

Mental ill-health in remote and rural areas



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Voices Of eXperience

The aims of the research

The project aim was to look at what life with mental ill-health is like, and what issues affect people's mental well-being and recovery, in a remote and rural area.

This information will be used to raise awareness of particular issues in health, social care, transport, infrastructure and the third sector.

Having first done some introductory research, this shaped the online surveys and focus group questions which asked people to share their experiences of life in a rural area, what helped or hindered them when unwell, the effect of living in the same community as mental health workers, the effect of online speeds on seeking online support, stigma and service provision, among other issues. People were also given the opportunity, both online and in focus groups, to expand on or comment on areas not already identified – what else mattered to them and affected their lives and recovery?

This report will include every comment made online or in the forums, and will go on to look at feedback on the issues raised, what challenges and successes arose, and what proposals could be made for the future.

As Argyll and Bute is mainly remote or rural this area was chosen for focus groups, although the online surveys were completed also by people in Highland areas.

Planning

Contact and invitations were sent to the groups below to participate or to pass on the invitation:

Acumen, Community Education, Health and wellbeing Networks, Argyll Voluntary Action and Islay and Jura CVS, Development Coll, ABSEN, Guided Self-Help Workers, Mental Health teams, Cowal Community Care Forum, Scottish Health Council, Choose Life Argyll and Bute, mental health service user groups, Highland User Group and churches, as well as other networks including VoX's own networks.

Focus groups were scheduled in areas that expressed an interest in taking part, and these dates were then promoted and advertised.

Online surveys were also designed and distributed using the above networks and others who had made contact about the research. Focus group and online survey questions were the same, as well as both having the opportunity to add extra thoughts and comments.

Invitations were also sent out for people to take part in the photography part of the research – an invitation to send in photographs highlighting good or bad aspects of rural life. This could be done digitally, or using disposable cameras which were distributed to willing participants.

Art sessions were also planned to run alongside focus groups.

Art

Each person was given or made a clay tile with soft clay. Techniques for working with clay were explained and each person was given the tools to put into the clay an expression of what had been discussed, with words or pictures, or by pressing things into the clay such as shells or material. Each square tile was given a hole in each corner so that the final pieces, once fired, glazed and fired again could be hung together to make one larger picture.



Timetable

Oct– Dec 2014: scoping, networking, promoting

Jan - Mar 2015:

Five focus groups were held: two in Dunoon, one on Bute, one on Islay and one in Campbeltown.

Three stakeholder groups were attended in Lochgilphead, Dunoon and on the isle of Bute.

April 2015:

Art project completed and photography collated

Report compiled

What happened:

All people that took part bar one had personal experience of mental health problems, either in the past or presently. All people who took part lived in a remote and rural area, which the government categorises as being somewhere with a population of less than 10,000 and with a drive time of over thirty minutes to reach a population of over 10,000.

68 people in total took part – identifying their area as:

Campbeltown (6), Kintyre peninsula (7), Dunoon (15), Isle of Bute (12), Argyll and Bute (4), Caithness (1), Bowmore (Isle of Islay) (1), Islay (6), Arrochar (1), Oban (4), Mid-Argyll (2), Toward (1), Clachan (1), Clachaig (1), Inveraray (1), Cowal peninsula (1), undisclosed (4).

33 people did the survey online, and 35 people met in the focus groups: Campbeltown (5), Isle of Bute (9), Islay (4), Dunoon (10 in one group and 7 in another).

What was highlighted both online and in focus groups was that there were two sides to the coin with most topics discussed – what was peaceful to one was isolating to another and so on. As someone pointed out, “There are good and bad points about being in a smaller community when unwell.”

I found the focus groups to be very meaningful. I am very thankful to the people who were so willing to share their own experiences. There was often interesting and good-natured discussions between members particularly in relation to stigma and the effects on life of mental ill-health. In one group there was a lively discussion about whether the term mental ill-health or mental illness was more helpful, with very mixed feelings about the meaning of this. It also seemed to be helpful to people to be able to listen to others' experiences.

People were reassured of confidentiality and anonymity, which is always important but seemed especially pertinent given the often personal nature of the stories being shared, and also as a reflection of people's experience of living in a remote area where there was often stated that, "people think they know everything about you."

The art activity was enjoyed by those who participated. The conversation continued through each art session as people talked more about their experiences, explained their thoughts about working with clay as therapy and about what they were putting into their clay tiles. The comments were always positive and especially noted was the feeling of achievement in taking part in an exhibition of art. Some quotes were:

"I enjoyed that so much. Everyone should have a go with clay."

"I love doing this. I could sit all day and play."

"I love that you can wipe off the mistakes!"

Although people were nervous when getting started, once they touched the clay people relaxed, had fun, and chatted freely with one another through the art time.

What was also noticeable was that everyone without exception put only the positives into the clay, even though they were encouraged to put a mixture of the positives and negatives about life with mental illness in rural areas. This happened without any discussion. At the end of one of the focus groups, someone said, "None of us remembered about the raindrops." It seemed quite meaningful, that when people got the chance to create they wanted to focus on the good things in their lives. It could also reflect that pottery in itself is a therapeutic process.

Questions and answers:

Questions one and two identified that people did have lived experience and lived in a rural area.

Question three: Briefly, how have your mental health problems affected your life, relationships, paid or unpaid work and leisure activities?

This question gave people the chance to identify the issues faced. For some people life in general has been a challenge:

Extremely – every day is a struggle and I need a lot of support.

It's been problematic – trying to be normal.

I feel too much pressure if I am relied on.

It affects everything.

My self-esteem is so low so I self-harm.

Although I wasn't diagnosed, looking back I think I experienced depression some time ago, however I wasn't living in a rural area at the time. It mainly affected me, I think I just ploughed on so not sure how it impacted on other areas of life.

I have struggled with depression on and off for over forty years now. It is very debilitating at times and I find life a constant struggle and challenge. I have poor relationships and have been divorced twice. I have long bouts of sick time from work. Leisure activities have only recently been in my life as I try to improve Quality of life for myself.

I lost a lot of friends and colleagues. Some are very off with me. I work two nights a week in the local general hospital - they have been good as they are supportive, apart from the odd doctor who reckons that people with bipolar disorder are a waste of time and waste a lot of services time.

It's difficult - relationships, work and daily routine stuff like getting out of bed even.

My ability to function in the community and everyday life is limited and as such, has an all-pervasive effect.

OCD dictated how I did things, so many activities took a lot longer at work and at home and some things couldn't be done at all.

I become more reclusive in life and avoid relationships but tend to continue with work and sports activities.

Leisure activities are difficult but I try to keep going as it helps when I do things. Our house looks like something from the hoarders' programme on television.

Only leisure activities... mild depression.

Part of my mental health is social phobia. I have problems interacting with people, making new friends. I have a personality disorder that affects me daily. I live remotely as it is easier for me to cope with my problems. I also have health problems and the two combined affect all aspects of my daily life.

Was suffering from depression and it affected my work as my confidence hit rock bottom; it affected my relationships as I was seeing things in a very bad way and misunderstanding people's motives, etc. Caused bad feeling.

I don't do what I want to do or need to do.

Strain on my marriage, unable to work, not able to commit to volunteer opportunities.

No long relationships and lost many jobs.

Limited work, relationships, and life in general, controlled by medication.

Many people identified that finding or sustaining work can be difficult:

It's hard to fill in the gaps on my CV.

