

Recovery in Moray: Collective Voice Report

living/lived experiences in mental health inc. alcohol/ drugs use

Covering October 2023 to March 2024



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“There's just nowhere I can go to talk to someone anymore”,
Individual looking for connection in a community setting.

Couldn't sing (name of GP surgery) highly enough, feels listened to and has received excellent treatment. Attendee put this down to Drs knowing what they need.

Selected quotes from community members and the context of their views.

Overview:

Since 2022 Moray Health and Social Care Partnership (HSCM) and the Moray Drug and Alcohol Partnership (MADP) have resourced Moray Wellbeing Hub (MWH) to support the vital role of lived and living experience in the ongoing delivery and development of local services. This resource is used in parallel with direct funding MWH has leveraged for active citizenship, self-management and peer-research, with the ambition of making lived and living experience core to delivery of improving the mental health of Moray.

The project aims to gather collective voice in Moray around mental health and drug and alcohol recovery supports and services, placing MWH as a 'critical friend' to statutory services and aiding evaluation of delivery. Since February 2023 this information is then shared directly through HSCM and MADP to partners via a bi-monthly collective voice report and verbally in strategic groups. The ambition was to also create a version for use by the public via the MWH website. This is the second of these reports.

How the project is delivered

The main ways we gather information around services/ supports for mental health and alcohol drugs recovery was through hosting drop-ins in localities and ward 4. We hosted drop-ins in Forres (GP Surgery), Elgin (Linkwood and Maryhill GP surgeries as well as Bow café) and Buckie (Buckie hub). Alongside this we also ran a specific focus on psychological therapies with a survey and interviews, plus we reviewed all our other activity reflections for feedback. This included all our courses both for community and workplaces, and any other community events or one to one chats.

The approach focuses on gathering data (mostly qualitative i.e. the life stories people share about themselves) in how effectively services and supports in Moray achieve CHIME (Connection, Hope, Identity Meaning, Empowerment) as a framework for measuring recovery and wellbeing impact.

Privacy and ethics process

MWH is an organisation that was set up to share lived experience voice, we do this as peers and always look to balance the needs of privacy and ethics for individuals with the need to share experiences to create positive change. When we hear people's experiences through conversations, we try to remove identifying information when writing our reflections. Next, we summarise these in full reports and check again for identifying factors, those who monitor the project work review this as well. These are then shared with strategic groups for Moray in mental health, drug and alcohol recovery. We may also share with other groups like justice and children's services. For this public report our team took the fuller reports and further removed any data that may impact privacy at a community level. We are working hard to improve this process including with academic partners from other projects, and welcome feedback and ideas to improve this.

Collective Voice: October 2023 to March 2024

1. Report summary:

- **Key themes:** trust and connection, to people and resources. Loneliness, lifelines not being available and how scary that can be, suicide, getting a diagnosis, stigma— others and self, community payback, parenting including specifically as a new parent and for parents with mental health and addiction challenges.
- **This report's reach:** 41 people over 69 events (number of people Moray Wellbeing Hub (MWH) Champions spoke with in their communities of place and interest).
- **Event types where the data was gathered:** Majority were from weekly community drop-in sessions (Bow Café Elgin, Buckie Hub, Forres GP, Linkwood GP) and monthly ward 4 in-reach, as well as during MWH Wellness College course delivery. There are repeat attendees at some of the drop ins who share their own experiences with us on different occasions. We also gathered data from partner meetings and community events. Methods: MWH delivery team members gathered collective voice as part of their work to listen to community members about what is working and could be better in supports and serves for recovery. This could be conversational or from individuals seeking direct information.
- **Services & supports mentioned:** Moray Rape Crisis, Buckie Community Hub, Health Walks, Lossiemouth peer-support groups (women's and men's) including Revolution 4 Good, Penumbra, CAMHS, Breathing Space, disability access cards. ARROWS, SAMH, Ward 4, GPs were services that came up in a number of conversations as well as unspecified Health & Social Care Moray services, education and community supports. The suicide prevention app has been a topic of conversation at drop-ins with support given to access it. It would be good to explore if this increase is impacting use of the app as a Moray service. We are starting to see more mentions of collaborative work between organisation, showing partnership collaboration activity is perhaps impacting on connection and use of their differing resources. Other local organisations are also collaboratively being mentioned specifically in their areas.

