

mind your head



## Community Survey Report

October 2011

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# 1. Background

**Mind Your Head was created in 2005 following personal experiences of its founding members. The first money was received following the funeral of a family member who completed suicide in 2004 following many years suffering from mental health problems.**

Mind Your Head became formally constituted in January 2006 and in June 2007 became a registered charity with the Office of the Scottish Charity Regulator (OSCR).

Our first fundraising event was the Round Spiggie Fun Run and Walk which took place in August 2006. Participants were able to walk or run a 5k or 10k route around the beautiful Spiggie Loch in the South Mainland of Shetland. Due to the success of this event, we decided to hold it as our annual fundraising event. The event has grown significantly since 2006 and in 2010 more than 500 people took part. Of equal importance to the funds raised is the statement that the event makes about mental health, where people are becoming more open about their personal situation and others less frightened by the taboo of mental health.

Since our formation, our key achievements have been:

- Developing our website to provide mental health information and emergency contacts. The website includes an online facility to register for the annual Round Spiggie Fun Run and Walk. The website is sponsored by NB Communication.
- Establishing and maintaining close links with mental health professionals to ensure that Mind Your Head works in tandem with existing services in a complementary way.
- Representation on the Mental Health Partnership, being fully involved in the development of the new mental health strategy for Shetland.
- Partnership working with national organisations See Me and Choose Life.
- Secured part funding from NHS Education Scotland (NES) and NHS Shetland to enable us to employ a full time Self Help facilitator post for two years. In 2009 we recruited Jill Hood to the post.
- Secured funding from Lloyds TSB through their Capacity Building Grant scheme in order to facilitate an organisational review.
- Production of a mental health awareness raising card for young people.
- Delivering various talks and presentations to both primary and secondary classes on the work of Mind Your Head and general mental health and well-being issues.
- Developing and delivering workshops and presentations at local community training events and conferences.
- Presence at the annual agricultural shows, in partnership with NHS Shetland, specifically members of the community mental health team and health improvement department.
- Promoting and sponsoring the See Me Photography competition, in partnership with Shetland Islands Council.
- Successfully secured funding to employ a part-time Co-ordinator for Mind Your Head. Jenny Teale and Jacqui Clark were appointed on a job share basis and took up post on 1 November 2010 on a one year contract.

## **Our Aims**

Mind Your Head has been established to promote mental health positively throughout Shetland. The work of Mind Your Head is underpinned by a number of key aims that include:

- To raise mental health awareness in Shetland;
- To reduce the stigma of mental ill health;
- To promote positive mental health and wellbeing;
- To promote counselling and other forms of mental health support services;
- To promote mental ill health training specifically in relation to suicide prevention;
- To work in partnership with existing organisations to further the aims of the charity;
- To identify gaps in current service and training provision.

## **Our Objectives**

In order to achieve these aims, Mind Your Head will seek to pursue the following objectives over the next three years:

- To hold fund raising events on a regular basis. These events will also serve to promote mental health awareness and encourage involvement from individuals who may not normally have interest in / or have a fear of discussing mental health issues;
- To assist in the funding of appropriate counseling where gaps may exist;
- To assist in the funding of appropriate mental health / suicide training where gaps may exist;
- To undertake training/workshops in Schools on mental health issues (in partnership with other appropriate agencies)

## **Our Structure**

Our current Management Committee members are:

- Ann Thomson (Chairperson)
- Shona Manson (Vice Chairperson)
- Colleen Flaws (Secretary)
- Julie Halcrow (Vice Secretary)
- Nicola Halcrow (Treasurer)
- Helen Robertson (Vice Treasurer)
- Anne Burke
- Melanie Dawson
- Clare Pearson
- Kellie Naulls
- Beth Robertson
- Eleanor Robertson
- Diane Taylor

Advisors to the Management Committee are:

- Margaret Birrell
- Karen Smith

Staff

- Jenny Teale, Co-ordinator (Job Share)
- Jacqui Clark, Co-ordinator (Job Share)
- Jill Hood, Self-Help Facilitator (NHS funded post)

## 2. Introduction to report

The idea of a Mind Your Head community survey was mooted some time ago as a way to measure how effective our aims and objectives are. The survey pulls together the views of the community on Mental Health services as well as what priorities Mind Your Head should follow in the future. The results of the Community Survey will help to inform future funding bids where Mind Your Head wants to ensure that its resources are targeted where the most impact can be achieved. Our future plans will be predominantly based on the results of our community survey.

This will be an exciting time and provide opportunities for the charity to develop further and continue to work in partnership with other agencies to provide the best possible service to the Shetland community.

We have been overwhelmed by and appreciative of the responses from the community.

I commend this report to you.

Ann E Thomson  
Chairperson

### 3. Methodology

Mind Your Head (MYH) agreed that it was important to reach as many people as possible during our community survey. In order to achieve this, an online survey was launched in April 2011 and a paper copy survey was circulated widely within the community.

The survey was circulated through the following means:

1. Survey Monkey (online version)
  - a. Advertised on Website, Facebook page, targeted emails and Shetland Islands Council Intranet (twice)
  - b. Flyers & posters widely circulated (Appendix 1)
  - c. Email reminder to all Shetland Islands Council staff (via Human Resources)
  - d. Press release – coverage on Shetland News and in The Shetland Times
2. Paper copy
  - a. Total of 1,400 printed
  - b. Circulated to local shops (Appendix 1)
  - c. Copies available in public places, health centres, etc (Appendix 1)
  - d. Public display on Saturday 9<sup>th</sup> April in Tesco Supermarket and on Saturday 16<sup>th</sup> April in Toll Clock Shopping Centre
  - e. Posted to targeted places of work. Telephone calls made in advance to ask for cooperation in circulating amongst staff (Appendix 1)
  - f. Circulated amongst 300+ Secondary 1 to Secondary 3 pupils at Anderson High School (Secondary 4, 5 and 6 were not surveyed due to exam commitments)

All paper copies had a freepost address and were manually entered on Survey Monkey. The paper copy is detailed in Appendix 2. The survey was available from Friday 9<sup>th</sup> April to Friday 29<sup>th</sup> April. This was extended to Friday 27<sup>th</sup> May to allow for additional manual entries to be entered online. The online questionnaire was open till 20<sup>th</sup> May.

We are confident that every effort was made to ensure widespread distribution of the survey although acknowledge that it is difficult, without direct mailshot to every door for example, to ensure that everybody was aware of the questionnaire.

In order to assist the forward planning process it was also necessary to look further afield at National programmes, other mental health charities, etc. There was limited online research undertaken by the report author and this is referenced where applicable.

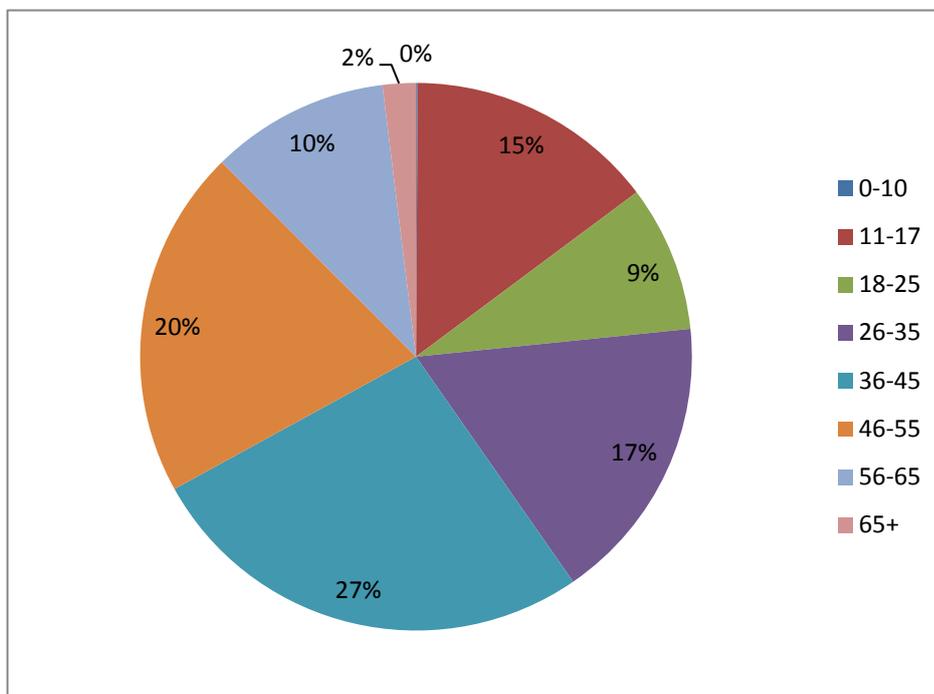
## 4. The respondents

1,080 people started the survey and 979 completed. This represented a 91% completion rate and a response rate of 4.8% (compared against Shetland population in 2010)<sup>1</sup>.

Of the 1400 paper copies of the survey circulated there was a return of 315, representing 22.5% and 32% of the overall completion total. There were more who completed the survey online however the paper copy was an invaluable tool in reaching those who do not have internet access readily available and in raising awareness of the survey. It is also worth noting that the greatest majority of paper copy returns came from pupils at the Anderson High School.

Of those surveyed 30% were male. This figure increased greatly once paper copies of the surveys were directly targeted at workplaces in Shetland (Appendix 1) and through surveys circulated at the Anderson High School. This helped increase the number of young people surveyed and we were pleased that we were successful in ensuring that a wide range of ages completed the survey.