Voluntary work is hard. I couldn't cope with being judged.

It is a very debilitating illness which affects you applying for jobs – just because of the way you feel.

It has affected me work-wise through panic attacks.

Definitely affected me. It has stopped me from working. I can do a wee bit of anything and that's it. I have terribly low energy.

Hard to apply for work.

I've had to hand my notice in at work with lack of support from my manager, never really feel like doing anything.

No long relationships and lost many jobs

Getting work is ridiculous. I have tried lots of places and as soon as they hear you were in Argyll and Bute Hospital they don't want to know.

I had to have time off work.

Depression led to me having to take early retirement.

I struggled for a long time. I was unfit for work for a long period of time- I lacked motivation and this put a huge strain on family life.

My work has suffered as I feel I am not able to be as 'on the ball' as usual. This is over quite a long period.

My depression has greatly affected my work. I am undergoing a capability and conduct review at the moment.

It affects my work if my depression is too bad then I'm not able to work for various reasons.

Ended up off work then was treated differently until I left.

Unable to work for years. Stigma and misunderstanding also affected my employability. I was often unable to afford things - my parents helped a lot financially.

Affected my work as it was caused by bullying and harassment at work. Some physical problems too like severe back pain for a year which meant I couldn't pick up my child or take part in anything physical. Difficult to drive at times.

I can't work due to mental and physical health.

I have been unable to hold down even part-time jobs.

Stigma and misunderstanding are issues faced by many:

Judgements – how do you get the money to do that, or he's aff his heid, he still buys pints. I feel vulnerable and it's hard to prove.

People say - he's just doing that to get the money.

Mental health issues are wider than the way it is defined – unless you have suffered you can't understand.

People say we are loners – we are a bit but not by choice or we choose to because we have to keep out of the way.

I get called names at the pub for sitting watching the football – I feel paranoid and wonder if they are talking about me.

Some people talked about the impact on their relationships with family and friends:

My husband was tortured – he had to put up with it for ten years.

It affects the family more than anything.

Your self-worth affects your relationships.

Terrible. I have two young teenagers that don't understand and are always questioning me. It's hard to explain.

Easily judged and find it hard to re-build relationships in small areas.

Suffered from depression - although partner had also had this, he was used to me being the strong one and couldn't cope with my illness. We ended up splitting up.

Relationship breakdown.

I have been and am a carer for several family members who have experienced mental health challenges in their life. This had a significant impact on our lives at the time.

I felt less able to cope with my daughter's mental health issues which caused my stress in the first instance.

It affects my relationships across the board.

I have been in hospital – the kids came on the phone after a couple of months – they were very distant – it's not the same on the phone. When I was at my worst it was six or twelve months before I felt back on track with my kids. I had had four months in Lochgilphead Hospital. Only now I can put my foot down and tell them to do things. I didn't want them to see me as a psycho like they had been told – they only heard mixed up stuff from social workers and doctors and the media.

It was also identified how hard it can be taking part in leisure pursuits or community activities, but that they are beneficial:

I have schizophrenia and can't go to the pool because I get bombarded with the noise.

Anxiety attacks mean I can no longer participate in two of my all-time favourite pastimes, scuba diving and snorkelling.

Stress left me tired and less inclined to participate in exercise. I also lost a whole season of diving due to declaring I was on low dose antidepressant, something I loved and found very calming.

I rarely go out these days. My depression stems from being diagnosed with cancer five years ago. My GP offered drugs which I declined and that was it. No other offer of help so I've been left to get on with it myself.

I felt I had no purpose when I first moved here but once I got involved in the community I felt better. You have to force yourself.

The Link Club is the only place I get support.

Apart from people I have met at Link I have few friends.

Transport was also raised:

I was formerly a GP so can only speak to how I saw issues affecting my patients - worst of all for those requiring hospitalisation in psychiatric care where issues of safe and supported transport are paramount.

Not everyone found that mental illness had affected them in this way:

They haven't.

My relationships are good.

Not affected.

Not applicable

Not really anything I just keep getting given different tablets from the doctor none of which helps. I suppose having friends in such close proximity helps a lot.

Question four: What are the good things about where you live and your local community and what benefits have these things brought to you when you have felt unwell?

Friends and family:

Once I had built a framework of friends it was ok.

People listen here and everyone knows about the Link Club.

My family is here.

Family and friends are close by.

I have a very good circle of friends and lovely neighbours and work colleagues, many of whom are unaware of my health difficulties.

That my family are close by and have been very supportive.

Family.

I have great friends and a fab CPN.

Friends nearby.

Bumping into folks you know wherever you go:

It's a small community so you get to know folks. It can take two hours to walk the length of the shopping street. Going to Morrisons turns into a social event!

There are always folks saying hello, especially out walking the dog.



You know everyone.

I think it is good that you always bump into someone you know when you go into town.

I live in a very close community with a lot of community spirit that supports one another. I like the fact that there is always community events on and feel like part of an extended family.

The general friendliness and generosity of the people.

People know you and care and so spend time with you.

People – people just saying hi. Strangers talk to you. It peps you up even if you didn't feel like going out because you were so down. That's why I come to the Link Club – a wee bit of space away from away from family for myself and I enjoy meeting people.

I need people to talk to me. In the city I could go three weeks without speaking.

I have had peer support.

The Co-op. Seriously. It's a pace for conversation and a good gossip. If I am fed up I know I will see someone there to talk to.

People ask after you if they notice that you are missing.

Most people know each other and help out when they can. People seem to know when to come around and support us or they speak to my mental health nurse.

My GP knew me well because I was also a work colleague even though I worked for the council. She was very supportive and was able to refer me quickly to a consultant. She also was quick to respond when I had a relapse several years later. Although a lot of people were shocked at me having depression, the community in general was very supportive. I had very good neighbours.

If I am not about people ask where I am.

Rural life:

We feel safe.

The place to live – fresh air.

I feel alone in a city but it is more anonymous there.

I like where we live for bringing up my family. I see it as a safer environment than a city.

Living here, being rural. I have a really good doctor.

I love living in the proximity of the sea and hills and I find the grey buildings of cities depressing.

Peace and quiet.

It is quiet and peaceful.

I could go for walks along nice beaches.

Close to seaside and forests on hills. A great place to live.

It's a beautiful environment here. That helps.

It's a beautiful place to live and I can get peace and quiet when I need it.

Walking does me good.

It's easy to get out on trips to lovely places.

I am surrounded by beautiful landscape that helps to calm and soothe me when I need it.

I feel safe.

I live in one of the most beautiful parts of Scotland (of course everyone will say this, but my case it's true!) therefore whenever I feel down/depressed, I only have to go outside to see wonderful views and wildlife, which cheers me up.

Good opportunities to get outside and walk, lovely scenery.

Fresh air and open spaces.

Location.

Being part of a community, less stress than big cities, no commute.

My actual community was supportive in helping me.

Beautiful area - mountains and lochs and sea. Can be a good space to encourage calmness.

Sunrises.



I live in a beautiful part of the world and have access to the countryside every day.



Access to fresh air and countryside, being able to walk along the beach and 'blow away the cobwebs'.

The beautiful scenery, abundant places to walk, beaches and lochs. I find being by water energising.

Very friendly community, so people to speak to and easy access to open spaces for walking and running both of which help improve my mood.

I love walking and find it a very peaceful place to live.



There is very little light pollution – some people saw the northern lights recently.

