

Recovery in Moray: Collective Voice Report

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

Covering April 2024 to September 2024

"People need community and connections to help them recover" – Drop in attendee

"They really helped me." person who had been sectioned and then received support around their recovery journey when leaving ward 4

"I texted shout, but it was a 2 hour wait. The Samaritans just listen, I wanted someone to say 'it's ok not to be ok' make space and support for me, help us keep going. "Would love to see a place where nurses and peers together to support others." - on crisis services locally (Action Group participant)

I was told not to keep going to A&E if suicidal as they wouldn't bother with me in the end. What a way to treat mentally ill people (Online feedback)

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

Overview

Since 2022 the Moray Drug and Alcohol Partnership (MADP), and Moray Health and Social Care Partnership (HSCM) until April 2024, 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 aim is 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. In 2024 steering partners moved to include Community Justice and the reach of the reports widened further. Alongside these strategic reports the ambition was to also create a version for use by the public via the MWH website. This is the third of these reports.

How collective voice was gathered for this report

MWH Delivery Team members operate an 'always on' listening ear for feedback from community members in the activities they host or attend alongside specific surveys and social media feedback. Occasionally other partner organisations contribute to reports with the voice of those who use their services as well. The approach in these spaces 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, partners who monitor the collective voice activity 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: April to September 2024

1. Report summary:

- **Key themes:** Trauma informed services, parental need for support for own mental health, stigma and discrimination associated with alcohol and drugs, suicide prevention, social media and raising awareness of local Mental Health services. A visit to HMP Inverness also saw justice themes emerge. The voice of Health and Social Care staff was also strong and their challenges with stigma as workers in relation to colleagues and self-care. Staffing concerns at ward 4 also came through the voices as did the importance of digital connection as part of accessing services. The value of peer support was highlighted along with the appreciation of places to receive this.
- **This report's reach:** 134 people over 194 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:** The main sources for gathering information around services/ supports for mental health and alcohol drugs recovery in April to September 2024 changed from the last report. A weekly drop-in format changed to a 4-weekly cycle, there was intense periods of data gathering at a volunteer led drop-ins over the summer at The Bow in Elgin as well as in September aligned with suicide prevention week activities. A digital inclusion project, training courses such as Scottish Mental Health First Aid, as well as a move to twice weekly ward 4 visits brought rich feedback from diverse community members.
- **Services & supports mentioned:** Bow Drop ins, Shout, SAMH, DBI, Community Hubs, Moray Rape Crisis, GPs, CAMHS, Shout, justice, schools, police, 111 option 2, Ward 4 support, having community hubs, A&E. MWH itself was mentioned a number of times in relation to very well attended events that focused on community led-research, including a very large open session held at Roseisle. MWH was also mentioned significantly in social media feedback due to increased profile over suicide prevention week activity with partners.

2. Responses from strategic statutory partners

"Moray Alcohol & Drug Partnership is proud to support the Collective Voice report. This vital initiative ensures that the voices of lived experience are heard, respected, and central to the design and delivery of substance use services.

In collaboration with Community Justice, we are working to create more compassionate and trauma-informed pathways of support. This includes the prison-to-rehabilitation pathway, delivering shared development events, and embedding the Medication-Assisted Treatment (MAT) standards. These efforts align with Scotland's National Mission on Drugs, ensuring services are person-centred and built on the principles of dignity, respect, and hope. The Collective Voice report highlights the power of lived experience in breaking down stigma and discrimination, fostering a more inclusive and understanding community. It also reinforces the values of the new Charter of Rights for people who use substances, affirming their right to access high-quality, empathetic, and rights-based services.

We are deeply grateful to all involved in bringing this report to life. Your experiences challenge us to do better and inspire the meaningful change that is needed. Together, we are building a future where no one feels forgotten, and everyone has the opportunity to heal and thrive." **Integrated Service Manager for Mental Health, Drug and Alcohol service Health and Social Care Moray.**

