

give us a **break**

exploring harassment of people with mental health problems

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Mary Weir, Chief Executive, NSF (Scotland)

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Foreword

Some years ago, the National Schizophrenia Fellowship (Scotland) and the Scottish Users' Network found that they shared concerns about reports of harassment from mental health service users living in the community. These ranged from being shouted at in the street to having windows broken and worse. However, there was no objective evidence available to inform us about the extent of this problem.

In the summer of 1998, both organisations submitted a successful application to the then National Lottery Charities' Board. Working in partnership with the Nuffield Centre for Community Care Studies at the University of Glasgow, this funding enabled us to undertake a two year research project of great importance to mental health service users, their families and the wider community.

This publication summarises what we found out through the 'Give us a Break' research project. The findings confirm that we were right to be concerned about harassment, and have given us clear indications of what needs to happen to change the current experiences of too many mental health service users.

For people with serious mental health problems to have the best possible opportunities for recovery they need, and have a right to, acceptance and respect from the communities where they live. I hope that this Report, and implementation of its recommendations, will help that to happen in the near future.

Susan Kirkwood, Chairman, NSF (Scotland)

Executive Summary

This report examines the nature and extent of the harassment experienced by people with mental health problems, living in Scotland.

It is based on semi-structured face-to-face interviews with 165 individuals with mental health problems living in the community and 165 individuals matched from the general population across four types of Scottish community.

The findings show that:

- People with mental health problems report more than twice as much harassment than the general population.
- Verbal abuse was the most common form of harassment.
- Most people thought they were victimised because of their mental health problems.
- Typically, the perpetrators were neighbours and teenagers.
- Almost all the people with mental health problems said that the harassment had adversely affected their mental health.
- Few thought that the police had been able to act against the harassers.
- Almost one in three people with mental health problems who had experienced harassment had moved house as a result.

Those interviewed suggested that education and attitudinal changes would prevent harassment. The research makes the following recommendations:

- **RECOGNITION** – the harassment of people with mental health problems needs to be acknowledged by all agencies including the police, housing services and health and social care providers.
- **EDUCATION** – anti-stigma initiatives should be initiated e.g. in schools and the media, including advice and guidance for people wishing to combat harassment on their own behalf or others’.
- **PREVENTION** – strategies to eliminate harassment should be explored, including identification of harassment during assessments of service users’ needs by professionals, and the strengthening of legislation.

SECTION 1

Introduction

Prior to this research, there was little evidence in Scotland about the prevalence and nature of harassment experienced by people with mental health problems, or its impact on their lives. There was no information about the characteristics of the perpetrators or of those experiencing harassment, for example age, gender or location.

Harassment is a product of stigma and the deliberate targeting of a person who is in some way different. This research is, therefore, particularly relevant given the recent commitment from the Scottish Executive to anti-stigma initiatives.

What is harassment?

The research wanted to capture the widest range of responses, and so harassment was defined as follows:

- A person carrying out an action that may reasonably result in another feeling harassed is committing an act of harassment.
- A person will be perceived, by self or others, as having experienced harassment when an action by another, intentionally or unintentionally, has caused a negative reaction.
- Harassment is not an act in itself but the result of an act.
- There does not need to be intent to cause harassment.
- Harassment does not need to be repeated; one incident can be defined as an act of harassment.

Harassment, discrimination and **stigma** share common characteristics:

- **All** occur as a result of the victim being perceived as different from the 'general population'. This may be because of disability, appearance and/or lifestyle.
- **All** usually have a negative impact on the victim.
- Like harassment, **discrimination** does not require intent. However, unlike harassment, discrimination can occur by commission or omission of an act, or may be institutional, affecting a public service.
- Individuals can feel **stigma** even if they are not actually experiencing any negative attention. They may feel unable to be honest about themselves in relationships, whether personal, business or vocational.

Aims and objectives of the research

The research aimed to examine the extent to which people with mental health problems who live in the Scottish community experience harassment, and to describe the nature of this harassment.

We asked the following questions:

- 1 What forms of harassment do people with mental health problems experience?
- 2 What impact does harassment have on people with mental health problems?
- 3 Do people with mental health problems experience more or less harassment than others?
- 4 How, if at all, does the experience and impact of harassment differ between people with mental health problems and the general population?

Methodology

We conducted semi-structured face-to-face interviews with 165 people with mental health problems and a comparative sample of 165 people from the general population.

We selected interviewees from four different types of area: scattered rural settlement; urban town; city (40 people from each area in each sample); and peripheral housing estate (45 people in each sample).