I live by the sea which I love. I have a great GP, I have a close network of friends and a fantastic church.

There is less stress here – a slower pace of life.

Not looking over my shoulder all the time.

It is a safer place to live. I know most people so know who the strangers are.

It's a gorgeous island. It lifts you when the sun shines and it's magnificent in storms.

Saligo Bay – where you realise that despite everything life is pretty special...



Statutory and voluntary services:

I had post-natal depression and didn't realise. It was picked up when I moved here and my health visitor was so good and noticed. People didn't notice in the city but here I got help.

I have more help here than when I was in the city.

The start of the Link Club and Tigh Dileas (CMHT) has helped.

I can live on my own independently.

Coming to the Link Club has been a big help because I have always kept things to myself and now I can open up a bit and I have been able to help out and get involved in the art club and community education and writing stories. I have a story on the wall. Members help one another out which makes a big difference. I have had these great new experiences. I have never been to school because I was hit for not learning but now my reading is a lot better.

I help in the Community Garden. It's the only thing I do.

The Link Club. It's the only place I get support.

I would be lost without the company I get in the Link Club. Before I was unwell being alone didn't bother me at all till I got depression but now I don't like it.

I am lucky that I have a very good medical team ie: a good doctor, community mental health nurse, psychiatrist and a good friend. All the above look out for me when I am not well. I feel if I can't make the decisions regarding my mental health then the others will make them for me.

We have a social lunch on the island every Friday which is open to everyone so there is no stigma to coming.

The Link Club has been so beneficial to the island but it's hard to get people to come.

The Link Club has been a life-saver. I didn't know what it was but it has been the best thing – instead of sitting at home I will make an effort to come in – eventually it brings you out of yourself so it

brings you confidence, especially with men as I was frightened before because of things that had happened.

I can sit up at the surgery if I am in crisis. I can say I really need to speak to the doctor and they know how to ask me how I am - depression and anxiety are really hard to say and admit to.

Mental health support is more consistent than in a bigger area.

There are no resources in the city so you get rushed.

The Link Club signpost you.

You get to see the same professionals and this provides continuity.

I feel that living in a remote area can sometimes be better. All the doctors, psychiatrists and CPN all know you individually and therefore you don't need to keep starting from scratch every time you see someone, which is good if you are unwell and not really sure what is going on.

Nothing good to identify:

Nothing locally that is why I have struggled so much.

Nothing.

Questions five: What are the things that you would like to improve about your local community, and how have these things been detrimental to you when you have felt unwell?

(Breaking down people's answers using the same categories as the previous question)

Friends and family:

A lot of people feel very socially isolated.

People aren't interested in your life away from the island. It's like it doesn't matter what you did before you moved here, and if you say good things people say, "If it was so good there why don't you go back?"

In my circumstances I would like someone to help me to talk to my kids – I was just flung back out of hospital.

I am a long way from my family and that is a problem.

Bumping into folks you know wherever you go:

It is more anonymous in the city. I feel like a goldfish in a bowl here.

It's like living in a goldfish bowl.

The gossip. Someone said to me the other day in the Co-op, "Ca you hear this?" and I said, "Yes, and I am disgusted with the way you are all talking about someone." Nobody gossips to me anymore so now I don't hear anything!

Would like the community to be more open about mental health being everyone's business. I think also that bumping into people you know when unwell can be hard, even if a good thing when well.

Everybody knows you so it was sometimes a concern that people would notice my odd behaviour and judge me.

Small community and people talk.

My problems have been walking into a doctor's surgery, sitting waiting in a small community waiting room where everybody knows you and yours and are trying to find out what is wrong.....is it the day for the midwife visit?.....and I just want to yell, "I am having a bad time...now just f*** off!!!"

I would like to see a reduction in the stigma that is attached with mental ill health, which is much more pronounced in rural areas. There is also a lot of ignorance about clinical depression, and unless you know people very well you tend to get comments like, "Oh! Cheer up.", "You'll have to pull your socks up!", "It's just a phase." The sort of remarks which, although meant well, tend to send you deeper into depression.

Too many people know your business. Yes people want to know all your business and what they don't know they make up and it's sometimes difficult to go out as you know they are speaking about you instead of asking.

I would like to raise awareness of the number of people who suffer mental health problems to help alleviate stigma. People have assumed it is a life-long barrier and it has also been assumed that I can't be very intelligent!!

Better understanding from non-service-users. Being a small place you can be the butt of jokes.

Stop the gossips. Just because you tell people you are "ok" when they ask how you are doesn't mean that everything is "ok" Then the word goes round that you are "ok" and everyone expects you to go back to being the way you were.

It is hard at times as working as a nurse so people come in and discuss when we were in the psychiatric hospital together and sometimes it can be embarrassing especially in a large ward full of patients – it makes me feel uncomfortable. Then on the other hand you know how people feel with mental health issues as you have been there and understand how they feel.

It's not the same anymore. I used to know who everyone was but now I am not so sure if they are local or visitors. More holiday cottages.

I do become very isolated when I am unwell and this means delayed access by me to GP etc. I work in the NHS so this makes it more difficult to access GP and admit how I feel. It is a small community here.

I feel alone in a city but it is more anonymous there.

I love my town. However I find it really hard in social situations. The more I know someone the more anxious I get in these situations, so although I love this town, I find it difficult being here at times.

Small towns mean it's harder to keep your problems quiet.

Rural life:

The distance often makes it too difficult for visitors such as friends and family so you feel cut off from them.

Transport is always a problem. Some people don't get out because they are fearful, no-one to see, no transport, especially if they live far out on the island.

There are maybe some people who have never left the island – they have a more myopic view, so there is more racism, more homophobia, and more stigma – it's a lack of experience and

education not being able to tolerate someone they see as different to them.

It's very hard for younger people.

We get treated as second class citizens in this area.

The transport links where we stay are non-existent.

Isolation makes things worse.



The fact that my family is scattered throughout other rural areas means that it is difficult to visit them, and for them to visit me.

It would be nice to have gymnastics and a few other community fun things for the kids.

It is difficult to find affordable pet care whilst in hospital especially long stays.

Reduce stigma, get people to accept who you are.

More shops needed.

Public transport could be improved. There are a few busses each day in and out of my small town from where I live, and none on a Sunday. The last bus is at half five so I can't do any evening

activities, and there are less busses in the school holidays which is unfair.

More community connectedness in the wider community.

Not just local community but I would like the stigma of mental illness removed.

It would be great if there were more work options as lack of work and consequent money worries have contributed greatly to my depression.

More access to theatre company productions. No dance venues.

Local park is run down. Lack of leisure facilities.

Information on local meditation, tai chi, qigong, walking and self-help groups. If not available, start some.

Lack of leisure facilities. Bored.

More openness and more free access to those with mental health problems to use leisure services and therapy treatments free of charge.

Lacking arts and entertainment to take my mind off of the problems at work. Lacking opportunities to go out with friends.

Statutory and voluntary services:

I had more help in the city.

There are not good links between social work and the school.

Hospital access is not great.

The out of hours crisis support is severely lacking. I do not often feel prepared to go to A&E with an acute mental health crisis and therefore have to struggle through it myself as there is no crisis service locally. I am affected by an inability to communicate via phone which leaves me very isolated, which is very detrimental in a crisis.

It gets difficult if you don't want a particular member of staff.

General nurses need to be more caring and better trained.

CPNs should be more accessible.