2. Response from Integrated Service Manager for Mental Health, Drug and Alcohol service Health and Social Care Moray.

“Work continues within HSC Moray to make use of the valuable feedback collated through collective voice processes and to recognise the importance of lived and living experience shaping the way we deliver services as we move forward striving for continual improvement. Recommissioning work within Mental Health Services is underway and the collective voice comments have been instrumental in helping us understand what is important to people and why. Specifically, there has been lived experience involvement in the preparation of tender lots for publication and we welcome ongoing collaboration”.

3. Direct quotes from community and qualitative data analysis

On the following pages are full quotes from community members either directly or indirectly linked to specific services or supports, which are organised under CHIME (Connection, Hope, Identity, Meaning and Empowerment) framework. The CHIME coding has been applied by MWH Delivery Team members to help breakdown the range of comments. This process is being further developed with support from partners in health data research.

- Each is split by **what worked well (green)** and **what could be better (orange)**.
- The context for each conversation is given along with a code for where this conversation was held.

Connection:

- Local peer support group moving to women only, men only is available as well just a different night – confusion by community member at drop in around local peer support group changing, but acknowledgment that this is really beneficial.
- “I don't feel qualified to offer peer support around drug and alcohol, but I did offer to support someone to get some help, that help came from a much younger person but with a lot more experience and knowledge than I could offer.” - Gathered during a MWH training course talking about appropriate peer support through experience.

- “They are really good to sound off to – (local services named). and Breathing space. Sometimes when I wake up at night at 2 in the morning and I call someone whose always there. I ken it’s a total stranger but they’re good.” – participant at a training course expressing where they go to for support.
- “Just speaking to someone who knows, and you don’t have to say certain words. Because they know, you know, they know...you know. They have been amazing, so very, very helpful. They have an 8-week program.” -Training course attendee.
- “Much more different here [Moray] than Glasgow [or London, bigger cities], everyone is a lot more friendly. There’s a lot more of asking “How are you doing?” and people are helpful. This is even to the [NHS] services, not all, but I do feel more cared about than when I’ve gotten support from [NHS] services in bigger cities / populated areas.” - attendee at a peer facilitated course when the group were discussing about the content of the course about how we present ourselves to be more confident, outgoing, that it is ‘easier’ to do that here as everyone is more friendly than more populated areas.
- “(local employability support permanent site) is a great space, the idea of having access to different provision in the same place is great” – from a member of the community during an outreach session focused around digital access.
- “There’s just nowhere I can go to talk to someone anymore”, Individual looking for connection in a community setting - gathered from GP drop in.
- 1 participant was scared to share anything in-case it would be repeated out on the street – Course participant concerned about sharing during a workshop in case of personal details being shared out with the course.
- Both individuals felt there needs to be an open space/hub where citizens experiencing mental health and recovery challenges can come together for information and peer support. Somewhere central.
- “(specialists available at GP practice) can only see patients once... then what, as there is massive waiting times for (other specialists).” - Individual at a community drop in.
- Community drop-in attendee expressed concern where a trauma informed approach had not been adopted by a service when supporting them. They felt the person who was dealing with them was not appropriate and they did not feel their voice was heard when they requested not to speak to them in the future and the same person called them again.
- One citizen visiting us at a GP drop in explained they wanted a leaflet pack – all in one, not spread across different leaflets and posters – of services available of NHS. Compared these to (community organisation) posters as being clear in comparison, though had no idea what ‘this squiggly thing is’ (QR code).
- X mentioned that constantly has to pick up calls from different services at different times and days, hence their need of new phone. – Feedback from a digital wellbeing review conducted by MWH with a parent without a phone needing to be contactable to keep informed of child’s appointments.
- “(There is) lot of self-stigma around children not speaking to parents and how parents don’t understand, also around as soon as you mention depression and suicide it feels like walls come up and people don’t want to know...Thank you for sharing your experiences with me you really do know how I feel” - attendee at a community drop-in who had arrived distressed and experienced peer-support.
- Drop-in attendee in addiction recovery told us, “They are sick of me” when discussing seeing an health professional. They also shared, “I feel like no one understands me”.
- “They need to be doing more, people in here need connections” – regarding an in-patient stay in hospital.
- A feeling of people, often new mums expressing how lonely they are and are looking for connection – from MWH Volunteer Coordinator leading project with parents.
- “My son did look for help from (community services name), but instead of getting a call, he just got an email saying they would get back to him in a few days. I hate to think...he could have still taken his own life later ... but I do wonder if someone had just picked the phone and called him if things would be different.” – this was from a self-management course attendee who shared about their son’s suicide.
- When discussing options of socialising and a previously helpful support service, a drop in attendee explained that when discussing mental illness, X often senses that others have a feeling of them being ‘crazy’. This can prevent X from forming friendships. “I used to like going to (confidential peer-support group) meetings years ago, but I don’t think it would benefit me now, I haven’t drunk alcohol for over 20 years.”
- One participant at a course spoke about when they had gone to (named hospital ward) when suicidal to get help and they turned then away because they had been suicidal before and never followed through on it they said they would be okay.
- “There is nowhere to go, I don’t know where to go if I need someone, but I’m not yet in crisis. It’s hard to meet people when you’re not well” – GP surgery drop in attendee.