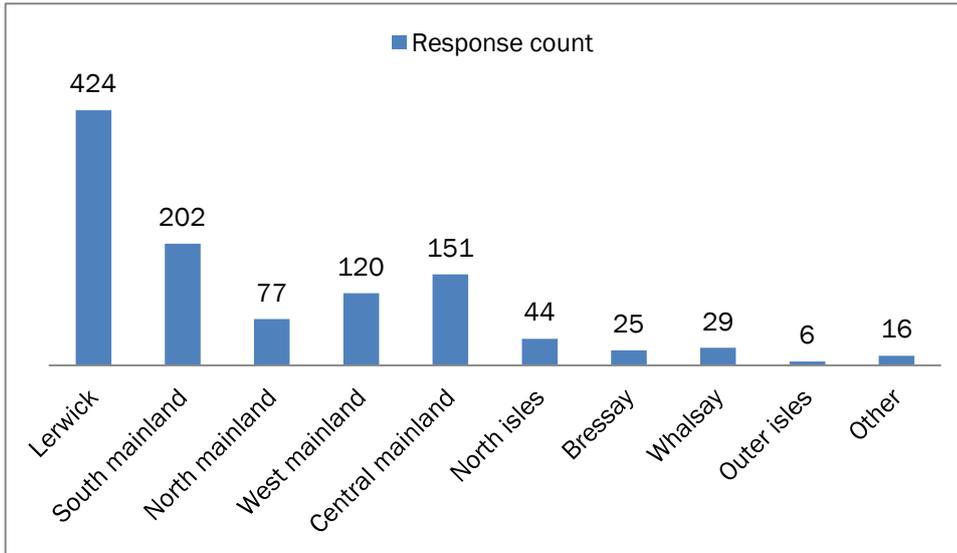
Figure 1 - Age of respondents



By far the greatest number of respondents were Lerwick based, reflecting the higher population within the main town of Shetland, as seen in Figure 2.

<sup>1</sup> Population estimated as 22,400 (General Register Office for Scotland: 2011)

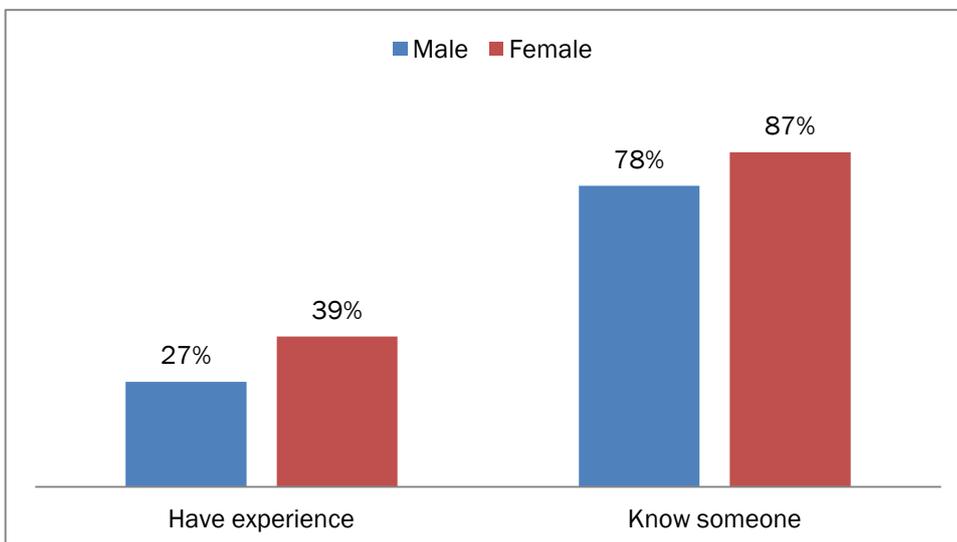
Figure 2 – Where respondents lived



There was relative success in getting a fair geographical coverage through our survey. However, the more remote areas of Shetland were not reached as well as they could have been. Unfortunately, we omitted Skerries from the Outer Isles option which was highlighted in comments. Other answers in this section included Gulberwick, Burra and 6 from outwith Shetland.

**36% of respondents have currently or in the past experienced mental ill health whilst over 87% of those surveyed know someone who has experienced mental ill health.**

Figure 3 – Gender Comparison



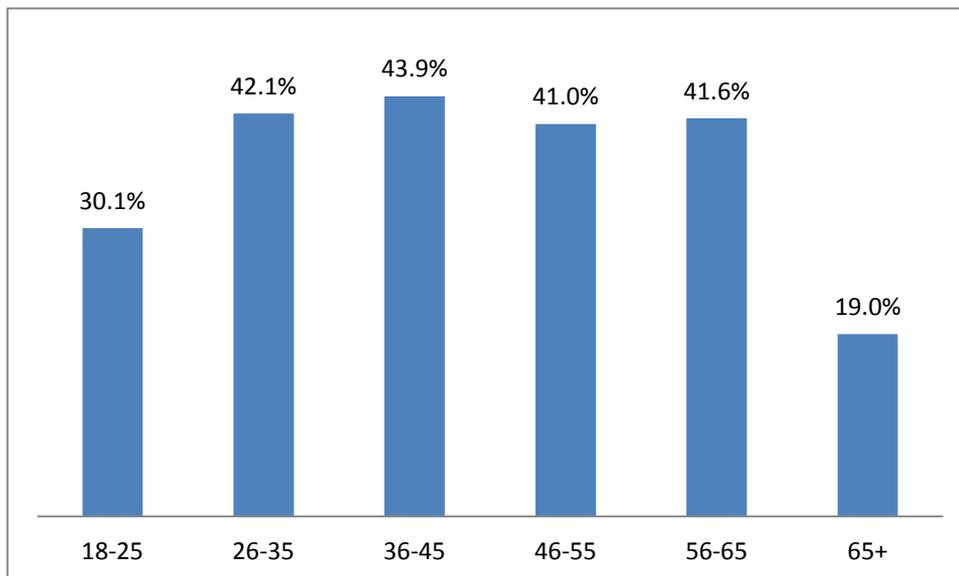
In Figure 3, the difference between male and female answers to direct questions on whether people had experience of mental ill health or knew someone who had or currently experienced mental ill health is detailed.

It is interesting to note that nationally it is estimated that 1 in 4 people will experience mental ill health in the course of a year and that 1 in 6 experience this at any given time<sup>2</sup>. The survey results have presented a different picture locally with a total of 1 in 3 (33%) people who currently or who have in the past experienced mental ill health. However, it is necessary to acknowledge that many who completed the survey would have done so because they have a direct interest in the work of Mind Your Head and mental health wellbeing. Therefore, the 1 in 3 statistic is one that is acknowledged with some reservation. These results do not necessarily indicate a higher rate of mental ill health in Shetland than elsewhere. In order for a greater understanding of these statistics further research would be required.

There is a difference in the number of females versus males who indicated that they currently or in the past had experienced mental ill health. Our results cannot explain this but we can suggest that females are perhaps more willing to talk openly about their experiences of mental ill health. This is supported by national statistics from the Mental Health Foundation<sup>3</sup>.

Figure 4, below, details the adult age of respondents who had or currently experienced mental ill health:

**Figure 4 – Percentage age of respondents who currently or who have experienced mental ill health**



In the survey we deliberately did not ask respondents to provide information on their own personal experiences of mental ill health. What this information does provide is valuable data for MYH to communicate to partner agencies and service providers. In the future, MYH will be in a position to undertake further cross filtering on results in order to assist with appropriate targeting of age specific awareness raising campaigns.

Within a smaller population base it can be assumed, and it has been shown in our results (please refer to Figure 3), that we are more likely to know someone who has experienced mental ill health. 78% of male and 87% of female respondents knew someone who currently or had previously experienced mental ill health. The survey results indicate that this is higher than nationally (and this could be a reflection of the levels of mental ill health within the Shetland community).

<sup>2</sup> Mental health statistics (Mental Health Foundation: 2011)

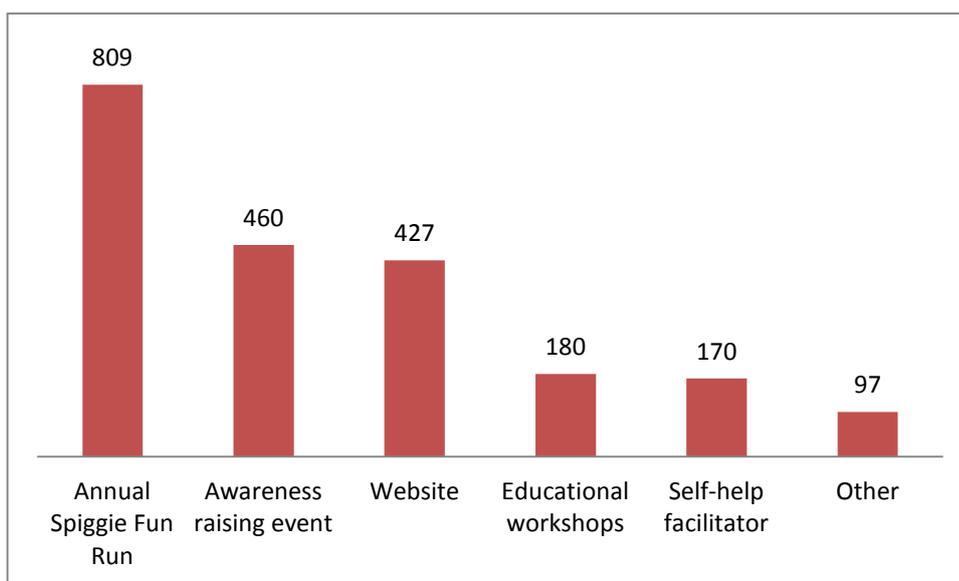
<sup>3</sup> Women are more likely to have been treated for a mental health problem than men - 29% compared to 17% (Mental Health Foundation: 2011)

## 5. Mind Your Head

**A staggering 92% of respondents had previously heard of Mind Your Head.**

This can be seen as a reassuring statistic in that we can conclude that MYH has a high profile within Shetland. Yet, it is important to note that individuals with a prior knowledge of MYH would be more inclined to engage with the survey.