Make the Link Club a success with better facilities.

There should be more Link Clubs across the area.

If you're ill and need a doctor it costs you.

Poor support, poor staffing in mental health. When I have been unwell my family have been left to cope with me, even when I had completely shut down.

Having professionals take you seriously when you have opinions with regards to your health.

It's hard to get extra support like counselling.

Poor community mental health support, to the point of NONE. I have recently been off work six months and saw no-one from mental health in the community during this time....

More support groups and try to stop stigma as it seems there's nobody you can talk to without mental health nurses, not people who've been in the same boat. I did put ad in local paper but no replies as reckon too small a community.

A local mental health nurse and appropriate services for mental health.

I would like the community in general to have a better understanding and grasp of what mental illness means, I'd like there to be less stigma attached to it and I would like services to have better, up to date training for their employees as I received very poor treatment specifically from the local police force.

Having a crisis team in place - everything is Monday to Friday office hours. We need more support at weekends and out of hours.

There needs to be more awareness raised of the effect of mental ill health and we need to have more services run by people who have lived experience.

Services, or more information in how to access them.

More and easier access to professionals for support rather than, "You're not ill enough yet so do these online things." :(I gave up trying locally.

More support from doctors and managers.

The Police need to be better trained in mental health in their basic training.

There are three practices on the island but we get a lot of locums – we have been looking for over three years for permanent GPs – we have two starting soon.

My CPN has been off for months because they are ill.

We were able to access local services. However there was a delay in attempting to get CBT at that point for treatment. However this was several years ago.

There is no mental health service.

We only have one CPN and one assistant on the island.

I had a horrendous breach of confidentiality with my RMN in my area. This caused me huge trauma and took the local health board over a YEAR to offer an apology!!!!!!!!!!!!!!!!!!!!!! This gives me no confidence in local services.

It's difficult with hospital because we can't visit friends unless we have a car.

It's hard for family to visit me if I go into hospital but I don't want them to anyway.

With some GPs you have to wait ages for an appointment. It would be better if people cancelled their appointments instead of just not turning up.

There is a 52 week wait to see a Psychiatrist and it's hard to get an appointment with a CPN – across the water from us it's days, here it's weeks.

There is a lack of support in the area in times of crisis.

NHS Highland is too big an area which means that services aren't what they should be.

Feeling that there is no low level support group nearby is hard. I did have one down south.

There are staff shortages and it is hard to get people to come and work here; it's not everybody's cup of tea.

Respite helps but it is not available in this area. Sometimes I just need a break from responsibility. It's not available now.

Time you have to wait for appointments is too long.

Nothing bad to identify:

I can think of nothing to improve that would alter my situation.

Nothing. I am happier now than I used to be.

Nothing.

Nothing directly in my community.

I don't know that I would change anything, but I feel that a good service provided me with the mental health team and my doctor is paramount to everything else.

Question six: How far do you have to travel to your GP, and how far to the chemist if you take medication? How do you get there and how much does it cost to get there?

Within a couple of miles:

Within a mile or two.

Walking distance.

One mile for both.

GP – two miles, and chemist.

It's one mile away. I go by car.

About a mile walk – about fifteen minutes.

Live in same street.

Not far but it is only open three mornings and two afternoons a week. I can get an appointment easily though when it is open.

Would only be a mile or so.

We're lucky as it is only ten minute walk.

Not far, same village.

Fifteen minute walk.

Less than ten minutes' walk, chemist is round the corner. I drive however could walk which would cost nothing.

Both local (within a ten minute walk).

Not far, about a mile or so. I can walk if necessary.

One mile.

Not far so no cost.

Walk a few yards.

It is less than a mile to dr. and chemist. Although my area is largely rural, I live in a small town.

They are in the village so walking distance.

Two minutes walking.

Not far. Walking distance.

Up to ten miles:

Six or seven miles.

Ten miles. I have a car.

Twenty minutes by car but I can speak on the phone if I need to which is brilliant.

Seven miles. I go on the bus with my support worker.

I have a bus pass so I just get the bus. I live six miles out of town.

Twenty minutes in the car, or an hourly bus that is about £2 each way.

Ten minutes to GP and chemists.

A ten mile round trip. I rely on public transport which is limited and it costs me £2.40 return.

Ten miles to GP - though I could go to one in the village I now live in which is a five minute walk. The GP sends my prescription to local pharmacy which is five minute walk.

Sixteen miles to GP and I drive.

Five miles by bus, £2.90 return.

Five miles to my doctor and the chemist is in town. I usually get a lift.

Five miles, I go by car.

Ten minutes by car.

Three miles approx. each way. I drive. Taxi costs £7.00 each way so not feasible unless desperate and too ill to drive.

Eight miles by car.

Four miles for both! By car.

It is just over two miles drive (no public transport) to the GP / Pharmacy.

More than ten miles:

My doctor is fifteen or sixteen miles and my nearest chemist is twelve miles. I travel by car, I'm not sure how much the cost is.

Twenty-two mile round trip to the doctor and same for chemist although not on medication. I drive and it costs around £3 in diesel.

Rarely visit my GP - apparently she has now left the practice. I have to take two buses to get there if I go but I have a travel pass because of other health issues related to my cancer.

Question seven: If you receive or have received support from community mental health services, how far do you have to travel, how do you get there and how much does it cost?

(For eleven people this question did not apply.)

Within a couple of miles:

A mile or two.

About two miles to the hospital – I go by taxi or walk.

Half a mile.

It's one mile away, in the town. I go by car.

Just a few minutes' walk.

Short walk.

Not far and if I want them to they will come to me.

Not been to see them but they are a twenty minute walk.

It would only be a mile or two.

Got the support at local hospital which was a five minute walk from my home.

At GP surgery, so fifteen minute walk.

Right in front of my house but haven't needed to use them.

C.P.N.s are local.

Just ten minute walk.

Again this is about a mile from my home, so I can walk or use the car.

I have had private psychotherapy and I go to the therapist which is only three miles from my home.

Ten minutes by car.

Not far and no cost.

Am fortunate to live in the town so less than a mile.

It would only be a mile or two.

Up to ten miles:

It's a five/six mile journey by bus.

Five miles by bus – I have a free pass.

Ten miles.

Ten minutes, by car, minimum cost.

A ten mile round trip. £2.40 return on the bus.

Four miles and by car.

More than ten miles:

I see my CPN fortnightly. They are a great support. It is eighteen miles – twenty minutes in the car. They came to see my new house with me, and I can phone and speak to someone or someone will come out and see me if need be.

52 mile round trip - £5 return on the bus.

I have to travel thirty-two miles one way to see my Community psychiatric nurse and psychiatrist. It costs me roughly £18 for a return journey.

Fifty mile round trip to see the community psychiatric nurse. I drive there and it costs around £7 in diesel.

I had to travel forty minutes to access counselling.

The psychiatric hospital is about sixty miles away. Usually travel by ambulance and the occasional police car.

Some people talked about home visits:

If you have a support worker they come to you but if you aren't on the books for CPNs you have to pay for outreach. It can be as much as £18 an hour. The DLA is to pay for things like that. Unless you are critical you aren't considered as needing a service.

They used to do home visits to me.

When I had NHS input they came to my home.

Question eight: In a rural area it is more likely that you will know people who work within mental health services. If so, has this made accessing services easier or harder for you?

(For ten people this question did not apply)

For some people it made it harder:

I find knowing people makes it much harder in these situations.