"Moray Community Justice Partnership (MCJP) have welcomed the opportunity to learn from, and contribute to, the Collective Voice Report. We work hard to capture lived and living experience in a range of ways and use this to inform our work, and we are always seeking new ways to improve on this. Since our involvement we have created an action tracker to ensure we are working towards improvements identified through this report. We have taken steps to increase awareness of our local Voluntary Throughcare service, to support people when leaving prison. We are promoting this both in the community and within the prison. We have co-designed, with people with experience of the justice system, a resource with key local services to support liberations back to Moray. We are working with local partners to liaise with banks in Moray to improve processes around access to bank accounts for people in prison. We have forwarded comments to relevant partners to identify actions and will seek updates on their progress. We have linked in with the residential care team in relation to concerns raised by

a young person at the pride event. They have shared the current work they are undertaking and practice guidance, comments from the CV report will be flagged to relevant staff. As we are not aware of the specifics of the social work cases mentioned, we would encourage people to reach out to relevant services if they feel they have been missed or need further support. Specialist support for victims of violence against women and girls is available to you, confidentially and free of charge. For information, please visit morayprotects.co.uk” **Community Justice Coordinator, Education & Social Care, Moray Council.**

“Adult mental health services continue to value the feedback of those with lived and living experience of mental health challenges living in Moray. The role of collective voice as a critical friend is beneficial on an ongoing basis, keeping dialogue ‘live’ and therefore more meaningful. An update to previous comments from earlier reports is that we have progressed collaboration with lived and living experience in our commissioning workstream for adult mental health contracts. One third of the evaluation panel participate as peers with lived and living experiences and this has been very positive in ensuring that our commissioning activity reflects the needs, views and wishes of the people of Moray.

Continual improvement of services and supporting connections across all sectors locally is core everyday business and collective voice feedback continues to be a significant contributor to this.” **Mental Health Social Care Manager, Health & Social Care Moray**

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:

- I saw DBI (Distress Brief Intervention service) and they were great as were the police. (Champion feedback)
- “I found in Ward 4, the people who helped me the most were the other patients” - Discussion of peer support and its importance at a training session.
- Discussing the positive impact the ward has had on anyone – Named ward nurse was identified as a good source of support – from Ward 4 visit.
- What a fabulous way to get connectivity and increase mental wealth in nature, I really enjoyed myself, so many smiles - (Community member at an event)
- This really was a fun research exercise and hopefully it will encourage more people to get involved, I love the inclusivity of the events (they) host - (Community member at an event)
- being outside in nature with peers of bereavement of suicide, sharing a sunrise is powerful and felt less lonely (Community event participant)
- Circles have been helpful to her (Event attendee who had received support)
- Thank you so much for this event, I have been to all the events (organisation) has put on and it has made everyone in my family have a great day. It is so lovely to get outside and meet friendly faces. (Community member at an event)
- It’s just as well you are around regularly; I wouldn't know what to do to otherwise. (drop in attendee)
- Individual attended Active Recovery Football sessions & they were great but now he is back working there is nothing like this in the evenings, he was very understanding and said that it was the cycle of the people hosting these having to ensure their own work/life balance and having their own time in the evenings. We wondered if feasible for the pitch at Gleaner Arena to be open for a certain slot one evening for guys interested to go along and have a kick about. He said he would happily go to a football session with guys he has never met and speak with them socially after the game but would not go along for a walk with a group of guys he had not met before - the language of football is a great buffer and breaks barriers for some. (Community event attendee)
- “I have been in Cornhill and here, I have to say here is so much better you feel more connected to patients and staff, Cornhill you are just a room number not a person” – Ward 4 session