Hope & optimism

- “I just want to get the right balance of medication so the voices in my head stop” - Hope that recovery is possible. Individual going through medication trials to find most appropriate treatment while an in-patient.
- “Agree with moderation...do not want alcohol to be controlling you, like I had challenge of four years ago on my own.” Attendee at a course expressing a shared surprise with their fellow attendees about how low the recommend limit for alcohol is per day and per week, along with strength of alcoholic drinks.

- Individual had attended a drop in with the aim of supporting a family member experiencing drugs and alcohol misuse. They hoped that we (MWH peers) could help them find support or getting him to support with ease.
- "Some of these people (workers in support organisations) just don't get it but you do (peers)" - Community drop in attendee expressing how stigma prevents some from seeking help or returning to receive help and how delivery of support through peer values can bridge this stigma.
- In terms of support for new mothers, midwife/ health visitors are seeing new mums a number of times post birth in Scotland. However, in England this does not seem to be the case – this was shared by a participant at a Grampian wide event with two daughters, one in each country who had just become mums quite close together.
- Social work contact and communications: Asked if he has social work as they would be able to help him sort something out and he does but hasn't heard from them since July last year. Hopeful of the right support for current support needs but struggling to connect with that. (community drop in attendee)
- "There isn't enough information for specific support locally. (named condition) can be brought on by infection and can have a serious detrimental effect on children's mental health. It would be good to know if there is anything more locally" - conversation at coffee morning around services/support in Moray.
- Expressed to MWH volunteer coordinator as part of parenting thematic discussions. First individual shared, "where are the services to help people like me in Speyside? I can't find them" Quote from person trying to access support for their child the GP suspects to have ADHD. Second individual, "I don't know where else to turn, I feel bad looking for a diagnosis, but it seems to be the only way to get them support" Parent was discussing child desperate for additional support in school but without diagnosis has been refused this.
- Attendee expressed what they wish to see more of in Moray - a spinal unit as travelling with spinal injury is really difficult – once yearly they come to Huntly. Peer-support to come more often to rural areas for longer, twice weekly for a little longer if possible or staggered throughout a day. One to one peer-support based on appointments – "it seems to be busy when I need to see you. It would be better to know I had specific time to chat with you".
- Medication: New medications being scary to start, but also hopeful of the outcome. "Nurses tell me I'll be addicted, that scares me so I don't take it", "I am looking forward to starting this medication, I have had it before so I'm hopeful it will work".
- One of our drop-in attendees was worried that they wouldn't be taken seriously, listened to and may be sectioned under the mental health act if they were to be honest with those that support them - "can you help me? I need help, I can't keep going like this" "I have no one, there are no (named MH specialist) in Elgin anymore, they have all left, I'm all alone!", "There is nowhere to run to".
- Elgin based health care practitioners making phone calls to bridge the gap in face-to-face appointments. "A phone call is no good for me, they can't read me properly, how can they know how bad this is for me if they can't see me?" – drop-in attendee.
- A participant at a MWH training course said, "I sometimes feel like I don't deserve to do things like this" – feeling of worthlessness due to life experiences/challenges.
- Mental health impacts to those on waiting lists for operations / treatments by NHS Grampian - A feeling of nervousness reported from MWH Champions on waiting lists for operations/ procedures that are being advised they may have to go anywhere in Scotland for this, then not hearing for a considerable time to then receiving a text linking to a survey to complete to determine if this procedure/ operation is still required, to then have no follow up again.
- Discussed at a drop-in around signposting to (local service named) – "I know people who work there, I can't go there, I don't want them to judge me" Drop-in MWH peer challenged them on this and suggested they would not be in this line of work if they were judgemental, however they reported a number of stigmatising impacts from other areas of their life that clearly presented a barrier to reaching out.
- "Everyone is pointing out the stuff I am doing wrong" – in reference to school healthcare practitioner pointing out daughter doesn't have any after school activities, yet a year ago she was doing something every night of the week.
- X feels as though all the mental health professionals they currently deal with no longer know what to do with them – currently under a psychiatrist but can see different people regularly.