**Figure 5 – MYH activities that respondents were aware of**



The MYH Annual Spiggie Fun Run was the most well known activity which respondents had heard of which reflects the increasing awareness and popularity of this event. It is worth noting that the educational workshops figure is greatly increased when you take into account the number of respondents who detailed 'school walk' in other (The Anderson High School organises an annual Mind Your Head Fun Walk). This increased awareness of educational workshops to 243 (representing 27%).

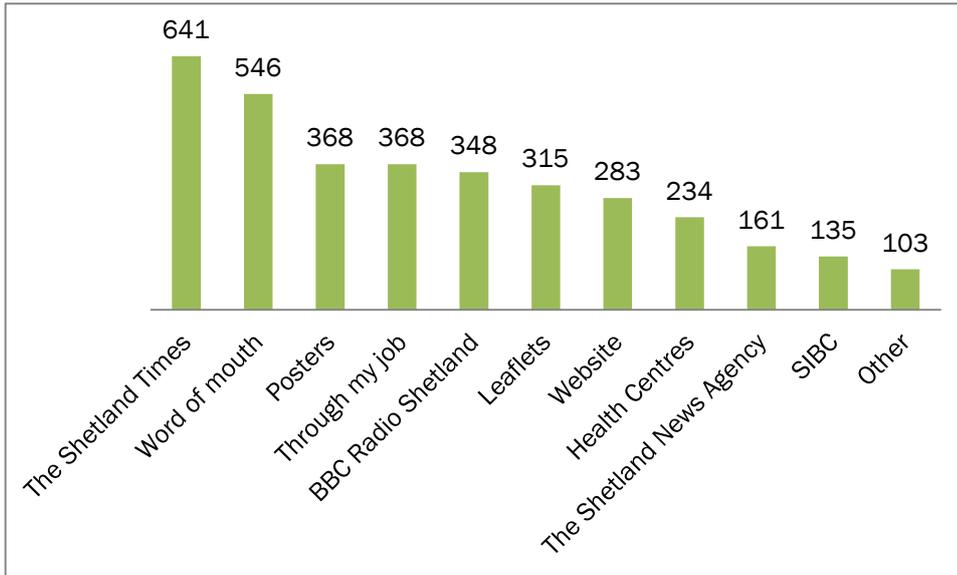
Just under 20% of respondents were aware of the Self-help facilitator post (appointed December 2009). 43% of people who selected that option currently or had previously experienced mental ill health.

Other areas or activities that respondents were aware of included fundraising activities which have taken place in the community (e.g. Terry Williamson's walk), relatives/friends of people serving on the MYH Committee, work related, the MYH wristbands and training (such as ASIST).

The other activity that people were aware of was the website and that will be discussed later in this section.

Although The Shetland Times continues to be the top way in which our community continue to hear about or keep up to date with news about MYH, it is interesting to note that in a close second place is word of mouth (see Figure 6). As a small organisation, affordability to market in all local press and media is not always possible. For specific areas of work further market research could lead to more targeted campaigns and reach new audiences (as briefly discussed in previous section).

Figure 6 – Where respondents had heard of MYH



65 people stated they had heard of MYH through school. This was the highest 'other' answer and is a reflection of the work the organisation has undertaken in schools. This can be an invaluable means of raising awareness and this result from the survey – although it was not directly aimed at school pupils – goes some way to highlight this.

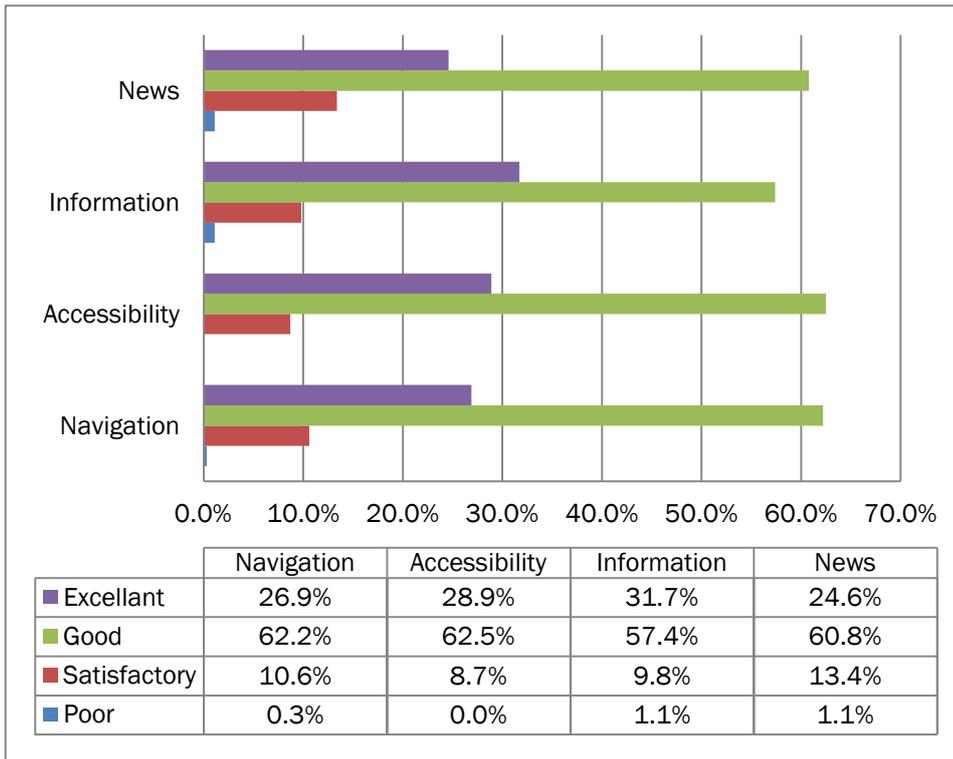
**It has become clear that MYH has to do a lot of work to promote our website locally, with only 37% of people visiting the website.**

This was disappointing, especially when compared to our web site stats. These are as follows:

5 <sup>th</sup> October 2009 to 1 <sup>st</sup> April 2010	1,939 unique visits	
1 <sup>st</sup> April 2010 to 5 <sup>th</sup> October 2010	2,636 unique visits	Pre re-launch and incorporating online fun run registrations
5 <sup>th</sup> October 2010 to 1 <sup>st</sup> April 2011	3,836 unique visits	Re-launched website on 5 <sup>th</sup> October

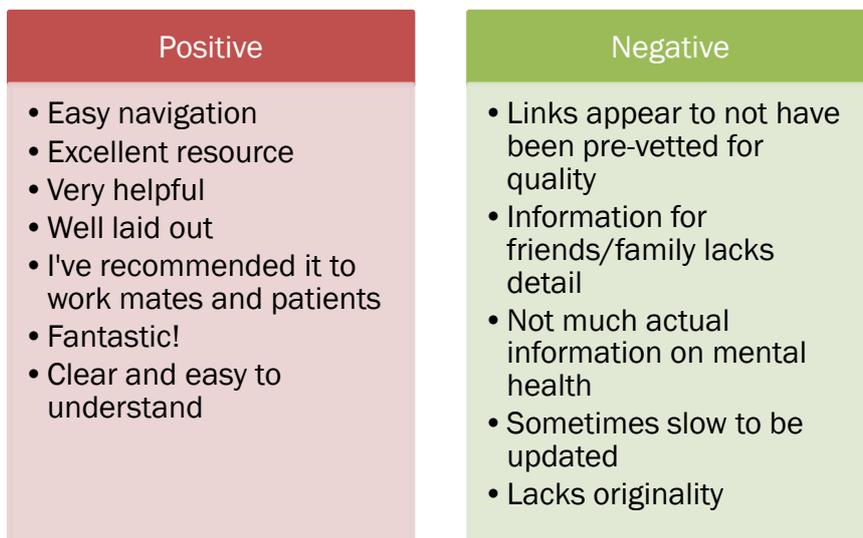
Although it is obvious that the website is being visited, and we are especially pleased with the number of unique visits since the site was re-launched, amongst survey respondents these statistics were not reflected. From this we have to assume that the people who completed our survey are not necessarily visiting our website. There may be various reasons for this but it is useful to also look at what people think of the website in order to draw conclusions on why this has been reflected in our survey.

