities of interest, including education services.

Mary Weir, Chief Executive NSF (Scotland)

**With thanks to all those who have given their time to
contribute to this report.**

Appendix

DVDs and videos produced so far:

Advocacy and the mental health act
Acute care and mental health
Medication and mental health
Using support workers
Housing, homelessness and mental health
Employment and mental health
The value of the gardener's cottage drop-in centre
The mental health act
Self harm – a silent scream
Self harm – the experiences of a young person
Self harm – an audio cd

And nearing completion:

Eating disorders
Substance abuse and mental health
Employment and mental health (commissioned by Shaw)
HUG and what it does