Yes, because it's small.

It has not made it easier.

I am married to someone in the mental health team. That was hard. I didn't want him to feel like he was coming home to a client. He gave me some tips and that helped so I didn't need to see someone except my GP, but the GP is a family friend too, and works professionally alongside my husband. So it's difficult all round. I found online stuff to help. I have to be careful what I put on Facebook or anything.

Depends; could be either. If I didn't think I'd get on with the person, or I had confidentiality concerns that might stop me accessing the service.

Harder. I feel very conspicuous and at times it has stopped me accessing the help I need in times of crisis.

Harder. It would be better if I had felt anonymous.

I would agree that accessing local services can be trickier as you may know the person on reception.

Yes, can be difficult although staff are professional.

Harder.

Harder.

For some people it didn't matter:

I think it hinders the staff more! The system is changing – it used to be that the onus was on time, going to hair appointments, socialising, but now it's politically incorrect to socialise with clients. Some staff were reported for sharing a birthday party with clients.

It doesn't worry me that I see people 'off-duty'.

Doesn't apply to me. Help from the support team and the CMHT has been good.

It's not affected me.

It's not a problem if I bump into people. They are good people.

Yes, easier.

I am privileged to know the Community Mental Health Team staff as friends – it means I can tell them whenever I see them how I am doing if I am feeling unwell.

I worked in the hospital when I was first unwell, so they referred me somewhere else, but I didn't want to go so far away from family and I knew I would get good treatment there so I stayed. Anyway, it kept them on their toes!

Easier.

Didn't make any difference.

Yes, I know the team but this has not been a problem for me.

Yes, will know, not used apart from GP.

It has made no difference. If I see my psychiatrist nurse while out shopping, she simply greets me as a friend.

This hasn't been an issue for me.

In my case, I have found this quite helpful most of the time.

Some people had mixed feelings:

I know people but it doesn't matter. I suppose if I didn't like them it would make a difference.

It probably depends on the individual. It may be a problem. I have been too grateful for the support to be hindered by it – I don't care. I don't know if it's different because I haven't always lived on the island.

You get used to it but at first it was bad.

I found it awkward at first but got used to it – it can be a bonus as you can just grab a quick five minutes with someone if you need it.

Bit of both.

Neither.

Didn't bother me as I moved here from the mainland. I do know that people who have always lived on the island find it harder.

I really couldn't say, as I used to work in the local psychiatric hospital before being unwell.

It was hard to approach my GP and admit to her and myself that I had a problem. I knew the CBT Therapist as well but I found that very useful.

Yes and sometimes.

It is much easier than it used to be although I have found things difficult in the past.

Question nine: If you have needed to travel to a psychiatric hospital for treatment or admission, how far is the journey, how do you get there and how much does it cost?

(For eight people this did not apply)

It is £23 to get to the local hospital in a taxi.

I have to go off the island.

£17.60 on the ferry for a car and driver and the passenger is £4.80. I now have a companion card. You need to take the car and pay for the petrol as it is not easily accessible by bus.

There is a problem with ferries and getting to hospital especially in the middle of the night when the ferry has to be called out emergency. Family visiting is affected as it is costly.

About sixty miles. It is free on the bus or in the ambulance.

55 miles, £30 petrol.

Hospital is 40 miles or more. I get there by ambulance.

It is two hours away. I go with my support worker or social worker. I can't travel on my own.

I go from Oban to Lochgilphead (about forty miles each way)

It's an hour and a half away. I have been taken by ambulance. Sometimes I get the bus but there is a twenty minute wait half way for the next bus from Inveraray.

Too far away. My kids couldn't get to see me because my ex-partner wasn't helpful. An hour and a half away.

One and a half hours.

I haven't needed to go but it takes about an hour and a half in the car. There are busses but not there and back on the same day.

It's two hours on the bus or one and a quarter in the car.

It would be about fifty miles probably. If well enough I would drive, otherwise very difficult public transport.

I travel every fortnight to my Consultant. This journey takes one and a half hours each way for an hour appointment. I travel by my car or by the Red Cross when available.

Yes was referred to psychiatric appointment - takes three hours there. I go by bus as have bus pass.

About four hours as we need to get a ferry off the island.

The journey to the hospital is fifty miles. I have been taken by ambulance (acute admission), I have travelled by bus (which costs £14.40 return) and my Mum has driven me (which costs roughly £15).

I had to travel to Lochgilphead from Islay. Two and a half hours on ferry and then thirty minute car travel down the road. Cost at the time about £100.

Nearest I think is Gartnavel, which would take forty minutes to drive to or a direct train from Helensburgh. Petrol would cost £10. Train ticket would be £12.

Seventy miles, bus £14.

Sixty miles, the last time I was taken by my C.P.N.

Family took me, it takes about an hour, petrol costs £20.

I have travelled thirty miles when I was admitted to psychiatric hospital, I was taken there by an ambulance, so didn't cost me personally.

Not required but distance is fifty-three miles.

Forty/fifty miles and a ferry journey.

If you have to travel, it is about one hour thirty minutes by car in good weather with clear roads. By public transport, it would be impossible to make an appointment except within about a 4 hour window in the day and it requires one bus ride of over an hour, then

another of about the same with a 15 minute wait (longer at some times) between.

No idea but at least forty miles, but not sure not done it.

Hour and a half.

Two busses, with a twenty minute wait in-between.

Half an hour to the ferry, half an hour to check-in, two and a half hours on the ferry then half an hour to the hospital. It's hard for family to visit. There is no family accommodation at the hospital. Then how to people keep the link and know the family are supportive for them to come back?



Question ten: Have you ever feel stigmatised or alienated because of your illness? If so, has this affected your access to services?

Some people have felt stigmatised, and some talk about self-stigma:

It is always a stigma and there is a great deal of ignorance. We should just change it, think positive, have a laugh.

It's wrong but it's not peculiar to this island that this labelling goes on.

People shy away from us. They don't know how to cope. They go blank. They are frightened to offend.

I would love to try to let more people aware of depression, the difficulty in admitting you are having problems coping, telling those who love you that no, you haven't turned into a stranger, you don't want to A/die... B/leave....C/get angry...you just want to find a way to get back to the person you were before the fog came.

We know there is a stigma around mental health but it's worse on an island. If folks don't know something they make it up. If you are feeling paranoid or stressed it's even worse.

It's a similar thing to when someone has died. People think they had better not mention it. They don't know what to say or how to handle it.

We applied to do bag-packing for the Link Club but were told it was only the Link Club staff that would be allowed.

I would take a tablet to get better if I could – people don't understand that.

We need to educate people by normalising it.

Policy makers need to listen – and your own GP – if people would just listen and not judge. Staff at the hospital thought I was drunk so I was dismissed. People should be more compassionate.

Yes I have felt that. I felt judged, and that I was treated differently. When being treated for a physical illness I was treated differently –

like, you should be out of bed by now, quite hard. But some nurses have been amazing, and help me get privacy.

Yes, in the past the Police and Health workers have treated me as an illness and not as a person.

Yes. People don't understand.

It can make you cut off, sheltered, unhappy.



A lot of people didn't understand, even doctors. I don't care about it anymore.

Yes, but I just get on with it and try and get better. I try to ignore negative stuff from other people and listen to people who are trying to be helpful.

Yes.

Yes, from the authorities.

I daren't always show my GP how I feel.