Figure 7 – Website ratings



The average rating out of 4 was 3.16. A high percentage of respondents skipped this question (67%) yet these results demonstrate that respondents feel that the website has a good balance between up to date news, relevance of information, its accessibility and ease of navigation. A summary showing both negative and positive comments is detailed below:

Figure 8 – Selection of comments relating to the MYH website

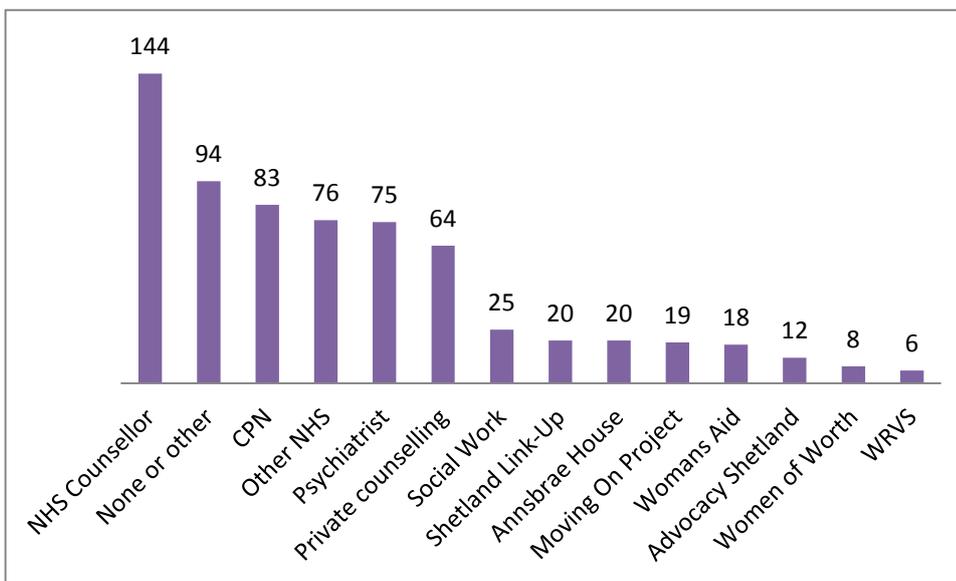


## 6. Mental health services

MYH wanted to find out how much people knew about services that were available locally and nationally. Through this process we also obtained feedback on what users thought of local mental health services.

The services used (shown in Figure 9) are all locally based. It is important to note that this section of the survey was only answered by those who had said that they had previously or currently experienced mental ill health. There were only 271 respondents who provided specific answers regarding which services they had previously or currently used.

Figure 9 – Mental health support services used



The service which is most highly accessed is NHS Counsellor with over 25% of respondents selecting that option. NHS services generally are the most used or accessed and smaller local services average out at similar numbers.

It is worthwhile noting the services, highlighted by respondents, which were not included in the response options. These included Turning Point, Life Line, Family Therapy Services, Clinical Psychology Services and other small voluntary/local charities.

The highest proportion of respondents for the service ratings section of our survey chose satisfactory as the rating for frequency of support sessions, speed of referrals from GP and access to services available. The next highest percentages chose ratings of poor which was close in percentage terms to the good scorings (Figure 10).

Figure 10 – Support service ratings

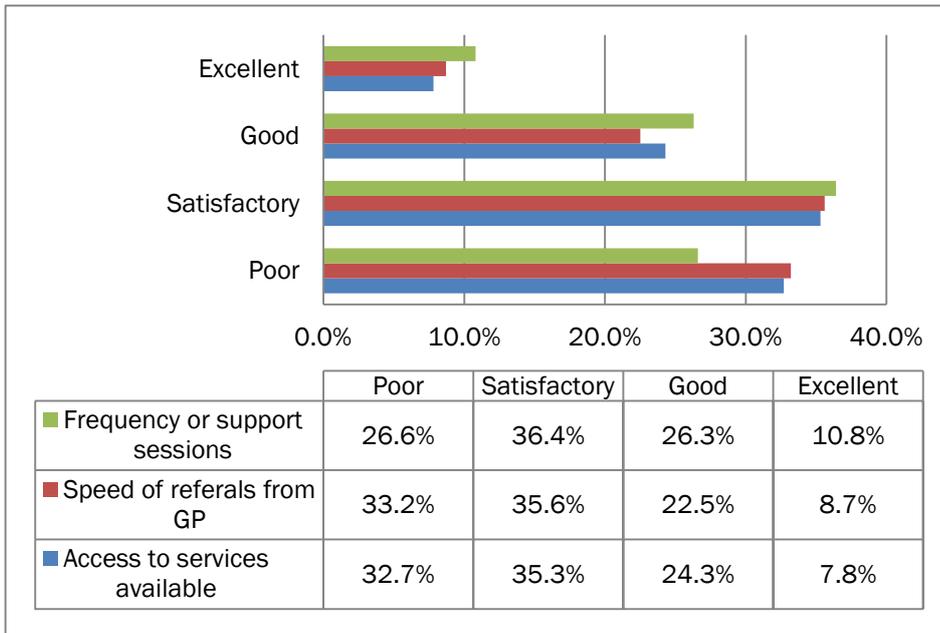
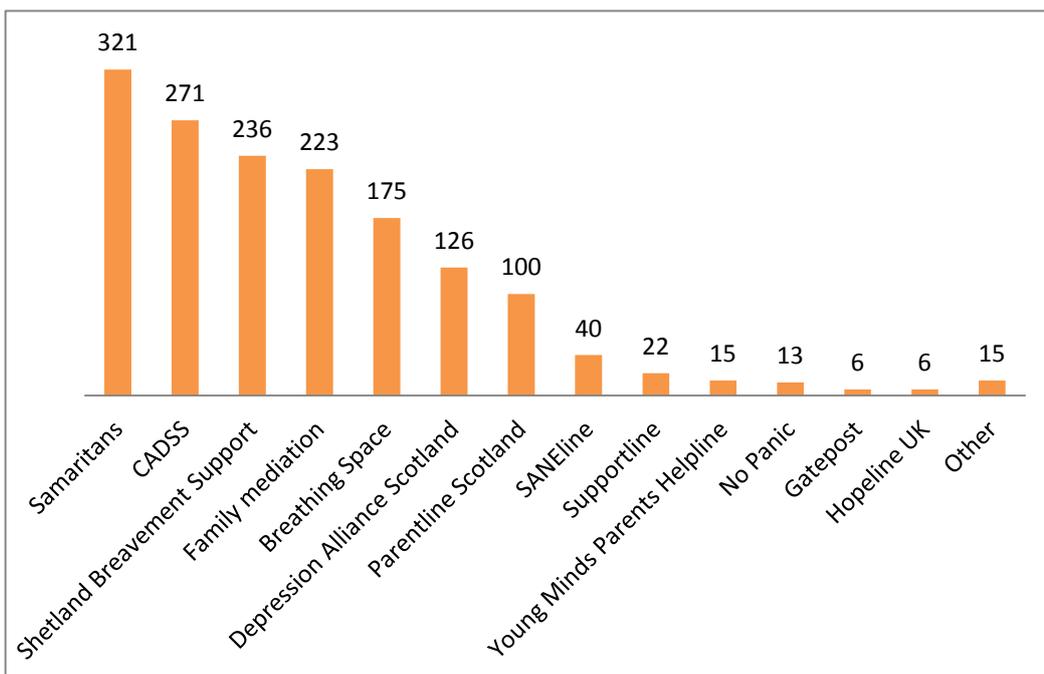


Figure 11 shows which services respondents were aware of. It should be noted that this question was only answered by people who currently or who have in the past experienced mental ill health. Awareness of The Samaritans was high in comparison to others, which may be a reflection of their high profile nationally. It is interesting to note that 80% of people who answered this question were aware of CADSS (Community Alcohol & Drugs Support Services). This potentially reflects perceived connections between mental ill health and alcohol/drug dependency within our community. Furthermore, and more importantly, it demonstrates that CADSS along with the Shetland Bereavement Support Service and Family Mediation have good profiles and levels of awareness within the community.

Figure 11 – Mental Health support services that people are aware of



It is important to acknowledge that mental health services and resources are stretched and this is reflected in the comments received. Whether additional services are required is a debatable point and ultimately service provision will come down to available resources. In Figure 12 a small selection of comments relating to services are detailed.

Figure 12 – Selection of comments relating to mental health services

Comments relating to waiting lists	General comments
<ul style="list-style-type: none"> <li>• Very long waiting times</li> <li>• Long counselling waiting lists</li> <li>• Took ten months to be referred for regular counselling</li> <li>• It took OVER A YEAR to get an appointment with an NHS counsellor</li> <li>• Waiting times are very poor</li> <li>• When someone is in crisis - waiting at least 6 months to see a CPN seems like a life time</li> <li>• I was referred a number of years ago and it was a very quick and supportive service</li> <li>• The waiting list is longer now. A down side of its success</li> <li>• It's not the speed of referral that is the problem, but how fast one can be seen once referred</li> </ul>	<ul style="list-style-type: none"> <li>• Services for children are abysmal</li> <li>• I would not know where to go</li> <li>• I was not aware of the services that I am entitled to</li> <li>• I feel the weekends there is no one from the MH team available</li> <li>• Lack of support out of hours other than accident and emergency which is not always the place of choice to go</li> <li>• CPN service was excellent</li> <li>• Shetland services are excellent, we are very lucky</li> <li>• Many years ago, when the service for mental ill health was virtually nil, you were sent away to Kingseat and came home with little back up, I think things have improved to help people much more</li> </ul>

Counselling services, and in particular long waiting times, were highlighted throughout the survey in the comments sections of many of the questions. MYH requested details of counselling waiting times from NHS Shetland, and these were<sup>4</sup>:

**Year 09/10**

*321 referrals of which 183 accepted*

*Waiting times average of 47 weeks*

**Year 10/11**

*285 referrals of which 154 accepted*

*Waiting times 45 weeks*

*Average workload of each counsellor = 16 clients per week\**

*Average number of session between 12 and 24\* (mean national is 7/8)*

*\* applies to both years.*

The comments we received reflect that there is a perception within the community that services and in particular counselling services are stretched. The information above indicates that our survey has reflected the waiting time issue for local NHS services.

<sup>4</sup> NHS Shetland – Mental Health. July 2011.

It is worth noting that Shetland Youth Information Service recently published a report entitled “Examining the Availability and Efficacy of Youth Counselling Provision in Shetland”. The report states:

*“With so many concerns as to how effective the current provision is in offering counselling to any young person should they require it, it is clear that there are holes in the counselling provision through which many young people can, and are falling through”.<sup>5</sup>*

We received many comments, especially in later sections of the survey, with regards to counselling services. These often related to the lack of services for young people which reflects the findings of the SYIS report.