Identity

- "Self-stigma is the worst, but you don't realise how many people suffer with it." Participant at a drop-in expressing hope that they are not alone, that they desire to improve their quality of life as part of a wider discussion around a possible ward 4 admission.
- "I had a really positive experience." In reference to a diagnosis journey for child and then subsequently the parent going through this with a deeper understanding.

- Discussion around public spaces (such as community cafe) being better than quiet open spaces (such as GP waiting rooms) for comfort when being open about personal challenges. Individual shared that they are uncomfortable discussing mental health challenges in spaces where others can overhear. Finds it a little embarrassing to ask for help in a space so quiet such as a health centre waiting area.
- Participant at community drop in expressed appreciation for being involved in health walks and the positive effect this has on their wellbeing.
- (local service) referred individual to attend the drop in, they also called during conversation between MWH team member and the attendee. "The (individual) told me they have been really helpful while they are waiting for the CPN."
- "The (community café space) is a stigma free space." – opinion of a MWH Champion.
- 'I have told (local service) that (peer-led events) are the only people locally that are making a difference to me, they asked me if (they) are good, I told them yes, they are very good! (local service) support groups have worked well in the past, so would like to attend groups again with them.'
- Positive difference made by the garden at (community venue named): Garden space discussed with regular gardener, who told us how they have held groups there and has seen the positive impact the garden is having on the community.
- Justice coming in to (community venue) to help with garden under pay back order.
- "(peer-led community space) is doing me good a long way, they are a god send. (formal services) have said they won't help me anymore and the (health professional) doesn't help, she called me once."
- Suicide and bridging the gap with professionals and external organisations – (service named) has stopped support for attendee at drop-in as they deem them to have enough support moving forward. MWH team member discussed hobbies, regular community hub visits, suicide prevention app and looking at a plan with their CPN once one has been appointed to support the gap felt without (service). They reported interest in social groups but doesn't feel ready for courses just yet and is very happy visiting (community venue) and chatting to peers.
- Drop-in attendee reported being disappointed in all mental healthcare services used. Signposting suggestions provided were not something this person wanted to explore. Care Opinion suggested as a mechanism to feedback to services – they thought this would be a good option.
- Discussions around the paid carers a drop-in attendee has and how they, "are amazing and do a great job".
- Feedback from a number of healthcare staff at a recent event around stigma in the workplace: consensus within the discussion was that many of the group have felt overwhelmed in work, but don't talk to anyone about it. There was a comment made that even if they did speak about it then they felt nothing will change and they feel like there would be judgements made.
- "I don't want people to call me crazy", Gathered during ward 4 visit while chatting about current mental health challenges and the way others perceive this/them. (Stigma)
- "Narky lady (when contacting local service) said 'what do you want us to do for you?', I was referred to them by psychiatrist but felt pushed away" – shared at community drop-in.
- "People think because I use drugs and alcohol to self-medicate, this is something I enjoy doing".
- Conversations at ward 4 drop-in around around stigma and problems with health care staff not being able to validate people's experiences and listening to what they are saying. People struggling to express their point of view to doctors and not feeling heard.
- Champion feedback was - GP practices turning people away if they are using services/ have substance misuse. Stigma surrounding alcohol and drugs affects mental health.
- Health care professional to individual "oh you want drugs AND a diagnosis" somewhat as a joke but left them feeling like that was asking a lot, and they were expected to take the drugs and shush - shared at a community drop in.
- "I'm told to man up", chatting about the way others perceive them. (Stigma)
- One MWH course attendee expressed how they feel they get no support from mental health services in Moray, has paid to see a private psychologist who charges £40 per hour but will reduce the cost to £25 for people on low incomes. Wishes could afford more sessions per week for this but can't afford to do so. Spoke of historical sexual abuse and how parent is being investigated for this, is waiting for them to speak to them and feeling very anxious about how it will feel when they do. Also working through this with (local service) and really does feel like they have saved their life. Has been told by to complete a 'Survive and Thrive' online course in order to get a CPN and feels like being made to jump through hoops to get any support. Really looking forward to the course and wants to be able to connect with people who can support each other.
- Drop-in attendee felt embarrassed after expressing ambition to do something to turn their life around from addiction, was met with "I don't think I would want to sponsor you after your behaviour to me in the past – (referring to regrettable behaviour while in the pub this person used to work in). They laughed and continues the 'joke' for a short second or two until MWH team member asked a volunteer at the community venue if this would be something they would support – the conversation continued, and the volunteer said they would need permission but would look into it.
- Reluctancy to move forward with help – the thought of feeling better has become scary as it seems to be 'easy' in other people's mind when they don't understand – from GP drop-in.
- While talking about support and understanding from family a drop in attendee disclosed being called a 'retard' by family members regularly. This has left them feeling like they have no right to be honest about how they feel because it seems to cause family upset and confirm they feel they are stupid, emotional and they will 'disown' them.