- " I prefer this peer support group it's so relaxing " – Drop in at the Bow
- "This is the first time C has joined in, he looks forward to coming now asks when it's on next" – Drop in at the Bow
- " I come here for a rest" – drop in at the Bow
- "I wouldn't be where I am today if it wasn't for you coming in to speak to us, I really look forward to when you come in" – ward 4 session
- "People need community and connections to help them recover" – Buckie drop in attendee
- "I'm not sure my son will stay here but I'll see once I settle him" - Family left and returned to enjoy the day - Brief chat with mum, she told me it can be really difficult to connect with other people due to her families' challenges, she mentioned ICON being a possible way of connecting with others and the supports they have found helpful. - family wellbeing group
- "I have been left by professionals too long and by then I attempted suicide. I wish they had stepped in sooner. That is what we need as people with a history of suicidal behaviour. There is no help before your attempt, help is offered after." Champion feedback
- "I would love for this to be a little more regular so people can build relationships" – attendee at parent wellbeing group
- "There really is no support for adults who have had a late diagnosis of ADHD", "I don't know if I overshare because of ADHD or if it's something else" Discussed local ADHD groups/support or apparent lack of at a community event.
- "it's very hard to open up at work, you don't want to burden colleagues any further", "I would be really confident asking a patient if they were suicidal, but I wouldn't have the same confidence if I thought I needed to ask a colleague" – training course with Health and Social Care staff.
- "The boy's from work don't understand what it is like for me, they don't like that I have to take medication and just want me to get on with my job, but all that I am thinking is if I go (specific work site and the risk of self-harm)", "Self - stigma is the worst you always think people are thinking bad of you" – Ward 4 issues of gender based stigma and construction workplace risk around harms.
- Need a space for peer support and connection in Elgin that is open to all. (champion feedback)
- Worries around supports available over winter months. (Champion feedback)
- I have been offered a social worker; I have never seen one (Drop in attendee)
- Peer support conversation, realise what it does when it is not there. When you experience a lack of peer-support it becomes more obvious than when it is there. Barriers of internalised stigma to accessing support, the assumption by service providers that people have a social network when people don't have this at all. (Training course)
- There is no support in Elgin apart from (organisation) thank God for them I have to travel 30-mile round trip when I am debilitated with crippling fear anxiety and depression, we need a proper place we can go for help at any time we need it (social media)
- There are no services in Moray for mental health support apart from your GP and peer groups. (online feedback)
- I have a chronic physical illness and am virtually bedbound. I have intolerance to most psychiatric medication. I would have liked ongoing support from a suitably qualified person, mental health worker or CPN....as in phone calls and occasional home visits, but everything seems to be short term, focussed on recovery. If you have a physical illness, you're unlikely to recover from and a resulting mental health issue that can't be treated by medication, there's nothing available. Only short-term interventions. Most of my support is from Samaritans, they're the only people who are willing to keep in touch and provide ongoing support. Support from primary care is very very poor, sadly. (Online feedback)

Hope & optimism

- "(they) have been amazing" - chatting at a community session about the support they are now able to provide other women due to the structure provided by Moray Rape Crisis.
- This sounds really good (responding to the idea of crisis service with peer-support and nurses). We need an emergency service for people in crisis, where they can get a human being at the end of the line. (Action Group participant)
- " I hope to learn more from this experience, I can see hope for the young mothers experiencing PND, having been through it myself. "- parent wellbeing group

- "(volunteer peer-support host) interacts very well with the families & is very experienced she credits a safe space" – feedback from drop in space at the Bow
- "I can't fault the police. They have been brilliant when I needed them." Individual with experience of suicide attempts and alcohol / drug use about when in crisis the police helped them stay safe and were non-judgemental. – Champion feedback
- Facebook discussing between citizens sharing the 111 option 2 for MH support and a confusion around availability in Moray (note: NHS confirmed this service is currently available in Moray). "I've been using this service for at least five years."
- "Services are being cut and people are feeling let down" - discussing services across Moray and the lack of trust people in accessing consistent support. "I think MWH stating they are not a service is appealing, people don't want to be assessed or involved with formal services, it's not on their terms" – from a training course with Health & social Care staff.
- I want to see an increased understanding that we are the ones left to deal with the aftermath. Where do we go from here? (Action Group participant)
- Discussions around word of a new community hub being set up in New Elgin - raised how this would not be a good idea if it is council run due to stigma and a non-trauma informed approach being adopted.
- "We are so short staffed at the moment; I'm just left to it" – Health & Social Care Staff member
- It's hard to get services to actually do what they say, I'm promised all sorts of support like mental health support workers, letters from social work and get nothing, nothing actually happens. (drop in attendee)
- There is some sort of gap between what is happening and what should be happening. {in the justice system} (Champion feedback)
- (Moray secondary school) has declined to engaging with Police Scotland and moray parents against drug group due to not having , "that problem "stigmatising language and ignorance comes across as "bury your head in sand" Public Relations don't want to be seen as having an issue in their school. Not being proactive only reactive. (Champion feedback)
- Through my experience of (in patient care) I feel my mental health situation has gotten worse and left to fight for myself. (Online feedback)
- note from social media around the theme of gap for young people who are not children but don't sit under the adult provision, feeling of being let down. (Social Media)
- I just don't know how to access more help for my <neurodivergent> daughter I have accessed (advocacy), but it is a waiting game at the moment. She keeps getting in trouble at school and I want positivity at school. (Community member at an event)
- Bad experiences with NHS with MH as far back as early 90s, during period of time, clinicians not understanding MH or not as a priority. Come along away with therapy and medications. Of generation Men were told to put up and shut, form of weakness, very concealed, frowned upon to share experience, societally viewpoint still prevails, most men are not even aware they have a problem, and if they do don't want to talk about. Acceptance that is just the way it is. Lack of information aim specifically for men. Root stigma for men, not supposed to show emotions and pain/suffering. How do we crack that nut and make it normal. (Champion feedback)
- "The last thing you want to do is ask for help but in doing that you are being strong not weak"– from Ward 4 visit
- "We want people to know it's not failing if you ask for help." Champion feedback on how to reduce suicide in Moray.