Respondents raised many concerns, especially with regards to counselling services, support for young people, waiting times and out of hours services. However, it is important to acknowledge that there are other support services available and that MYH are in a position to assist the profile of these.

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<sup>5</sup> Shetland Youth Information Service: 2011. (Page 13).

## 7. Carer support

**MYH felt that it was crucial to obtain feedback on support services for those who care for, or who are involved with supporting a person who experiences mental ill health.**

The number of respondents who access support through the Shetland Carer's Group was low. Individual support can be difficult to access, without taking away from the excellent work of the Shetland Carers Group and associated support networks. There were many, for example, who stated that a group or meeting was not what they were looking for and that those with a strong family support network were in a better position.

49% of respondents felt there were sufficient services for carers and 51% felt there was not. 18% of the comments simply said 'don't know'. There was a fault in the design of the questionnaire to not include that as an option however, it could also indicate that people are unaware of carer support services.

Nearly all comments within this section (which was specifically looking at support services for carers) were negative. These comments were not necessarily negative in relation to carer support services but towards support services for those who are mentally ill.

A common thread in responses was that carers felt that better understanding was required both generally within the community but also for carers themselves. A means by which to easily learn and understand, know what action to take, etc was often highlighted as being important.

Figure 14 and 15 summarise feedback on general mental health services and services for carers. These questions were open to all surveyed.

Figure 13 – Summary of carers views on general mental health services

### General mental health services

- A care centre is the only place to put somebody with dementia
  - Waiting list was so long (NHS) that we decided to pay for private counselling even though we couldn't really afford it
  - The system is heavily dependent on the voluntary sector
  - Doctors fob them off with diazepam
  - Fine during office hours, scary at other times! Absolutely think that there is huge room for more support and counselling
  - Lack of 24hr cover
  - Need more services for acutely ill and elderly people with mental health issues
  - If complain are seen to be pleepsin
  - Poor accessibility to mental health NHS services
  - They do not work on prevention but crisis management because their resources are stretched
  - Too little too late
  - There is not even enough service support for those with mental health problems let alone their families and carers
  - I feel men get next to no help where there are loads for women to phone or get help from
  - Higher level of care required
  - Little support after hospital admissions (psychiatric) especially for young people
  - Too much for disabled people housing carers etc only annsbrae for mental health
  - System seems unable to cope with children with mental health issues. also lack of benefits available to young people who live at home with parents over the age of 16
  - CBT services only seems available online
  - I realise taking medication is up to the individual but often not taking medication can result in the person being a danger to themselves and others. Thus adding mental strain to those around them
  - There is a point where patient confidentiality is not in the best interests of the patient and family
- 
- There are some excellant support services available, but people need to be made more aware of them
  - The services may exist but perhaps Dr's do not make patients aware of the services available
  - I understand there is not enough cases to warrant a unit specific to mental health but it could be combined with the treatment of alcohol and drug rehabilitation, as these individuals also tend to experience mental health issues.

Figure 134 – Summary of comments relating specifically to services for carers

## Services for carers

- I do not believe there is enough support for carers
- Posters aimed at young carers are needed more
- Carers are not referred or advised of support services, so don't know what is available
- Didn't know of support group when I needed it
- Difficult to know who to contact if you need help for someone who has a problem, but not diagnosed
- Little support after hospital admissions (psychiatric) especially for young people
- Families who live and deal daily with the problems created by living with a person who has mental health problems should be able to have time out
- There is a lack of a 'starting point' for people who care for someone with mental ill health
- I have found the carers group patronising
- I think that there should be more help offered to the more remote areas of Shetland
- There is less emphasis on the needs of carers
- There is a point where patient confidentiality is not in best interests of the patient or family
- The carer can become isolated because of the ill person
- Not enough information given to help public understand and be able to help people who suffer from mental health problems
- Lack of clear guidance on where to get help, ended up making me feel ill myself
- It can be difficult to access services when the person experiencing the mental ill health does not want others to know, and often there is no one to speak to about it
- My partner was not offered any support when I have been unwell
- Needs more support for/with young people
- Particularly for children who are living with a parent/carer with mental ill health, I feel that their needs sometimes get forgotten and the parents needs come first
- The only service I know of is the carers group - which I have experienced as an unfocused social meeting
- Seems to be little help for those caring for older patients recently diagnosed with the likes of Alzheimers or Depression related illness.
- Families feel extremely isolated and alone. Left to deal with everything on their own
- Not enough information given to help public understand and be able to help people who suffer from mental health problems
  
- **Although health services are excellent, as a parent of a teenager diagnosed with bipolar disorder at 15, I was offered no support on how to manage or help her on a day to day basis. Even support with knowing how to help her claim benefits once she left school (and being unable to work) would have been a good support. Luckily, we have a strong network of family support, but of course in a small place like Shetland you often have the 'goldfish bowl' mentality of people wanting to know what is going on with your daughter... and without close and trusted family support, there would have been no other support available for me to offload my fears/worries/frustrations to. It is a difficult balance to maintain a calm, coping household where you are supporting your daughter, helping her through really difficult times and also being able to speak on her behalf to make sure she gets the help she needs, all the while feeling like you're on your own fighting for help within so many different systems.**

## 8. Challenges and priorities

10% of respondents feel that stigma is not an issue in the community with the remainder feeling it is (59%) or being unsure (31%).

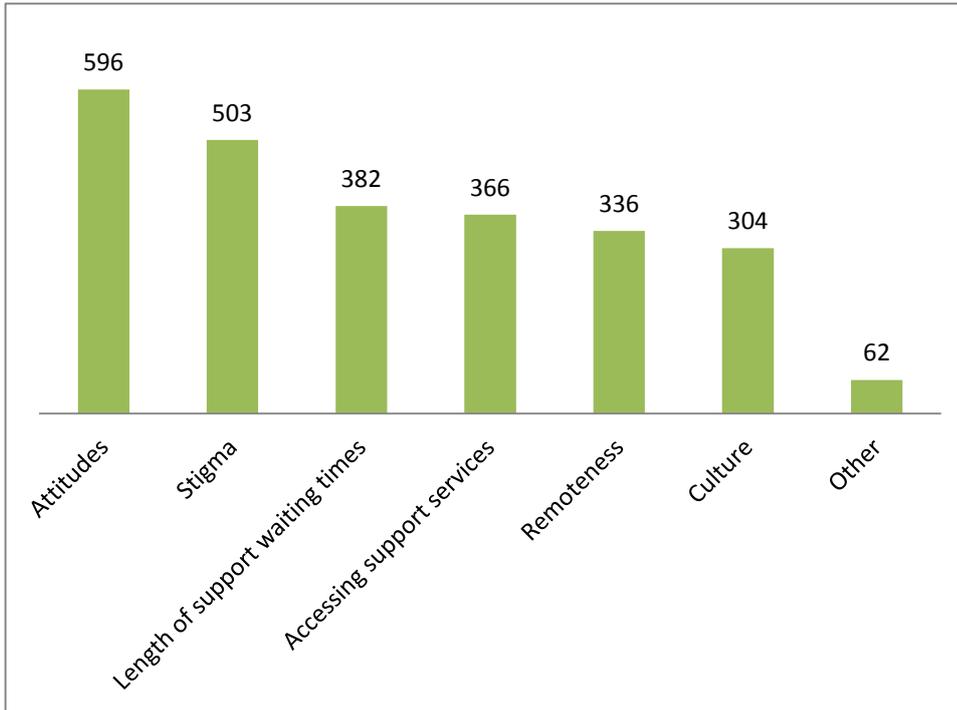
We are heartened that so many respondents stated that they were aware of improvements and that they felt MYH had impacted on this area in particular. However, there is clearly ongoing work which must continue and for MYH we recognise the need for our efforts in this area to continue to be prioritised.

Figure 14 – Summary of comments relating to stigma

Stigma is an issue	Stigma not the issue it was	General comments
<ul style="list-style-type: none"> <li>• It is still a taboo subject</li> <li>• There is much shame and rejection</li> <li>• People fail to take it seriously</li> <li>• Improving!!</li> <li>• More noticeable in this small community</li> <li>• Absolutely!</li> <li>• As is everywhere</li> <li>• Even within families stigma can be seen</li> <li>• My son is often mocked and targetted when going about his daily life here</li> <li>• The stigma is the same elsewhere</li> <li>• Lack of understanding and fear</li> </ul>	<ul style="list-style-type: none"> <li>• Getting better very slowly</li> <li>• More a lack of knowledge on how to deal with it</li> <li>• Hugely less thanks to MYH and national work like See Me</li> <li>• Changing attitudes takes time, keep on plugging</li> <li>• MYH has taken giant strides into reducing this issue but more still needs to be done</li> <li>• There will always be a stigma, but things are definately improving</li> <li>• Not sure, I certainly don't go round bragging about my own issues though</li> <li>• I think the work done by MYH is helping reduce this somewhat</li> </ul>	<ul style="list-style-type: none"> <li>• Still an issue but becoming less so</li> <li>• Probably less so than in other areas of Scotland</li> <li>• Need to find a way to make it ok for men to admit they have problems</li> <li>• The term mental health seems dated and negative and does not fully describe the broad range of situations involved</li> <li>• If anyone here is sent to a psychiatric hospital then people never stop gossiping about it, whereas, on the mainland it is more acceptable</li> <li>• Everyone 'talks' and sometimes they don't realise the damage this does</li> </ul>