- “I don’t want people to know I have these struggles, people look at you differently, they think you are low class or not a typical mum. I remember my mum telling me when I was a teen that I would never go to uni as we didn’t have money and that’s just not what people do around here. Now, everyone I know and was friends with, is either dead from an overdose or in jail and taking drugs. If more opportunities existed, it wouldn’t happen. I’m disappointed in myself as I always stayed away from addicts, now I am one. I just can’t cope with day-to-day life, my energy is so low, so I turn to drugs to help me do the shopping, clean the house, pick the kids up from school”.
- “I’ve had years on and off antidepressants, but no one has ever suggested getting a diagnosis or wanted to look further into my symptoms and how it all links together.” Has talked to the GP and been referred to psychiatry, but hasn’t yet heard back. Ex-partner has private healthcare and they tried to get a diagnosis through this, but they said they’re not taking on new patients right now. GP is not at all supportive, it is rarely a face to face appointment and individual reported the GP being ‘just really blasé.’ “I feel like I really have to make a noise, like I’ve had to do the work for them and research things and ask for stuff. I want to know why I do things, but no one will help me. I feel like I hit a brick wall every time I start”.
- Drop in attendee – “I do have goals, I’m not just someone with BPD, I am a person with a brain and have qualifications” – discussing (local service) declining to support due to them deeming they do not have clear goals. This service was discussed twice as no longer having capacity to support them further at this time.
- In reference to stigma one individual we spoke with at a Ward 4 drop in was very worried about her locality knowing about their mental health issues.
- Awareness from a GP drop in that the receptionist not aware of an key mental healthcare practitioner role for signposting. Concerns here in how this then impacts patient signposting by this worker.
- Drop in attendee had a very negative experience with a consultant and had to go to a ‘regular’ GP to get their medication sorted. The key theme taken from their feedback was ‘why did they have to get a consultant who then ‘messed everything up’ around their medication’.
- Sexual abuse discussion with a MWH course facilitator, “participant told me today they have been a victim while in care but have never disclosed this to any mental health professional before. Thanked them for being so open and reassured them this information could be helpful for professionals to support them further. Experiences anger – “I want to hurt them” – thoughts of the above and overwhelming fear of losing control. Chatted about the outcome for them if they were to lose control and other options such as allowing themselves to be honest and seek support to regain control – signposted to GP and self-referral for support. This person told me they feel unheard, misunderstood. “They don’t call the paramedics, they call the police if I have an episode”
- ‘(local service) have really upset me, I have made them aware of that. I don’t know what’s going on with them, but they aren’t helping me anymore’ - discussing support services that have helped in the past
- One drop in attendee had been very worried about reducing medication and felt it wasn’t the right time for them. When asked if it had been recommended to reduce this, they responded no but just felt like they should be as had read that that long term medication isn’t good for you.
- “Mental health services are not working well in Moray” Discussing the need of people in Moray around mental health and wellbeing. “I still haven’t heard back from the services you gave me last week, I can’t seem to get hold of anyone in (healthcare service) or (national charity).” Chatting with person from previous weeks drop-in.
- Nowhere open in rural community on Christmas day for those that don’t have anyone – drop-in attendee.
- “Local potential participant disclosed a serious charge to me as a reason they did not want to sign up for (course for personal mental health self-management and supporting others) due to the stigma around the charge. They told me it was a long time ago, but people don’t forget and worries they would have to deal with that if they were to put themselves out there. They worry they would not be able to take part.” MWH peer facilitator around a community-based course.

