

1 female from Cupar, the mother and sole main carer of her son for 11 years in total. He lives alone but nearby.

My son has had many crises over the years. You get to know the symptoms – it could be to do with money, needing medication, being on the correct level of medication, social pressures, peer pressure, or the police. Sometimes he needs the input from a health professional dependent on his symptoms and it's in his best interests to do so. Sometimes he ends up in hospital as he's not always able to get a CPN. They don't work evenings and weekends. NHS24 is no use as they won't listen unless you are the patient and there's no way my son will phone himself. There's no crisis team to call on. If the CPN is not available, it's a nightmare. He gets on with the CPN and it would be good if they were available on the phone out of hours as talking can help.

My son once broke down in a supermarket. His father's family live in Tayside.

Fife Family Support have alert cards that were given to some patients in a successful pilot, but there's been no clear distribution. These could be given out by the CPNs.

I would rate Stratheden Hospital zero out of 10 – and it's not changed in the 11 years.

Last September he stopped his medication. He didn't want to go to hospital. He did go to Weston where he was seen by a CPN and different psychiatrist to his usual one who advised he should go to hospital. I was asked if I thought he would want to go, which I didn't. He'd be sedated, they'd forget about him. He'd not feel well. They'd do nothing and just send him home. The CPN agreed with me.

In the end we did go to Stratheden arriving at lunchtime. There were lots of people around. I was refused admittance to the ward dining room. My son came out of the dining room saying the food was crap. We ended up providing food from home. He was sedated, slept for the most of 2 to 3 days then discharged. The charge nurse said he was functioning remarkably well. The usual consultant wasn't on. I was not spoken to. I was not seen as part of the team. They don't take account of how much the carer is hurting. You might get 5 minutes with the psychiatrist who is likely to be young, new, and stretched for time.

The patients are managed, not treated. Staff want a quick fix.

In Lomond Ward there are lots of young men whose mothers are their carers. There is nowhere to see your son privately. As a woman you've got to go to the men's ward. The public phone isn't private. They need a visitor's room.

Ideally you want a 24 hour home crisis team who will visit.

As far as hospital goes they need to look at the family as well as the patient. They need to improve the food, and provide privacy and treat people with respect.

The CPNs shouldn't just be 9am to 5pm, Monday to Friday. They should be on-call.

There's an occupational therapy unit at the hospital, but nothing is available on the ward. They used to have an activities board with things to do but now it's not an adequate service. They could have an outdoor facility with a basketball hoop or goalposts. There aren't enough staff to take patients out. They are complacent.

There are lots of patients who have a drug or drink problem – not all of them but a sizeable proportion.

Once when I had a job in Edinburgh which I couldn't just leave, I had to call my other son to take him to his grandmother's in Dundee. His father was in the west of Scotland. There was no chain of support. Families need the support of the professionals.

The alert card is a good idea if people get picked up by the police. It helps stop misunderstanding and makes the police stop and think. The card was distributed in Glenrothes and North East Fife CHP, but I don't think it was Fife-wide. It would be a success if people carried it and wanted it. There was no one person, group or body to co-ordinate distribution but people need to have it. The printing has been done. The obvious place to give it out would be at the hospital and service providers.

If there was a crisis team, that would be another link for the police.

My son has been in hospital 4 times and none of them were good experiences. The medical profession want to do it their way, when care should be individual. There's been lots of money spent on an Alzheimer's wing which is for really for the short-term. There's little spent on mental health which is for the long-term and could be for a lifetime. There should be a balance.

Each psychiatrist is different. Some are condescending and some are not. They don't ask about the carer's experience. This would be a practical thing to do. Episodes build gradually and you get the suspicion through experience that something will happen.

In 2000 we called the GP who referred my son to Weston where he saw a CPN. A few weeks later he called the CPN who took him to hospital for a full examination. It was late afternoon when the CPN dropped him off then left him as it was when they finished work. The psychiatrist kept getting called away as there was no one else on duty. As a result the assessment wasn't accurate. I was not allowed in and not given an explanation. I took him home, but we had the police at the door later. He had been sectioned. They had assumed I knew what the procedure was or that I didn't need to know. We went back the next day and I spoke to the charge nurse in their office, but the door was open and people kept coming to and fro. It was impossible to have a private conversation. This compounds the agony and shows disrespect. I hope this wouldn't happen now. Part of the nurses' training should be to speak to the carers and families of patients. The carers and families need more

information from day one about what agencies exist and what help is available, rather than having to learn bits and pieces over a number of years.

There should be family training sessions involving psychology and the hospital. Families should be in at the beginning. It's a long haul. In some areas they run Prospect training for carers.

Services vary from area to area. I know of one lady who moved her family to a different area where services are better. There should be 'golden rules' and some sort of mechanism for transferring knowledge from area to area. What if a person takes ill away from home? There should be a nationwide number like 999 for mental health emergencies. Physical and mental crises are treated differently.