I think I have stigmatised myself? Why did I ask my GP to say I was off with a virus?

People ask, "What the hell have you got to be depressed about?"

Yes, at work, and then after being in the hospital at Lochgilphead. My GP too, I kept saying I needed help and he wanted to keep referring me elsewhere, like he didn't know how to help me. I held back I think from getting the help I needed.

My friends were like snow off a dyke. Disappeared. They don't know how to handle you. I don't advertise my problems now, but I don't hide them either. It doesn't matter to me anymore.

The stigma will always be there. It just depends how you handle it. It's ignorance, not being nasty, but just some people just don't know or understand. It needs addressing in education.

The Lochgilphead hospital will always have a stigma to it.

Sometimes but just have to live with it or try explain things to colleagues.

All the time.

Yes I have. Yes it has affected my ability to access services.

I have not had the help except from others in the Link Club.

Members of the public are wary of me. People think I am 'off my head'.

There is prejudice – people think I will attack them.

A lot of times, though never from mental health or Social work services.

I have felt very paranoid as if everyone knows I am not well.

I am very reluctant to talk/admit my illness. It prevented me from accessing help at the start. Once I admitted I had problem accessing services was not an issue.

Yes. In some cases.

I have been stigmatized but not by the doctors etc. looking after me. It was mostly with people who didn't know how to cope with me outside the doctor etc.

I felt alienated because of the way I was viewing the world when depressed, but not because of people's attitudes as I have not told many people.

Yes. My employment made me feel weak.

I have felt that way but not within services so it hasn't affected my access to services.

Yes at work as I'm just treated as a normal employee expected to be happy constantly at work.

Occasionally. I rely on my named person to access services as they are taken more seriously than myself.

It's changing:

I think it is getting better.

Not everyone – the majority are getting better.

People might be more tolerant but still keep their distance.

I have pinpointed it. Other people get treated worse, like people with drink problems.

Not really.

Yes, however I do think this is lessening in recent years, I wasn't keen to say that I was depressed or caring for someone who was unwell.

Not felt any stigma:

Eleven people said they had not felt stigma, and some were more specific:

No. I was very open that I was off work due to being ill-treated at work.

No, but I know some people do.

No. I am a psychiatric nurse, so when I was ill I ensured that everyone knew why. I felt it was important that I was open, so would help others as it can happen to anyone.

No. I was very open that I was off work due to being ill-treated there.

Question eleven: Have you experienced support from your local community?

Eight people stated 'yes' and some were more specific:

I've been very lucky with good neighbours. It goes both ways – they can knock on my door or I can knock on theirs if I needed to – they are friendly.

I got involved in volunteering and that helped.

The doctor has been helpful.

GPs hold it all together – it would be better if they could be a base for more services.

In the Link Club people soon pick up if you're not well.

The Link Club have been incredibly supportive. I have not seen a CPN or Psychiatrist for just over a year.

Link Club and Tigh Dileas.

Local Link Club.

I live in a Bield complex. The staff are excellent, and ninety-five percent of the residents. Wherever you are there's always a minority that aren't good.

My neighbours – most of them are great.

I lived on the isle of Tiree and I was too far from neighbours or friends so Dunoon is better.

My social worker had lots of goes at me till I gave in and came to the Link Club – I had become a hermit – I was very isolated.

From my friends I have. Some of them anyway.

I like to help others if I can so I speak out when I can.

I have joined activities but it's a big thing to do when you aren't feeling well.

My GP knew me well because I was also a work colleague even though I worked for the council. She was very supportive and was able to refer me quickly to a consultant. She also was quick to respond when I had a relapse several years later. Although a lot of

people were shocked at me having depression, the community in general was very supportive. I had very good neighbours.

Understanding from those I spoke to. Stayed in more.

Not applicable, but I think it would be there if I needed it. I know lots of good support workers and others within services who are caring.

Only community mental health team.

Yes - all positive

Argyll Voluntary Action have been a huge support; they've listened and directed me to useful services that are available locally.

Local voluntary groups have been extremely supportive.

Actual community yes.

Sometimes.

Yes from those that know.

Dunoon has an excellent Link Club.

For some, no. seven people stated 'no' and some were more specific:

Not as much as I'd like.

You find out who your friends are. Or that actually you don't have any real friends. They don't know how to cope with me.

All GPs are different, but some want to pass you on because they don't want to deal with you.

I was brought up to see people with respect but some people are nasty, or maybe just not educated that way.

It's hard to get help in the evenings or weekends – usually just the police.

Can feel quite isolated and not enough supported by the community.

I have never received the help I needed. I saw a shrink once and she made me feel tormented and worthless on our first session I then made a complaint to my GP but nothing happened for the next year I lived with depression before reaching out for help again

because it got to the point where I wasn't sure I was going to live or die. I got an appointment with another mental health person through my GP but had cancelled due to the weather and I have not received a follow up and I was down as high risk alert and it's been 4 months!

No, other than one or two close friends.

No. Not really no.

No. I have not joined any community support groups.

No I don't really tell anyone in my local community that I have mental health problems.

Question twelve: Are you aware of any counselling and support services, either private or in the voluntary sector, in your area? Do you access these, and if not, why have you chosen not to?

Some people could identify counselling and support services, but with mixed feelings:

There is the Dochas Carers' Centre, the Link Club, and Addaction.

Dochas are getting I-pads to do counselling on FaceTime.

The member of staff on the island is invaluable – she runs the Link Club and the Befrienders project – I don't know where we would be without her.

There is a bereavement counselling service but they are not encouraging.

I have had art therapy but in the past.

There should be better signposting so that people know. There is a big directory but people don't know.

There are support workers but you have to pay.

There are the big national charities but they are very cliquey – it's all about supporting the families or the causes not the people themselves.

There is lots of care and support for people with learning disabilities but not for us.

Rape Crisis – I used that for seven years, and Women’s Aid. Before I came to the Link Club I didn’t always know what to do, and would feel low but not bad enough to call the CPN or GP but then it would get worse. Now I have somewhere to go to break the cycle. Even just a cuddle off someone.

Tigh Dileas, CPN and doctor.

Local Link Club.

Enable offer support I suppose and Women’s Aid are good.

Not aware of any except private ones who are too expensive. There is one voluntary counselling service but it’s new and I wouldn’t want to bump into someone I knew.

Attended Counselling through my employer (130 miles round trip that I paid for). GP signposted me. Also attended physio to relieve the back pain.

Yes and yes I attend local drop-in centre.

I recently asked my GP to be referred to local fitness sessions for mental health reasons and to get me out and about in the community. I did have to ask 3 times before I was referred.

I am aware of support services yes. I tend not to access these as I do feel the stigma quite strongly which results in my preference for isolation.

At the time I was given phone numbers which I used once. Later when the CPN was here felt face to face was much better.

Yes and I have accessed them.

I was made aware through Argyll Voluntary Action of possible support services available. I have been given some numbers to call when I need to.

Yes.

Yes I am aware, but so far I have not needed to use them.

Yes and yes.

Yes I have accessed services.

Used LLTTF Website. Did not feel need for any one-to-one. Read self-help books and used meditation.

Yes. I have in the past.

Aware of, not used

Yes I am aware of all of these services through my CPN and psychiatrist. Yes I do have access to these services.

Yes, no, not required.

I have had most of my support when needed via statutory services but accessed local Link Club for a while.