Identity

- "CAMHS signposted my child (who is coming out of age for their service) to Moray Wellbeing Hub activity. I was really pleased to see them joining this up." Champion reflecting on recent support they welcomed from Moray CAMHS team
- "Its lovely to able to enjoy the day without worrying about money (Community member at an event)
- It's ok to have boundaries and say no. I learned all that from doing a foundation counselling course, I'd recommend it to everyone. (Action Group participant)
- It comes down to getting the people who work in these roles, they to be passionate and community connected, outward community connecting thinking and linking. This links to peer practice, people living in community. (action group participant on mental health service staff best practice for recovery)

- "This will be really helpful with storing power of attorney information; the GP has the person I care for documents twice" – during developmental sessions for Community Connections Moray digital health tool
- "It's lovely you have allowed us to just chat, I think it was more valuable this way" - discussing how the workshop delivery would not be formal today to allow for peer to peer support and no pressure on playing with/distracting children – parent wellbeing event
- "I would love to be more involved; I think it would really help my mental health and PND" – parent wellbeing event
- "Childminders almost deal with this from both sides, I had my own PND issues and supported the children I looked after parent going through it too, I think it helped me" – parent wellbeing event
- " You need someone beside you (when you are thinking about suicide). We want empathy not sympathy. That's why people like us are best to offer this, people who have lived it and understand." Champion feedback
- X shared that had been an outpatient at ward 4 and thought was going to get a medication review but actually they only did a questionnaire with them. This made them feel they were just a statistic and the staff just needed to tick a box, rather than considering what they need/want. – Peer-support drop-in
- "It's difficult when you have to pull all your reserves to support families when you really want to spend those reserves on your own family" - training course with Health and Social Care staff.
- "We are scared to share how we feel especially if suicidal as we are stripped and put in a suicide cell until we feel better, there is no compassion we tend to keep it to ourselves" – person in prison
- "I don't feel I can share, or identify as having autism, even though I am 99% sure I have it, because I do not have a diagnosis, and that is limiting my recovery" – drop in attendee
- "My life actually got worse when I got my BPD diagnosis, because there is so much negative stuff about it in the media and I identified as this broken, awful person!" – drop in attendee
- Ex partner has access to bank accounts and person in prison feels they needs their own before released. Said there is no support for answers on this while in prison.
- "I have never said that out loud before, Its weird I ever felt that way" - discussing PND and the impact of this had, why they felt they could not approach a professional for support - "I didn't like my baby at all, I couldn't look at her" - " telling anyone that at the time was too scary, I had no idea what the process would be once I had said that out loud" - parent wellbeing event
- "I don't feel like I'm listened to, nothing gets done with GP surgeries " – during development session for digital health tools
- "We really do need more peer led PND support in this area" - Post natal depression support/lack of in Moray – parent wellbeing event
- "There is such a stigma attached (self-stigma) to PND" – parent wellbeing event
- I never used drugs for 4 years until I was told I should leave (college) because I was pregnant, I cried and cried when they said that (drop in attendee)
- You're not listened to, then you get your notes from the GP, and it says you are on illegal substances, but you're not, you're on the ones they prescribed. (Training Course participant)
- if I go home like this (with face painted), the others will really make fun of me. I can't be myself there. - young care experienced person (Community member visiting MWH stall at public event)
- Community members had approached the area to let us know that mental health conditions don't exist. They seemed to be quite unhappy at the stand for suicide prevention week was there in their community. (Community drop in)
- I have a psychiatrist; I have never seen them again after they were in my house once (Drop in attendee)
- I don't think about myself - wife of gentleman attending session when I suggested the tools may be useful for her too - she didn't identify as a carer - said she is his wife. (community event attendee)

