



Diverse Perspectives on Mental Health

Mental Health on Orkney

Shirley: It's wonderful to be in Orkney particularly when the weather is good, it's a beautiful place, the freedoms that we have because of the very low crime rate, personal safety, I mean that doesn't seem to come into question at all.

Audrey: The winter is a long bleak time maybe, and dark, it's sometimes almost dark the whole day so you are sitting in your house with your light on most of the day. That has an impact on people's wellbeing.

Philip: It can be an hour and a half on a ferry for a patient to come into the out-patient clinic - I'm loathe to bring elderly patients in on a ferry in stormy weather in February for a fifteen minute interview to talk about tablet side-effects and should they put their dose up or take the dose down.

Pat: Just being able to look around and see the sea virtually everywhere I go is good for me. There's nothing really gets in the way of your view, it uplifts me, it's helped me tremendously.

Anna: It's hard to be looked at and looked after and talked at and talked about. You know when you're strong and self confident, who cares, it doesn't make that much difference, maybe - but especially when you are feeling vulnerable and hurting, those things are too much to bear.

Narrator: *Better known as an idyllic tourist destination than an everyday place to live, the Orkney Islands are home to nearly twenty thousand people. And like all populations, these people span the full range of mental health and distress. How does living on a remote, group of islands affect the lives of service users there?*

Pat: I'm Pat, and I moved from Edinburgh where I was born, I moved up here in the October of 1992.

Narrator: *Pat's mental illness coincided with a diagnosis of cancer.*

Pat: I'd never had any mental illness when I was in Edinburgh, and I think had I been as ill as I was then and not wanting to leave home and everything, I would have been locked in a flat for you know days on end, whereas here my front door is open constantly, people can come in and go and you just feel you are available for folk and their friendship and support is available for me. People would come in and you know if I was wanting to see them and speak that would be fine, if not they would just say, 'well you know where we are', sort of stuff and that was it, but you had the contact, you had the security of having an open door. Whereas as I say in Edinburgh I had a burglar alarm on and I would have been inside the flat.

Narrator: *David also came to Orkney from Edinburgh.*

David: I'm 53 years old and er I was sort of shipwrecked here really, to a large part because of my mental health problems because I was struggling so badly down South, I sort of fled to a place that represented to some degree cosiness.

Narrator: *For David, it was a return to the place where he'd spent much of his childhood.*

David: For me what helps is just the lack of some of the urban problems like I lived on a housing estate and it was the first time I'd been in social housing and I was horrified, some of the social housing in Edinburgh is just absolutely appalling. I live on the equivalent of a housing estate here in Orkney and it's a peaceful haven compared to that, and I am sure

Orkney has all the social problems, they are just not on the same kind of scale and intensity you get.

Narrator: *Orkney consists of some sixty islands, spread out over a wide expanse of open sea. Many of the islands are uninhabited, but where there are communities, they tend to be small and tight-knit.*

David: There is the problem that it is a small place and if you do go a bit off it'll get talked about and people will know it. So I mean in other places I've tried to hide the fact that I have mental health problems, you know when I'm applying for jobs and things like this and meeting people. Here I do it a lot less.

Narrator: *Some service users have found this lack of anonymity troubling.*

Anna: I'm Anna, I was born in the Netherlands, and in '91 we moved to Orkney. I live on the southern island, Hoy, which is a very nice varied island, it's quite big, but it only has slightly over 400 people that live here, so in that sense it is quite small.

Narrator: *When Anna became severely depressed, she had to go to hospital. The nearest in-patient beds were in Aberdeen, some 200 miles away. She only returned to Orkney after spending a year in the therapeutic community in Aberdeen.*

Anna: The feeling of coming home was quite overwhelming as well, it was very ambivalent, it was in a way a home-coming, but it was very odd, I had a cat here Matilda, we came in and the cat was in a coma and died the same day so that was kind of significant that she died when I came back. The next day I went for the first time to the village shop to get my bread and milk and a lot of people said you know, greeted me and said 'how nice to see you back, we are really very happy that you're back, but we are so sorry about your cat'. I said 'how do you mean?', they said 'we're so sorry that Matilda died'. And I know it was very well meant but to me at that time it was shocking and I felt so paranoid, I thought 'how come all those people know that my cat died, how is this possible? I can't believe it'. I felt very threatened, I felt very threatened.