I am now aware! I haven't gone to guided self-help as already paying private to a trauma clinic

Yes but I haven't accessed them.

There is still a long waiting list for psychologist and the psychiatrist has been off ill for quite a long time now. My CPN discharged me.

Attended Counselling through my employer (130 miles round trip that I paid for). GP signposted me. Also attended physio to relieve the back pain.

Breathing Space have been really good especially before bedtime if I have been having a bad day – instead of waiting for a crisis.

But some could not. Eleven stated they were unaware, and some commented:

There is nothing for children in the whole area.

No, don't know of any. There is a lack of communication from services.

I am not aware of any that would have been applicable to me as a teenager.

Seems to be a lack of them in the area... private is too expensive. I have had EMDR with my CPN and this helped a great deal.

No. Can manage with family support.

Not in the immediate area, but I think there will be some further afield. I have not followed any leads for these services as the cost would be prohibitive on a regular basis.

There is very little near us. It is at least a forty minute drive.

Question thirteen: What do you know about places of safety, and have you got experience of accessing this in your area?

Some people were aware of places of safety and of some issues around their use or availability:

There is one on the island at the hospital but I don't know if it is used. I imagine that people would choose another option if they could.

It's at the hospital but it's just got a chair in it.

Nurses are refusing to do it because they aren't trained.

It is not used very much.

People here stay with someone overnight to avoid going in the police cells.

There is one set up at casualty. I get myself up there and it has helped.

There is no longer a place of safety in Dunoon General Hospital. I used it once but felt like a prisoner.

A and E.

Usually police cell. Local Hospital not staffed.

I think there is a problem sometimes and people end up in the police cells. I don't think the nurses like to do it from what I hear.

There is one room at the hospital but I don't think it's been used.

Sometimes the police cell is used but I understand it's hard sometimes for the police to tell if you're unwell, especially if you've been drinking.

I know we have one but not sure if it is always in use.

When in a crisis I was taken to police cells as there was no place of safety, but heard last week they now have place two days a week

I know of them but they are impossible to access in this area.

There is one bed available as a place of safety in the local hospital, though I have never had to use this.

Not much I think you can go to the hospital or the local police station

Haven't accessed these...

I know about this from my own professional experience.

I know a little about places of safety through my work in the NHS. I have never needed to access one personally.

Available in community hospital. Not required.

There is no longer a place of safety though I have been held in a police cell until arrangements were made to transfer me to hospital.

I have knowledge of how place of safety is supposed to work but it has never worked due to staffing issues. I have never had to access it.

No I haven't used them. Do know of one I think.

Some people were not aware:

Not heard of them.

We don't have them,

Not heard of it.

I've not heard of it.

Not heard.

There isn't many.

Do not know of 'places of safety'.

Do not know about these in my area.

None.

Don't know.

I do not know about places of safety.

Don't know.

I don't know anything about this.

No

Not used one if there is one?

Nothing and no. I guess the local hospital or police station.

They don't exist.

None.

No, never heard before.

I don't know about these other than my psychiatric hospital. And if things were really bad my own doctor and CPN.

Doesn't apply.

No.

Don't know of any.

No.

Do not know of 'places of safety'.

No, nothing.

Question fourteen: Have you found support online during times of mental ill-health, from forums, information websites, social media or other online resources?

Some said yes:

I use it to check up on things and do research. I read forums but I don't contribute.

Everything is online now even housing forms.

Yep. Living Life to the Full, and MoodGym.

I use the Link Club facebook page.

Reading articles about other people, and famous people having OCD and displaying the same symptoms as me was reassuring.

Very much so! (Especially Anxiety Disorders Unite)

Yes, absolutely.

Yes.

Used Breathing Space.

Yes.

I tried online support but did not find it very useful.

LLTTF, Mood Juice.

Yes.

I know about one of these but have not used it.

I use the MacMillan forums.

Yes.

Some sites have been helpful. Living Life to the Full by Chris Williams is good and Bipolar Scotland. Some Facebook groups are good and enable networking.

Found them don't like them.

But seventeen people said no and some identified problems with internet access:

A lot of us don't have the internet.

Acumen paid for a computer and internet here at the Link Club but one person didn't stick to the rules so we lost it.

I just don't find it interactive enough – it is very clinical – I can read it but it might not work – I need to bounce ideas with other people.

We can use the library computers but I am not sure how to do it.

Not tried – I only have internet on my phone.

No, I don't have a computer.

Never used.

Not at the moment. Never used it for support.

It takes me all my time just to open my computer if I am unwell.

No but I have noticed that these days there is more available.

No, only because I have chosen not to.

No I don't use these.

Not required.

No I stayed very secluded.

Question fifteen: Are you aware of your internet speed being affected by your location, and if so how has this affected your online access to support?

Yes:

We have to pay for satellite internet. This is horrendously slow.

Yes, it's not that fast. I have never tried to access support online.

Yes. It is patchy and slow.

It's poor at times. Makes you isolated.

Definitely a problem. We are supposed to be getting a proper connection – it's bad in places – it always puts me off – I lose pages – I have used it to get contact phone numbers though.

It's really bad, slow, but you get used to it. Till to go somewhere else and things come up the second you click on them! But I still use it.

It's okay, manageable, near a town, but in the outlying areas it's bad.

I would not access online support as broadband is very poor - 0.6MB.

Yes, can be slow to load.

Poor internet access in this area. I think it is being upgraded though. I don't know about online support anyway!!!

Yes, it is affected. Sometimes I am unable to access the internet and therefore part of my support system.

Internet speed is affected but as I never used online access to support I cannot comment.

Internet speed is definitely slower, and mobile phone signal is very poor, but these have not affected me at all.

Yes and it stopped me accessing them.

Yes, it's slow!

Yes internet is very slow here and can be unreliable yet we pay the same money.

Yes, can be problematic at times.

Speed is very slow but this has no effect on my situation

It was more my archaic computer and printer and at the time I had not fully admitted my problem to myself. I may revisit this.

Can be slow. Affected by adverse weather.



I used to have a bad internet connection but I have since changed to satellite broadband and it is a lot better now. But I don't use this for support.

Online speeds really bad here. 0.5mbps max, so sometimes online access can be problematic.

Yes but not required.

Yes. I could only access it in a local cafe as we didn't have internet at home due to a lack of phone line.

Yes. Internet speed is not great. It affects me mainly in that it is very hard to watch video info.

It's slow. And that is hard to use resources at the time and puts me in panic mode.

Slow.

Broadband speed is bad here.

I would not access online support as broadband is very poor - 0.6MB.

No: nine people identified that they were not aware of this issue, and two people said it did not apply to them.

Question sixteen: Please tell us any other experiences of living in a remote and rural area, particularly at times when you have been unwell.

An island becomes a prison. A home becomes a prison.

It's ok when well but not ok to ask for help when ill. There is nothing after hours.

You feel shut off, only in a small community. Maybe in a town you could access more things.

I need to travel to a city to see friends, family, previous mentors for support. Also to access arts and culture to improve my mental health.

Fuel poverty is a big issue. Fuel is so much more expensive here yet we rely on our cars for getting about, getting support, meeting friends, getting supplies.



Limited resources. Restricted travel mean long spells in hospital.

The Link Club is in the community centre so that's good. We aren't hidden away.

I get to go to steering group meetings, which means even though I am at the bottom of the tree I can influence the people at the top of the tree. And it helps me that I feel listened to at the meetings.