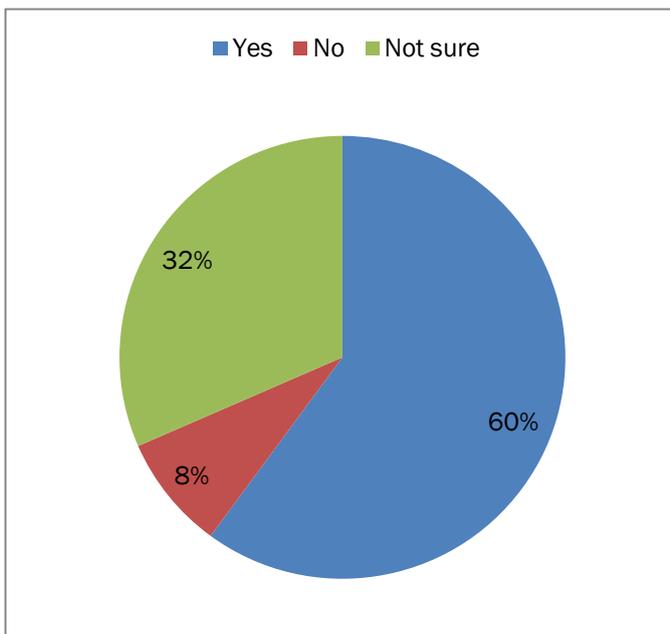
The comments which we received often reflected the island rural nature of our community, suggesting that is a factor. 'Word of mouth' is also seen as a major factor along with feelings of being 'talked about'.

Figure 16 – Most challenging aspects of coping with mental ill health in Shetland



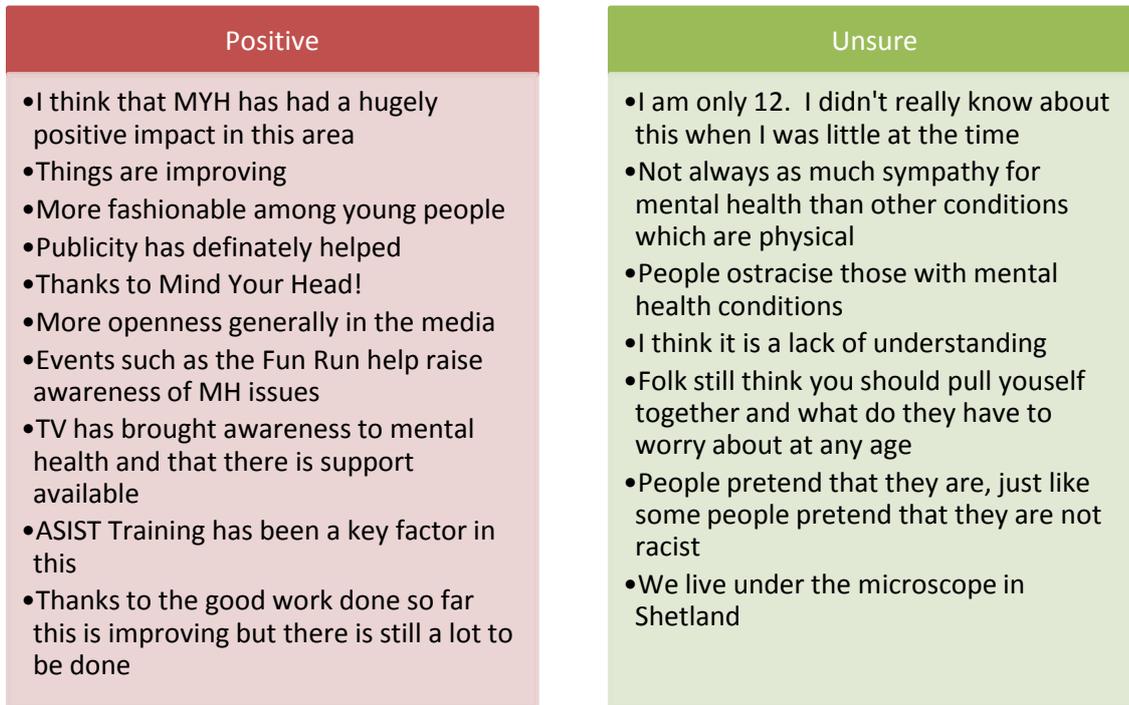
Additional comments within this section of feedback again reflected the isolated nature of our rural island community touching on confidentiality concerns, a lack of privacy and gossip as factors which lead to making coping with mental ill health more challenging. Other aspects touched on included alcohol dependency, lack of understanding/education, family exclusion, long winters and pride. It was also suggested that we work to encourage employers to have better support and understanding of mental ill health.

Figure 17 – Is the community more accepting of mental health than it was 5 years ago?



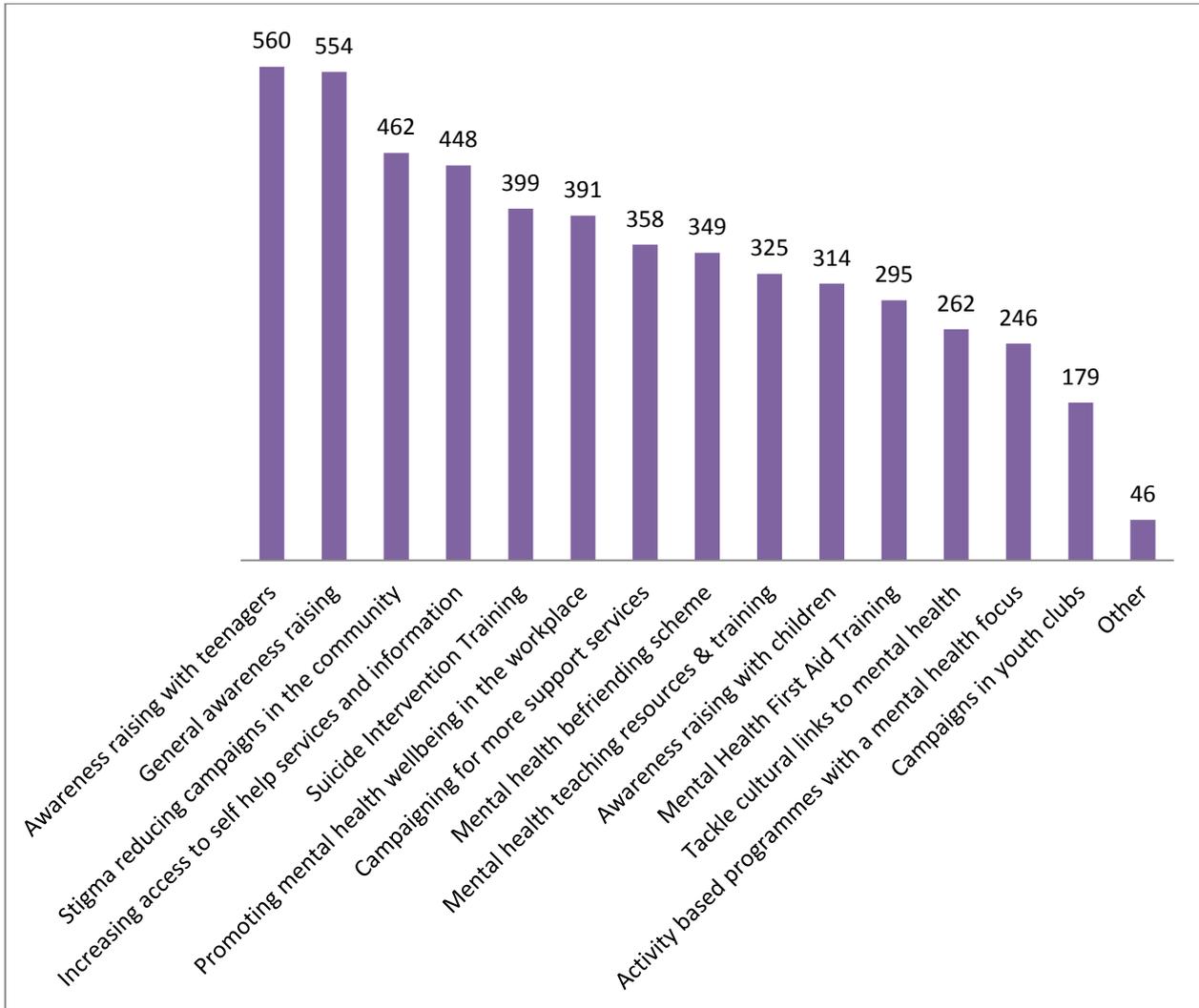
The overall majority felt that the Shetland community is more accepting of mental health than it was 5 years ago. Many comments related to how respondents felt MYH had impacted positively on this.

**Figure 18 – Are we more accepting of mental health than we were 5 years ago?**



We were keen to hear from our community what they felt our priorities should be. There were 14 options based round priority headings detailed in our Development Plan (2010-2013) and are detailed in the Figure 21.