Narrator: *The islands are home to a number of mental health practitioners too. Like the service users, they too must carve out a way of life on the far-flung islands. Here's Graeme, who works for the Child and Adolescent Mental Health Service.*

Graeme: I'd only been here maybe two or three months and I had to go and see a kid who lived on one of the Northern Isles, again it's a very small island and only under 100 people live there. You have to fly, it's a 15 minute flight, but because the return flight is back at 5 o'clock in the afternoon, you're essentially stuck there for the whole day, um, and I remember sitting on the beach after I had seen this kid sitting right on my notes on the beach, beautiful blue sky, beautiful blue sea and there was probably about a dozen, twenty seals just popping about in the water, it was just such a good experience. But then that again is another testament to the fact that it takes a whole day for a home visit.

Narrator: *Shirley is a community mental health nurse. Like all community nurses, her job involves a lot of home visits. But the ways she sometimes commutes must be pretty unusual.*

Boat announcement

Shirley: So now we've been able to get onto the boat to Hoy and thankfully it's a really really lovely day and the sun is shining so for a change we will sit up on top so we get a better view across to – across the bay and over to Flotter. Usually I spend about, er with travelling time, about an hour and a half up to two hours, the visit itself is usually roughly about an hour, but it takes me a good twenty minutes to get to and from the boat to the client's house.

Narrator: *For practitioners as well as service users, the small community can throw up issues.*

Audrey: I'm Audrey, I was born and grew up in Orkney, I grew up in the outer isles which is Hoy and now I work for the Social Work Department. I still have most of my aunts and uncles and I have a mass of cousins, so realistically I can find family members on any island, or connections on most islands. The benefits are that I can live and work in my own environment and some of the drawbacks are that you're familiar in a sense to some of your clients, they know you, they know your family and sometimes that can cause problems, in terms of they can have preconceived ideas about you before you go. They can know you by the car you drive and a lot of folk can know what I am doing so they know I am doing my social work training, they know where I'm working, so therefore if they see my car outside somebody's house they ultimately draw the conclusion that they are receiving a service of some shape or form.

Narrator: *The small community can sometimes be a challenge even for the practitioners who didn't originally come from the islands.*

Graeme: I think the biggest difference, which I think it was most noticeable when I first moved here was the lack of boundary between professional and private. People talked about it but I never actually realised just how intrusive or how difficult it would be. For example when I lived in Glasgow, I worked in one particular area of Glasgow and I lived in another area, and there was never any crossover.

Shirley: Because it's such a small place, obviously peoples' lives overlap, I think that's quite a grounding thing really, is that you have to be who you are. You can't pretend in Orkney, which I think is very refreshing, whereas for example a client we might see this afternoon, tomorrow they might be I don't know, working in a shop for example where I go in to buy something.

Graeme: I was in a gym in Kirkwall and I saw a parent of a client. I knew he was going back to work as well so I was kind of like thinking, I really really hope he doesn't have to get changed. And just as I was getting my clothes off just to get into the shower, he just walked in, so I am thinking please please just don't talk to me. So in the end I was in the shower, he got in the shower and just started chatting away, no about anything to do with his daughter or anything, but I was just kind of thinking how often does it happen that you share a shower with a client's dad?

Narrator: *But adapting to life on the islands has brought personal and professional benefits.*

Shirley: I think - it feels as if it kind of generates a bit more kind of mutual respect that we're all here and we all live here and we kind of, there's that kind of, perhaps more of a kind of supportive feel to it.

Graeme: It makes for a better practitioner, 'cos I think it makes you more honest. In that you can't hide behind your professional role because people will catch you out and they will find you out.

Narrator: *The geography of the islands colours all the practitioners' jobs. In fact, it has had a fundamental impact on the way the entire mental health service is delivered. Here's Shirley, now driving to a client's home.*

Shirley: I suppose the main thing for me having come from a very urban environment, was the absence of in-patient beds for people with mental health problems, but for me as the years have gone on and the team has expanded, it's helped me to kind of develop and think about different ways of managing, particularly acute mental health problems in a very remote and rural setting.