Meaning

- “I would say I’m lucky to have been in ward 4, the people there are who have helped me the most” - from Ward 4 visit, “I really enjoy group sessions, speaking to people when I don’t want to is something important to me”
- “My card helps me jump queues and lets me take a friend for the price of my entry” – drop in attendee expressing benefits of disability card scheme.

- Couldn't sing (named GP surgery) praises highly enough, feels listened to and has received excellent treatment. Attendee put this down to Drs knowing what they need – Buckie Community Hub drop-in
- Praises for Breathing Space. Their experience was that they spoke to someone when they were in crisis, have no idea who they were, but they were just there, to listen and were there for them in that dark time. They did say they used the services a few times after and got the same level of service. – course participant sharing what had worked for them
- In ward 4 that was X's first experience of peer support - didn't know about as a concept at the time. "These people are far more effective than any psychiatrist – it's just a simple fact" For X equality is an important aspect of this support. "...so now I'm just inching my way forward bit by bit in this area that's new to me"
- Drop-in attendee in community venue had a difficult experience with their parent. They discussed feeling isolated having been told 'everyone in the town hates them'. They then discussed this with hospital staff who advised writing this down. Volunteers at the community venue offered help to write a letter to their parent. However, the attendee was worried this might make things worse. MWH team member talked about options for keeping safe in the immediate such as making sure their doors are locked, has access to phone and building a strong support network.
- "My mum has no idea what (poor) mental health can do to you. She'll ask me if I am alright, but I'll nae tell her" - Discussing mental health with people you rely on. Gathered at a drop in.
- "My mum says you should nae dae that (cry)." Gathered at drop in
- "You should be fed up of my crisis's" – Self-stigmatising thoughts gathered at drop in from a repeat attendee to MWH delivery team members.
- "We need a hub in the area with sofas and free hot drinks, we need to be social, there is nothing in the area, why does X have one and we don't?" – collected at a training course.
- "Better NHS is needed in this area, the people who helped me most were the other admissions, not the professionals. I had no idea what the psychiatrist was talking about half the time and either did my nurse." -collected at a training course
- "Where is the support for autistic people? I can't find any!" - collected at a training course
- One participant at a MWH training course spoke about how they had tried to take their own life four times. They felt like they get no support from healthcare.
- Feeling of abandonment due to there being, "no psychiatrists in Elgin", causing worry that they will end up in ward 4 – "I will be so scared if they take me there, I won't have my (partner) and that scares me everyday."
- "They think I'm getting enough support from other places, but I really miss the phone calls from (local service)."
- Would really like a community hub in Elgin after visiting the Buckie community hub, a space to go where others understand 'people like me'. Very aware of people feeling uneasy around them due to having mental health challenges. "I think it would be a place to recover but it doesn't get you a life, it doesn't help towards building a life after."
- "I was given the option of retirement or dismissal from work – because I had a mental breakdown and needed some time off to recover, and despite being ready to go back, they bought in a new manager who didn't know me from a hole in the street so he told my manager to get rid of me." (national supermarket employee experience)