Figure 19 – Priority areas

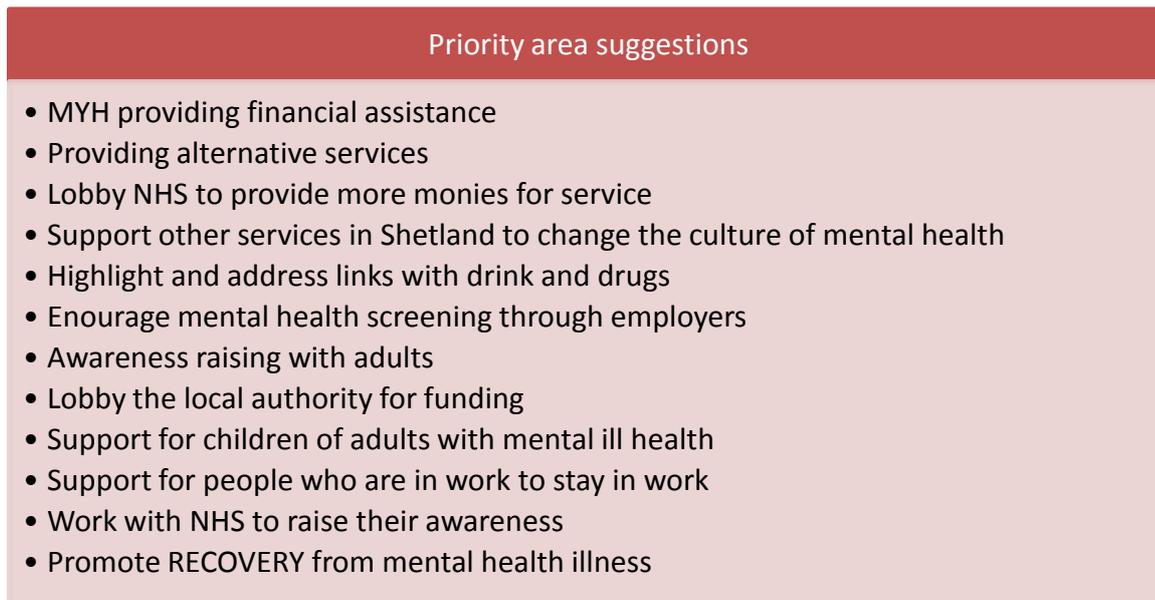


There are little differences between different priority areas in terms of options chosen by those surveyed. What was clear from comments made and the statistical evidence is that it is hard to prioritise certain areas at the expense of others. Generally, there was a strong suggestion that MYH focus work on generally promoting awareness, specifically amongst young people and continue to focus on stigma reducing campaigns along with increasing access to self-help information.

It is felt that self-help was a popular choice due to the perceived lack of support services and the communities desire to have increased access to self-help. The mental health befriending scheme was also popular and there was strong arguments for MYH to focus primarily on stigma and attitudes towards mental health in Shetland.

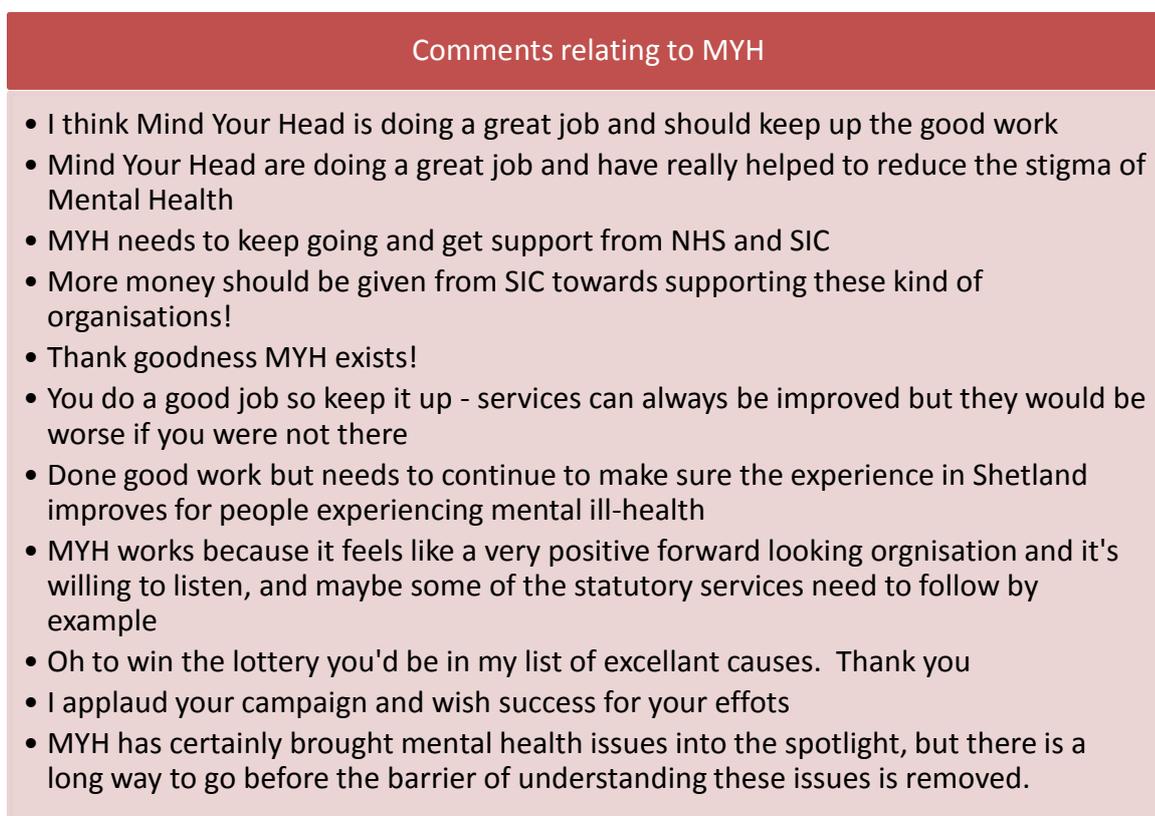
It is necessary to also record some of the many suggestions on other priority areas of work which respondents put forward. These are detailed in Figure 22. These reflect many of the suggestions and comments which were made in this section in particular.

Figure 20 – Selection of suggestions on priority areas



It was not the direct intention of MYH to receive feedback on our achievements, but within the last section of the survey we were delighted to see such positive comments and words of encouragement for work we have to done to date.

Figure 21 – Selection of comments relating to the work of MYH



MYH is very fortunate to have been supported so positively and widely within the Shetland community. The comments within this section reflected this and we are delighted that we

continue to receive such positive community support. It was also clear that in bringing together the final section of our survey that there were again common themes and ideas on the way ahead which were being emphasised again. A summary of these are detailed below:

Figure 22 – Summary of additional comments

Additional comments
<ul style="list-style-type: none"><li>• There is a real need for actual hands-on support</li><li>• Shetland is too Lerwick centered</li><li>• We need more innovative solutions to avoid mental health problems or to enable those who have them to get support quickly</li><li>• Some of the services accessed have been really good, however the risk comes where it is not</li><li>• The family too need practical help and respite from people who can be very aggressive and cause great damage to the family unit</li><li>• More care services needed</li><li>• People with mental disorders should not receive a lesser service</li><li>• Why wait till the "felt like having suicidal thoughts" box to tick when it can be prevented at an earlier stage?</li><li>• I think more success stories in the media would be brilliant to hear how people have navigated mental ill-health</li><li>• Working with employers and managers to help them understand Mental health issues and how to support their staff in work and reduce absence is essential</li><li>• People should get help early on so it doesn't become a crisis</li><li>• Leaflets, posters and pamphlets are quite often not read and a more direct link would be advisable</li><li>• Support groups are limited in the help they can give</li><li>• More needs to be done for men</li><li>• If children are taught young about this issue there will be less stigma on mental health issues. Specialist doctors should be employed and based in Shetland</li><li>• Mental wellness should be considered and discussed when a health care professional meets with any patient</li><li>• If somebody has a query there should be an easy way of getting the correct advice and help</li><li>• Highlight dual diagnosis</li><li>• My family and I still feel that services are mainly based in the town</li><li>• Please give some focus on how to handle offensive language that is used about mentally ill people in Shetland</li><li>• We have to address the high suicide rate here, even if that takes services away from other areas</li><li>• Raising awareness though schools to teach understanding and acceptance</li><li>• The lack of sunlight and living in darkness and bad weather for half the year means depression can easily creep into folks lives and then possibly manifest itself in more serious mental health issues further down the line</li><li>• Having moved to Shetland a few years ago, there are a huge amount of support and services available in Shetland to people suffering mental health issues and other issues in their lives...much more so than in other places where I've lived...we should celebrate that!</li></ul>

## 9. Conclusion

The survey has provided an invaluable opportunity to look closely at the needs of our community specifically in terms of mental health wellbeing.

Through this research we have been able to show that MYH has made a difference and an important one. But there is more work to do. The Shetland Community have communicated a very strong message of support but also helped us in focussing attention on the way ahead.

A 26-35 year old male wrote the following short statement in the final section of our survey. His words often echo feelings expressed by other respondents whilst providing a thread of positivity and reflection on what is effectively an ongoing personal journey of recovery. In concluding the findings of our survey it is perhaps worth thinking of the work that MYH has done to date and will continue to do as being akin to that of a journey of recovery.

*“Mental illness is such a difficult illness. I question if there is, or will ever be, any magic wand for it but I guess we’ve got to try. I just wish that I could have sat down with someone who had answers for me. Even if they’d been able to tell me that, for example, what I have is going to be with me for life and explain to me that perhaps I will have to adjust my life and then teach me what that means would have been a big help. As it is, I’ve had to figure all this out for myself but I’m still not there yet. I’m still trying to figure out what helps my mental health and what hinders it, or in other words what I’m able for and what I’m not able for. Looking back, in particular at my school days, it is obvious that I had an illness in me and it would’ve been nice if it could have been detected and some steps taken to help me. Whether this is possible or not I don’t know. On a closing note I’d like to thank you for setting up Mind Your Head (an ingenious title!) and would encourage you to keep going. I suppose the learning curve is as steep for you as it is for me. Please don’t judge those who take their own lives. I don’t want to see people taking their own lives but I now understand the living hell that is depression and mental illness. It is a detached world of hell that few see.”*

MYH will provide information and raise awareness so that our community have greater understanding of an illness which touches so many lives. We want to create a community where people do not feel isolated or unsure of where or how to get help. We will continue to work to gain a greater understanding of mental health in Shetland. We want to campaign on our communities behalf for improvements to support services and ensure that our community is aware of services available to them. We will continue to promote a positive message and be non judgemental in our approach. We will educate and inform our younger generation so that in the future our young people are equipped to deal with what is often part of our life experience. We want to work hard on tackling negative attitudes within our community and encourage a greater understanding and acceptance.