Meaning

- I have a great relationship with my ex's social worker, I have permission to discuss certain with her to safeguard my child, it's a godsend to have a decent conversation with a professional about all this, it confirms I'm not making this up (drop in attendee)
- When someone can share about their experience of suicide and that they found hope it can inspire others to speak about suicide. (Champion feedback)
- This is great we need more positivity around mental health challenges - talking about peers being present at Pride (Community member visiting MWH stall at public event)

- “Very knowledgeable course which highlighted actual signs and symptoms and gave clear understanding of what mental health and illness is and that everybody can experience poor mental wellbeing and poor mental health.” – Champion following attendance at SMHFA training session and their ability to apply this in community roles.
- "So much more help for men now. I lost my brother and if we had the supports then that exist now, he might still be here." Champion feedback reflecting on the number of community supports available focused on men.
- "So grateful for drop in has given me something to do - psychiatrist say's I must go" – Elgin drop in
- People forget those left behind when people die by suicide. We need to do more. (Action Group participant)
- "I am shocked government are not discussing suicide prevention with the level of rates in this country in the elections" – attendee at community event
- Housing officers are very elusive. They don't get back to people. (Champion feedback)
- I feel like I'm left alone all the time, when someone says they will help me, I see them once and nothing happens after that. (Drop in attendee)
- Waiting years to then be put on 8 wks. course for abuse victims...Police seem to be ones dealing mental health services in our area its plain wrong (Online form)
- comment from Facebook on our post promoting the peer support event 2/10/24 - I was told not to keep going to A&E if suicidal as they wouldn't bother with me in the end. What a way to treat mentally ill people (Online feedback)
- People who work are unable to attend a lot of groups, activities and training for self-management due the majority being held during the standard working week. (Champion feedback)
- “Feeling of jumping up and down trying to find help when trying to go into recovery, not knowing where to go.” – participant at training session
- "We wouldn't have been able to afford to come to something like this if it was tickets, we have 3-5 kids at a time" – attendees at an inclusive all age outdoor wellbeing event
- "shame" - discussing feelings when being honest about mental health/wellbeing at a training course
- 'Need groups like this to help people. Really important for people with Mental Health issues like me'. – Elgin drop in discussion around the Bow Café closing to the public.
- "GP is so hard to get help from", "I can't believe this support is available, its emotional for me" - gratitude for the peer support offered and provided today – from community event
- “Tears of frustration” due to psychiatrist appointment being cancelled again – Elgin drop in
- "I am so fed up in here, there isn't enough staff" – Ward patient discussing why people might feel so fed up.

Empowerment

- Who has paid for all this? It's really hard for us (group of 4 parents and 5 kids) to go to events, the admission itself can be really expensive, then all the additional things like eating, you never know if its ok to bring your own and if you do your kids feel left out. (Community member feeling welcomed at an event)
- How can we support other events like this? - leaflets provided and conversation about becoming a champion. (Community member at an event)
- My children's school have been so good, the head teacher often gives me little notes with positive thoughts on them, my youngest loves school! - Discussing using drugs and receiving support to be the best parent she can while facing addiction challenges. (drop in attendee)
- Just coming to things like this to chat and knowing my child is safe makes me feel good (Community member feedback around event for Neurodivergent families)
- this is really useful; I will definitely download it - prevent suicide app (Community member visiting MWH stall at public event)
- It is hard to get help from the right people, I think the only people who can really help, are those who have been through something similar. (Drop in attendee)
- The Turning the Tide resource hosted by See Me can be very helpful for people when they are ready to create change in stigma and discrimination in healthcare the tool can be useful at the end of a journey. I did not know what I wanted in my crisis but now I know what I want changed I can use this tool to guide me. (Training course participant)
- Online booking for Ardach House works really well – from individual attending community session.
- Facebook group been seen up - Moray mums against drugs - tone of it is for parents who are looking for peer support where their children have been involved in drug use, feeling of not speaking out due to stigma and lack of resources for support. (Online Feedback)