I need to travel to a city to see friends, family, previous mentors for support. Also to access arts and culture to improve my mental health.

I have been very lucky that had good NHS support and also good neighbours and friends who were just as important in helping me to recover.

One CPN on sick leave equals a cessation of that service here on the island but one of the biggest problems is of transport – there is limited and restricted timings and frequency but also disruptions due to weather and breakdowns and periods of high demand –

crises are independent of all of these. Absence of transport can be extreme – for example today one of the two ferries has broken down so halving the number of sailings and reducing capacity at a time of high demand due to the holiday period - if someone requires emergency detention then their retrieval to specialist care is severely compromised.

I know there are now dedicated retrieval nurses at the Argyll and Bute Hospital in Lochgilphead but they cannot make ferries sail and I do now there are ongoing issues of ambulance availability.

Some years ago NHS Highland hosted workshops for staff from remote and rural areas and “emergency detention under the mental Health Act” was a clear number one challenge, far out-stripping other scenarios such as heart attack or a child with meningitis.

It is hard to unpick whether any of it was/is affected by my rural location, I think it keeps me safe to an extent being remote.

Can be difficult to access hospital due to geography and also some services are limited due to visiting islands etc.

No mobile signal here unless you go up to the slurry store and streeetch.

I have found my location to be very therapeutic, but I can understand why it may not be so for other people.



I have nothing else to add. When I admitted the problem and looked for help I did find it.

I like peace and solitude so has not been a problem for me. I used to be a healthcare professional with lots of people contact, so needed the space outside work.

The Argyll and Bute Hospital has an excellent and dedicated staff. Very under-rated.

Having to travel to mainland for cancer treatment etc. was hard especially as I had to go alone.

More coordination to get places, ensure I had the car etc. It is more difficult for people to visit you in hospital.

It's easy to hide away in a rural community therefore the period of being unwell can go on longer without being noticed.

The thought of having to go so far away to hospital and the extreme difficulty for people visiting has caused me to be resistant to going into hospital, even if I needed to. I felt being so far away from family, friends and my usual support was rarely beneficial.



Summary of the research:

Many people stated that living with mental ill-health was a struggle, and identified that they needed support. Some said that they just ploughed on but that they often felt judged for taking part in ordinary activities like going to the pub.

In terms of relationships people identified that they had been negatively affected by their mental health, whether partners or children or friends but also pointed out how crucial relationships were – with friends and family offering emotional and financial support. The few people that stated that their mental ill-health had not had any impact on their lives cited family and friends as crucial.

When asked to identify the good and the bad aspects of living in in a rural area there was a fairly even split between people saying that it was good to have people you were close to nearby and that bumping into folks in town really helped, compared with the same number of comments about distance from family being a problem and that bumping into folks in town being a bad thing as people were too intrusive in a small area.

It was the same when identifying good and bad things about the rural life – there was a fairly even split between people identifying the open spaces and peace as good and those seeing this as isolation and loneliness. There were slightly more people commenting in the good side of life in a rural area – and this was reflected in the art work – people chose to demonstrate the beauty and peace over the isolation and despair.

While some felt that work or volunteering was helpful it was also clear that for some it felt like too much pressure to feel relied on, or felt judged, and said that there had been long periods of time off sick or away from work, which made filling in CVs and applications difficult.

While some spoke about how leisure activities help them to keep going, others said that their mental ill-health affected their ability to function in the community.

The aspect that did show a big weight in one direction and that was in the area of service provision - this was much more negative with many more comments identifying gaps in services, feeling judged,

issues with crisis support, staff shortages and the lack of a range of voluntary services. There were comments about good and supportive staff, but many more about the issues of finding staff to come and work in a rural area, staff training, out of hours services and funding.

There was a fairly even split between those who were aware of places of safety and those who were not, However, some people talked about the fact that they were not well used, and there was an awareness that this may be affected by staff willingness and staff training.

In terms of the effect of knowing staff from mental health services, which is more likely in a rural area, many more people said that this did not affect them adversely, or even that this had a positive effect, than those who identified this as a problem.

Link Clubs were identified by many people as very helpful. The Link Club members had been keen to promote and engage with the research. It is probably relevant that Link Clubs, and good friends and family, are spoken about as safe places, when considered that so many people in the research spoke of the stigma they still faced, within the community, work and services.

When asked about distances to services, many people live close to GP and Mental Health Team support, but many live a long way from psychiatric hospital services, with long, expensive and complicated journeys being described. The worst effect that this has is on the ability for friends, family and colleagues to visit, which may not be wanted for some of the time, but as people head towards moving back home, it can make re-integration more difficult.

About the same number of people sought online support for their mental well-being as those who didn't, but almost all identified that this access or lack of it was affected by or because of the poorer internet speeds in rural areas.

In summary while some found that living remotely makes it easier to cope with problems while for others this caused problems for example in re-building relationships within small areas or being free from stigma. In particular the physical distance from hospital was identified as difficult, with public transport and the cost for family to

visit being pressing issues, and access to online support which is becoming more relied upon in service provision and support.

This was a good opportunity for people to contribute their experiences of mental ill-health in a remote or rural area. It was an opportunity to contribute online. This may have suited some people who wished to contribute in their own time, if they would rather do that than speak within a group, or if the focus groups were not happening where they lived. It was noted that a large number of the online responses were made in the early hours of the morning. One could speculate that this reflects time alone, lost sleep due to ill-health, or because internet speeds are better at that time of night in a rural area.

The groups were also valuable as a way to talk, listen, share and discuss experiences. People were very open and honest in the groups. A couple of people asked to speak with the researcher separately which they did, but most enjoyed the group discussion.

The project also made a difference to VOX and its wider networks, as it was a chance to promote membership of VOX, and gain interest from new people who were not already aware of their opportunity to contribute to VoX's work. The project also helped to develop partnership between VOX and other community organisations.

In one area the opportunity to work with clay was especially appreciated, and the Link Club are now looking into developing this further as a therapeutic activity for themselves.

There were also challenges – two out of the five focus groups had to be postponed, one due to travel restrictions because of snow, and one due to ferries being cancelled because of stormy weather. This highlighted the issues often faced by people living in a rural area.

Future:

Some focus group participants asked for more information about becoming VoX community leaders, and four people are hoping to participate in the training for this role during the later Spring.

As stigma and misunderstanding was a common issue raised by participants both online and in the focus groups, including by front-line staff, VoX are undertaking discussions with Choose Life Argyll and Bute who already offer awareness raising sessions and training to the public and to staff. These will look at the idea of looking at what training and awareness sessions VoX could add in to the area's current programme. It is especially important for front-line staff who may already now the person to be open and listen to worries rather than dismissing them as having 'nothing to worry about'.

Link Clubs were also mentioned very regularly both online and in focus groups, and so the idea of looking into what VoX could do to encourage Link Clubs and to help with their sustainability. Meetings with Acumen, who are already looking at support for Link Clubs, are being planned.

Another issue raised that could be tackled is that it is hard to replace staff in remote and rural areas but during the wait services are severely affected – could the rural area Councils look at better packages for staff moving areas, or work with the tourism sector to promote the area to potential staff?

And finally, it will be important to remind services of the difficulties of access to psychiatric hospital services, especially for family visits, and that support to families is also an area that needs to be improved.

Thank you to everyone who took part in this research, in person and online, and all photographs in this report are contributed by people wishing to add to the report, so a thank you to those people too.