We focused on people with severe and/or enduring mental health problems, rather than individuals who had had a single episode or problems of a more transient nature. The interviewees were aged between 25 and 65 and had all been in contact with services for at least two years.

Each person with mental health problems was matched with an individual from the general population of the same age, area, type of residence, and gender. Those in the general population sample had had no contact with mental health services within the past ten years.

Introduction

THE INTERVIEWS

The interview structure provided a supportive environment within which information could be gathered about people's experiences of harassment. We asked interviewees whether they had ever experienced harassment in their communities. If they had, we then asked:

- What the harassment consisted of
- Who was committing it
- Why they thought it was happening
- Whether they tried to do anything to stop it
- How the harassment made them feel
- What they thought could stop or prevent harassment

Information from the interviews was recorded and analysed and the findings are set out in the following section.

SECTION 2

Findings

Extent of harassment

- More than twice as many people with mental health problems had experienced harassment than the general population. Forty one percent (67) of people with mental health problems reported experiencing harassment, compared with 15% (24) of people in the general population.
- People living in local authority accommodation were more likely to experience harassment than those in privately owned accommodation.
- People who went out of their homes either daily or several times a week were also more likely to experience harassment.
- Gender, age or home area did not affect levels of harassment.

The nature of the harassment

Among those 67 with mental health problems who experienced harassment, verbal abuse was the most common. Over half [54% (36)] said the abuse referred directly to their mental health problems, such as calling people derogatory names.

'They were calling me names such as 'loony' and saying 'you should be locked up.' Woman, 25-34, Dundee

Unwanted interference such as malicious telephone calls and false accusations about individuals to the authorities was common. Pressure and manipulation were frequently reported, with others taking advantage of them to get money or prescription medication. Many experienced persistent interference, for example someone continually coming to their door and verbally abusing them. Others experienced attacks on their property.

'Kids often throw things at my window, dump things in my garden and push things through the letterbox.' Man, 45-54, Falkirk

'They set fire to my front door, broke my windows and called me names.' Woman, 35-44, Castlemilk

'I'm frightened to go out sometimes in case they hear me going out and kick my door in when I'm out – I think they might.' Woman, 35-45, Drumchapel

'We passed two local lads and they started throwing stones at me and shouting and laughing. The stones cut my ear and hurt my cheek.' Woman, 45-54, Dumfries and Galloway

Findings

Of the 24 of the general population with no mental health problems, who experienced harassment, 23 (92%) most commonly experienced verbal abuse followed by persistent interference [64% (16)] and annoyance [60% (15)].

Who are the harassers?

Teenagers perpetrated 36% (23) of the incidents of harassment, closely followed by neighbours [31% (20)].

'They [the neighbours] would make comments about why didn't I just get myself out of bed. I heard these comment and heard them laugh about me.'

Woman, 35-44, Dumfries and Galloway

'It was usually committed by youngsters in groups.' Man, 55-65, Dundee

One in five (14) cited their families as the harassers. Several interviewees described harassment as family members persistently asking if they had remembered taking their medication, a result of families being anxious about their relative's welfare. However, this research concentrated on the more malicious harassment including verbal abuse and exploitation.

'My family would also call me a 'nutter' and thought I had a bad temper and were frightened of me'. Man, 55-65, East Kilbride

'They tried to get me to fraudulently claim benefits and I wouldn't.'

Man, 35-44, Aberdeen

'My brother-in-law used to harass me for my sleeping tablets.'

Man, 35-44, East Kilbride

Neighbours [83% (20)] and teenagers [75% (18)] were most likely to harass those in the general population sample. Nobody in the general population was harassed by a member of their own family.

Why people thought they were being harassed

Most people with mental health problems said they were harassed because people knew they had mental health problems [90% (60)].

'They do it because they don't understand mental health problems.'

Woman, 45-54, Castlemilk

Findings

They also thought they were perceived as vulnerable by the harasser [43% (29)].

'They were very forceful and I think they took advantage of me because I was frightened of them.' Woman, 55-65, Dumfries and Galloway

Of the general population who were experiencing harassment, the majority [67% (13)] thought it was as a result of a 'need' of the harasser: commonly, the harasser was a bored teenager with nothing to do. This suggests that the general population may perceive the harassment as less personal.

How people tried to stop the harassment

Just under half of the people with mental health problems did not report the harassment at all [48% (32)].

'I didn't report it as I didn't think anything could happen.' Man, 45-54, Aberdeen

Forty three percent (29) reported the harassment to the police and many [40% (27)] also reported it to a member of their support staff.