Empowerment

- A regular community drop in attendee advised they been appointed as an "invisible conditions rep" in their company – example of empowering within the workforce and breaking stigma and barriers.
- All agreed that good signposting is key to making parents feel supported and knowing where they can turn to – Discussions with parents at an MWH event around how services could empower families by offering activities they can do together.
- Chatted about historical drug and alcohol recovery compared to what that might look now 30 years on. Curious about how things might compare, Individual would like to explore this. - Gathered during a drop in talking about their history of alcohol challenges and how it could be useful for their current mental health challenges to explore this support again.
- "It's a bit embarrassing to talk about but it did happen." – Drop-in discussion around stigma and sharing experiences of challenges.
- Resources that drop in participant had reached out to and the amount of support provided. Looked for clubs in the area at local libraries. Interest in art and crafting. Individual actively seeking local groups to support positive mental health. – empowerment of drop in attendee
- 1 participant from moray council said that they had completed a Scottish Mental Health First Aid course and they were moving that on by trying to do something for staff on Time to Talk day – Course participant sharing how they would use their training to support colleagues.
- "I really like XX from (local service), they help me a lot", "I need to speak to them today, I need help" , When discussing option moving forward, they wanted support to make the phone call.
- Healthcare professional forced a sudden switch to a new drug, which as a side effect was told can negatively affect the heart. No option for easing slowly into the new drug and old drug, or an alternative that does not negatively affect the heart. – community drop in attendee disclosing concern of not being given enough information or choice to make own decision.
- "I would really like to see a place where people have their own privacy and space with a door they can close" – relating to being inpatient.

- It was mentioned that psychiatrist appointment rearrangement caused a lot of stress; if it was rescheduled there would be a window where they would be called which could be as short as 20mins. Failure to call back during this time could end up with them being taken off the 'list'. – collected at a community drop in.
- One participant at a training course explained how they had been prescribed a month's worth of medication when has a history of overdose and is currently at risk for this. - Lack of communication with individual to choose best method and frequency for them to receive medication to keep themselves safe.
- Gathered from social media communication with MWH – Individual coming face to face with person who had been jailed for sexual abuse towards individual, "...called GP surgery for help, was fobbed off with websites. Few weeks later phoned again and broke down to the doctors and got put on anti-depressants they then referred me to mental health department for counselling...fast forward to that appointment which took a month it took all my might to go there knowing I was about to finally go and open up. Got to docs for 9.30 checked in sat there till 10.10 getting even more anxious finally go to reception and ask them to say oh I don't know sit down and I will check. Sat there for a further 20 minutes for the receptionist to then come to me and say they don't know what has happened someone will be in touch to apologise and rearrange. So, I accepted that stupidly of me. Fast forward to now still no phone call or check up on my mental health; this is our mental health service."
- many members from an inpatient drop in all felt like they had been dismissed, not listened to, asked what they needed to the point where 1 felt that they were being questioned about medication they were not even requesting.
- Spoke to a couple at a community drop in who were very unhappy in their assisted care. They had been advocating for themselves and others to the local council, but felt they had been derailed by the manager at their current home.– Drop-in
- One individual at a community drop in expressed frustrations around the impact of having to complete forms when signed off work, problem with not being able to access help with completion and not knowing what should be included in these forms to ensure they are processed as they should be.
- Two attendees at one of the drop ins said how they had liked (local service) to begin with but they have both found them to be really unhelpful lately, they don't feel like they can talk to them and feel like staff don't care.
- X has lost all faith in the GP as COPD diagnosis took over a year and a half and they kept saying was fine, so now unwilling to speak to GP about low mood
- X shared about a time where they tried to take their own life. Phoned (local service) and spoke to senior team member who said they would come and see X but in fact they called the police. Individual could see was the right thing to do in some ways, but X felt betrayed and misled. Police officer was extremely rude to X which felt awful, especially when X hadn't called them and didn't want their help. They took X to Ward 4, where the (healthcare professional) told them, "Ward 4 is closing and it is because of people like you, wasting everyone's time". X Asked for another CPN and got one they knew was very good. They asked X "what do you want to do" and X said "just go home to my (partner)" at which point this choice was honoured and so X could leave. This made all the difference. X was already back in the car when the police had come, and this should have been celebrated. But instead, they felt made to feel like a burden and like it was all their fault. X knew what would help and keep them well, and that was the connection with a loved one.
- Participant on a course shared their concerns about their partner who has alcohol use challenges and being encouraged to access (local service) for support. Spoke about them drinking at a very high level despite having a life altering operation due in the coming months and them making jokes about dying as a result. They were concerned and as a result of support and discussion at the course felt confident enough to broch the subject and make clear how much they cared about them and would support them cutting down. When they came back to the course for day two they let us know this positive progress and felt good about knowing help was there. However, stigma was still an issue - "He'd not want me talking to them." Was what they said in relation to contacting the local service. What was agreed that they would perhaps accept the help was for them rather than for him and signposting was left there. Clearly stigma continues to be a large issue in getting help.