Narrator: *This sometimes means moving away from more conventional approaches.*

Shirley: For a little while now, for several years, we've been developing the idea of home treatment and using it to try and keep people at home rather than them being admitted to

hospital. Um, it's also used, can be used for people coming home from hospital, who still require fairly intensive support and maybe be able to facilitate earlier discharge. So for me that is a kind of key thing that maybe wouldn't have been looked at as readily and realistically in the urban setting I came from.

Narrator: *As well as individuals, Shirley works with groups. These can vary from anxiety management to mental health promotion.*

Shirley: One of the problems we can have when we are trying to deliver groups to the people is that it's easy enough for people generally speaking to attend a group in one of the central places like Stromness or Kirkwall, but on the outer isles that can be more difficult particularly given boat times and availability of transport.

Narrator: *Another key difference in the mental health service in Orkney is that there's no resident psychiatrist. Instead, the islands receive visits from Philip, a psychiatrist who spends most of his time on the Scottish mainland.*

Philip: I'm a Consultant in General Adult Psychiatry in Aberdeen, in addition to that I share responsibility for providing the visiting psychiatric service to the Orkney Islands, I share that with a Consultant colleague and together we visit Orkney once a month. Whereas my job's mainly community based on the mainland, it's simply an out-patient service that we provide in Orkney.

Narrator: *For the psychiatrist, this means only seeing his patients about once every two months.*

Philip: What you have to do is try and come to diagnostic and therapeutic conclusions that allow you to draft a treatment plan that you hope is going to hold good for eight weeks because that's the next time you can very usefully revisit it. Whereas here if something is puzzling or worrisome, if the patient in front of you is potentially assaultive or homicidal or suicidal, there's the opportunity to bring them back the following day or the day after that. This sort of serial assessments of mental state just aren't possible on the basis of two monthly visits.

Narrator: *There are knock-on effects for the other practitioners on the islands too.*

Graeme: I think there's a number of factors related to the fact that we don't have a resident psychiatrist. I think on a positive level, individual practitioners become much more skilled at dealing with being the kind of specialist and the generalist at the same time. It tends to kind of steer away from a kind of medical model as well and it tends to be a community model which I think is a good thing, but at times you think I would like a psychiatrist here just to make that kind of final decision.

Shirley: I feel we have very good working relationships with the psychiatrists albeit it that most of the time they're in Aberdeen, they're always available on the phone. We can work with clients in conjunction with the psychiatrist. So I feel we've got the best of both worlds really 'cos we've got very good credible psychiatrists and we've also got that kind of autonomy and a bit of freedom in other respects to look at perhaps more psychological social factors that might be impinging on people's mental health.

Narrator: *The final difference between Orkney and a more urban setting lies in the therapeutic tools at the team's disposal. The routine use of clinical psychology or cognitive therapies are still a long way off.*

Ultimately you're very much reliant on getting the anti-depressants right or getting the anti-psychotics right, and it's that and whatever kind of general support and psycho-education could be offered by the team. And that's pretty much it. There was a time when I started, about a decade ago, when that seemed to be broadly acceptable to the generality of patients but I am not sure that it is any more. I think that the Orkney population are coming to expect the same kind of level of service that the mainland population would be and I don't think it's

acceptable to seek to deliver a comprehensive psychiatric service on the basis just of you know pills. So that's something that needs to be addressed in due course.

Narrator: *The proof of any service is with the end-user. So what do Orkney's users think of the service they receive? For Anna, an acute episode showed the services' limitations.*

Anna: When I really became very depressed I had to leave here to go to hospital to be admitted to the ward in Aberdeen and there was not a lot of kind of follow-up treatment possible here. The only possibility was maybe you know something like art therapy, but the art therapist was a friend of mine so that was you know, out of bounds.

Narrator: *Pat has found resources within herself.*

Pat: I think what helped was because I was open about my cancer in that I didn't want people at work not to be able to say, 'how are you today?' without being worried about the reply and things, so I decided that for me to cope I had to be open. And I've been the same about my mental illness. I would speak about it to people, and, and I got to the stage I thought. if I am on antidepressants for the rest of my life if that's what keeps me sane and going, that is it you know, I was quite happy about that.

Narrator: *David has lived in many places before settling here, and can compare the service here to those in other places.*

David: The combination of my CPN, my psychiatrist, came up with pretty good drugs and my support worker has just been superb. You know it's taken me from a very low place to well if I wasn't so old I would be optimistic!