'I reported it to my CPN (Community Psychiatric Nurse) but there is nothing my CPN can do about it.' Woman, 55-65, Drumchapel

Three quarters of the general population (17) reported their experiences to the police and nearly half [46% (10)] did not report their experiences at all.

Almost a third [30% (20)] moved house to escape the harassment. Over half (31) of the people with mental health problems experiencing harassment did not try any other solutions to end the harassment.

'The only solution was to move' Woman, 55-65, Dumfries and Galloway

'I applied for a move to the housing officer and got moved to where I live now where I am much happier and don't get any trouble.' Man, 25-34, Glasgow

Three people in the general population found it necessary to move house.

The impact of the harassment

Almost all of those who experienced harassment said it had a negative impact on their mental health [91% (61)].

'I ended up in hospital virtually every month and my condition became worse.' Woman, 35-44, Dumfries and Galloway

Findings

'It's made me feel more anxious and depressed. I'm not able to sleep properly.'
Woman, 45-54, Dumfries and Galloway

'It made me feel very upset and I started hearing voices and having panic attacks resulting in me being hospitalised.' Man, 25-34, Glasgow

Over half described their anger about the harassment [53% (34)].

'I felt hurt and angry and didn't want anyone to see me.'
Woman, 55-65, Drumchapel

Forty eight percent (31) were intimidated by their experiences.

'I actually sat in front of the television one night with a rolling pin and a knife because I was worried they would get in and try and hurt me.' Woman, 35-44, Drumchapel

Anger was the most frequently described response from the general population [88% (21)] and over half [54% (13)] said that the experience adversely affected their mental health.

Preventing harassment

We asked all the people we interviewed, regardless of whether they had experienced harassment or not, what they thought would stop or prevent it. The most common response from both groups was education in schools and the community about mental health and the effects of anti-social behaviour.

'Children should be educated so that they learn that people cannot help being different. The parents need to be educated as well so that they can stop the children behaving in this way.' Woman, 45-54, Drumchapel

The second most frequent response from people with mental health problems was that a positive change in public attitudes would prevent harassment.

'For people to have more respect, understanding and compassion for each other.'
Man, 35-44, Dumfries and Galloway

The second most frequent response from the general population was the need for effective policing.

'Interventions by the police would help.' Man, 35-44, Cumbernauld

SECTION 3

Conclusion and Recommendations

This research is the first exploration of the harassment of people with mental health problems to take place in Scotland. The findings show that harassment is more prevalent amongst people with mental health problems than in the general population and stops the former from living fulfilled lives in their communities.

Recommendations

RECOGNITION

The harassment of people with mental health problems needs to be acknowledged by all agencies including the police, housing services and health and social care providers.

EDUCATION

Anti-stigma initiatives should be initiated e.g. in schools and the media, including advice and guidance for people wishing to combat harassment on their own behalf or others'.

PREVENTION

Strategies to eliminate harassment should be explored, including identification of harassment during assessments of service users' needs by professionals, and the strengthening of legislation

NSF (Scotland) will disseminate these findings to all relevant agencies including the Scottish Executive, Health Boards, Social Work Departments, housing authorities, police forces and voluntary organisations.

Appendix

The organisations involved

NATIONAL SCHIZOPHRENIA FELLOWSHIP (SCOTLAND)

The National Schizophrenia Fellowship (Scotland) is a member led organisation, which works to improve the well being and quality of life of individuals, families and carers affected by schizophrenia and other mental illnesses. The fellowship represents the interests of over 500 members and promotes meaningful involvement and empowerment of service users and carers in all aspects of their lives. NSF (Scotland) provides community based services to carers and service users, provides information / education and promotes greater public understanding of schizophrenia.

SCOTTISH USERS NETWORK

The Scottish Users Network aims to promote the rights and interests and aspirations of mental health service (ex) users in Scotland, with a view to improving mental health services and promoting positive mental health. SUN aims to inform and influence government, statutory and voluntary organisations on issues which affect mental health service users at a national level in Scotland.

NUFFIELD CENTRE FOR COMMUNITY CARE STUDIES

The Nuffield Centre for Community Care Studies was established at the University of Glasgow in 1993 through funding from the Nuffield Trust. Its activities focus on the evaluation, promotion and dissemination of community care policy and practice. It is committed to a multi-disciplinary and multi-agency perspective.

Research sites

- Annan, Castle Douglas, Newton Stewart
- East Kilbride, Cumbernauld, Hamilton, Falkirk
- Drumchapel, Castlemilk
- Aberdeen, Glasgow, Dundee

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