MYH will work hard to demonstrate to our community that we have listened and that we will act upon the findings of our survey. There is an expectation and we will work hard, along with local and national agencies, to show the Shetland community that their thoughts, suggestions and comments in relation to mental health wellbeing were taken seriously and given the attention deserved.

**We would like to say a heartfelt thank you to all who took part in our survey – your honesty and personal reflections reinforced our commitment and determination. We look forward to the next stage of our organisation’s development. We hope this report will be a valuable resource for all who are involved in mental health wellbeing services in Shetland.**

## 10. References

General Records Office: 2011. [Online]. *Shetland Islands Council Area – Demographic Factsheet*. <<http://www.gro-scotland.gov.uk/files2/stats/council-area-data-sheets/shetland-islands-factsheet.pdf>> (Accessed 10 June 2011).

Mental Health Foundation: 2011. [Online]. *Mental Health Statistics*. <<http://www.mentalhealth.org.uk/help-information/mental-health-statistics/>> (Access 25 September 2011).

NHS Shetland – Mental Health. 2011. *Counselling Waiting Times*.

Shetland Youth Information Service: 2011. *Examining the Availability and Efficacy of Youth Counselling Provision in Shetland*.

## 11. List of figures

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- Figure 2 – Where respondents lived
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- Figure 5 – MYH activities that respondents were aware of
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- Figure 7 – Website ratings
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## 12. Appendixes

- Appendix 1 – Survey distribution
- Appendix 2 – Copy of survey

## Appendix 1 – Survey distribution

Who	Poster	Flier	Quest
Unst Leisure Centre	1	25	0
Clickimin Leisure Complex	2	50	0
Yell Leisure Centre	1	25	0
Whalsay Leisure Centre	1	25	0
North Mainland Leisure Centre	1	25	0
Scalloway Pool	1	15	0
West Mainland Leisure Centre	1	25	0
South Mainland Pool	1	15	0
Brae Garage Ltd	1	15	15
Linkshouse Stores	1	25	15
Fetlar Shop	1	15	5
Windog Cafe	1	25	15
Skibhoul Stores	1	15	5
EID Community Cooperative	1	15	5
Ollaberry Shop	1	15	5
Hillswick Shop	1	15	5
Tagon Stores	1	15	5
Mossbank Shop	1	15	5
Robinson & Morrison	1	15	5
Walls Shop	1	15	5
Tetley & Anderson	1	15	5
Scalloway Meat Co	1	25	15
Sandwich shop	1	15	5
Shetland Library	3	50	50
Health Centres & GBH	10	150	250
A. Humphray & Co	1	15	5
Stackhoull Stores	1	15	15
Support Training Internet Cafe	1	15	15
Market House reception	1	25	25
Social Wk reception area	1	25	25
Shetland Link-up	1	15	15
Shetland Youth Information Service	3	50	25
Viking Bus Station	1	0	0
CADDSS	1	15	15
Islesburgh Community Centre	1	25	0
Peerie Shop Cafe	1	25	0
SIC Youth Services	15	200	0
SIC - Bridges Project	1	15	5
Annsbrae House	2	15	15
Bruce Family Centre	2	15	15
Sound Service Station	1	25	15
Mainlands	1	25	15
North Bridge Stores	1	15	5
Bigton Shop	1	15	5
Irvine Contractors	0	0	50
Ness Engineering	0	0	21
Hays/Buildbase	0	0	30
Malakoff	0	0	30

Who	Poster	Flier	Quest
Peterson SBS	0	0	40
Scottish Coop	0	0	40
Shetland Amenity Trust	0	0	20
LHD	0	0	6
Lerwick Port Authority	0	0	50
Shetland Transport	0	0	15
Allied Taxis	0	0	15
George Robertsons	0	0	10
MK Leslie	0	0	20
Garriock Brothers	0	0	20
Ocean Kinetics	0	0	20
T&N Joinery	0	0	20
Anderson High School	0	0	300

<b>74</b>	<b>1210</b>	<b>1337</b>
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### Community Survey

Mind Your Head are a Shetland based charity which formed in 2005 following personal experiences of its founding members. We exist to promote mental health positively throughout Shetland. In order to help us achieve this we are asking you to take 5 minutes out of your time to answer some questions to help us shape our future activities and plans. Please avoid using names or providing personal or confidential information in your answers.

1. Please indicate if you are  Male  Female
2. How old are you?  0-10  11-17  18-25  26-35  36-45  46-55  56-65  65+
3. Where do you live?  Bressay  Lerwick  Central Mainland  North Mainland  
 North Isles (Yell, Unst or Fetlar)  Outer Isles (Fair Isle, Foula or Papa Stour)  
 Whalsay  South Mainland  West Mainland  
 Other (please specify) .....

### Have you heard of Mind Your Head?

General information to help us find out what you know about Mind Your Head.

4. Had you heard of Mind Your Head prior to completing this questionnaire?  Yes  No  
 If 'No' go to Q9

5. Please indicate what activities you are aware of Mind Your Head doing.  
 You can provide more than one answer.

- Annual Spiggie Fun Run  Awareness raising at events (i.e. Agricultural shows)  
 Educational workshops  Self-Help Facilitator  Website  
 Other (please specify) .....

6. Where have you heard or read about Mind Your Head? You can select more than one option.

- BBC Radio Shetland  Health Centre  Leaflets  Posters  SIBC  
 The Shetland News Agency  The Shetland Times  Through my job  
 www.mindyourhead.co.uk  Word of mouth  Other (please specify) .....

7. Have you visited our website?  Yes  No If 'No' go to Q9

8. Please rate the website on the following:

	Poor	Satisfactory	Good	Excellent
Accessibility.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Navigation.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
News.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments .....

.....

**Mental Health Services in Shetland**

We want to find out what you think of services in Shetland so that we can campaign on your behalf for improvements or praise things that are working well.

**9. Do you currently or have you in the past experienced mental ill health?**  Yes  No If 'No' go to Q13

**10. Have you ever accessed any of the following services in Shetland?**

You can select more than one option.

- Advocacy Shetland     Annesbrae House     Community Psychiatric Nurse (CPN)
- Moving On Project     NHS Counselor     Other NHS Service     Psychiatrist
- Private Counseling     Shetland Link-Up     Social Work     Womans Aid
- Women of Worth     WRVS
- None or other (please tell us why you have not accessed any service or what alternative service you have accessed)

.....  
 .....

**11. Generally, how would you rate the following:**

	Poor	Satisfactory	Good	Excellent
Access to services available.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency of support sessions.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speed of referrals from GP.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comment .....

.....

**12. Which of these support services are you aware of? You can select more than one option.**

- Breathing Space     Community Alcohol & Drugs Services (CADSS)     Depression Alliance Scotland
- Family Mediation     Gatepost     Hopeline UK     No Panic     Parentline Scotland
- Samaritans     SANEline     Shetland Bereavement Support     Supportline
- Young Minds Parents Helpline     Other (please specify) .....

**13. Do you know someone who has experienced mental ill health?**  Yes  No

**14. Do you currently, or have you in the past, accessed services through the Shetland Carer's Group?**

- Yes     No

**15. Do you feel adequate support services exist in Shetland for people who care for someone who experiences mental ill health?**  Yes  No

If you answered 'No' please tell us why .....

.....

.....

16. Do you feel that there are adequate support services for people experiencing mental ill health in Shetland?  Yes  No

If you answered 'No' please tell us which services you would like to see .....  
.....  
.....

17. What improvements, if any, do you feel could be made to mental health services in Shetland?

.....  
.....  
.....

**What you think we should do**

Mind Your Head are keen to raise awareness in the community. Help us to decide on the best way to communicate our message.

18. Do you think stigma surrounding mental health is an issue in the Shetland Community?

Yes  No  Not sure

Comments.....  
.....

19. Do you feel the community is more accepting of mental health than it was five years ago?

Yes  No  Not sure

Comments.....  
.....

20. What do you think can be the most challenging aspects of coping with mental ill health within the Shetland Community? You can chose up to three options.

Accessing support services  Attitudes  Culture  Length of support waiting times  
 Remoteness  Stigma  Other (please specify) .....

21. What do you think Mind Your Head should prioritise? Please choose six priority areas.

- Activity Based programmes with a mental health focus
- Awareness raising with children
- Awareness raising with teenagers
- Campaigning for more support services
- Campaigning in youth clubs
- General awareness raising
- Increasing access to self help services and information
- Mental health befriending scheme
- Mental Health First Aid Training
- Mental health teaching resources & training
- Promoting mental health wellbeing in the workplace
- Stigma reducing campaigns in the community
- Suicide Intervention Training
- Tackle culture links to mental health

Other suggestions (please specify) .....

21. Please take a moment to write any additional thoughts on Mind Your Head and mental health wellbeing in Shetland. ....

.....  
.....

THIRD FOLD (TUCK IN)

NO  
STAMP  
NEEDED

**MIND YOUR HEAD**

**FREEPOST RLXA - RELX - GYKY**

Market House

14 Market Street

Lerwick

ZE1 0JP

FIRST FOLD

SECOND FOLD