- We need this but how will people know about this. We need these outside chemist windows when they are shut. (participants from action group on how services need promoted in communities)
- Arrows have a really good needle exchange service (Training Course Participant)
- DBI service is great." Champion feedback – during discussion around what helps us in crisis at an action group around suicide prevention.
- "This course was delivered first class. I have done other mental health/suicide courses before, but this definitely is above the others." – attendee at course reflecting on the importance of peer-led local delivery.
- "This will really help me, I will be able to buy things online, I've never been able to do that myself before" - discussing how the internet access will support them in their home now they live alone – community member following receiving digital device support
- "Trauma leads to ill mental health leads to addiction" - talking about drop ins as preventative measures in A&D recovery, as well as support during recovery
- "You want to speak your truth and not face retribution" - discussion around the confidentiality the A&D Lived and Living Experience panel provides for its members.
- There has been a lot of suicide in Buckie recently, this course (named) I think would be really good. (Community drop in)
- Social work need to be trauma-informed - they can be stigmatising; it is a huge barrier. (Champion feedback)
- It's hard to know what is available in Moray, you can only look for what you know to look for (Drop in attendee)
- "We are working in an ageing workforce, our children are getting older and having children, health conditions are harder and more often, that's really hard to park that (own wellbeing/mental health challenges) in work" - training course with Health and Social Care staff
- One woman had been to GP about her mental health there was a referral made but she has heard nothing since. Partner shared "I made her aware of the mental health and wellbeing practitioner and explained that she could just call the reception and make appointment." – awareness of MH&WP service not having sufficient promotion.
- "When I spoke to the GP (about my suicidal thoughts) they said they just did not have the time. They should have referred me or at least listened." Champion sharing how a lack of timely support put them at risk, and they felt contributed to their need for a stay in ward 4
- "All the CPN tells me to do is to keep busy, but I can't do this with my physical health and they're not helping with my Mental health" – from peer-support drop-in
- My son left prison six weeks ago and I am left to do this (arrange support and basic needs) as his mum. They just tell him to get me to help him. (Champion feedback)
- when people are in a crisis, they can feel very discredited when they try to feedback around services at that point and advocacy is vital there to support this. They can feel frightened to speak up when a service stigmatises them in case it is removed, or their care is changed negatively. (Training course participant)
- I have found it very difficult to get ongoing support. My situation is complicated because I am virtually bedbound with a chronic illness. As a result of that I have developed a severe anxiety disorder. Services are all geared up to recovery and are short term. Therefore, I feel unsupported. My main support is the Samaritans. The Breathing Space phone line is almost always engaged. (Online form)
- After three overdoses I have only seen a psychiatric nurse once. I have been referred to (service name), but nobody ever called me to check on me, I had to do it on my own. (action group participant)
- The medical service in Moray is incredibly understaffed. (action group participant)
- survivor of suicide felt very let down by GP and other H&SC services when experiencing his partner dying and reaching out for support. He felt impact on loved ones was seriously disregarded which could have had a big impact on his suicidal ideation - impacted on his hope that a future without partner was possible, especially since he had asked for support - very disempowering (Community event attendee)
- I texted shout, but it was a 2 hour wait. The Samaritans just listen, I wanted someone to say ' it's ok not to be ok' make space and support for me, help us keep going. (Champion feedback)
- Would love to see a place where nurses and peers together to support others. - on crisis services locally (Champion feedback)
- "You get released, left and chucked out the prison", "I am disabled, I can't use the housing I'll be offered because I can't use steps" – Moray person in prison at in-reach event HMP Inverness
- "Don't usually like engaging with services always feel like I am being judged and they can use quite formal or condescending language. Its off putting and is enough to put me off returning even though I know there are great things on offer, I don't really have the answer." – participant at wellbeing session

- “Right now, the accessible services are scattered to the four winds, help is there if you know how to look for it. Services are not joined up to the treatment options. People (in services) need to be reached out to us as people need support.” – course attendee
- "Shout text service (online crisis support) helped me, but it was a 3h wait and that is not ideal." Champion feedback. Digital tools in crisis linked to suicide discussed in an action group.
- We really don't know who's out there or wants to help us, know there is stuff but don't know where to start it's a vicious cycle – person in prison