

Dear Mr Henderson,

Thank you for taking the time to speak to me today at the workshop in Thainstone House Hotel Aberdeen and for your interest in what I was saying, as advised I have E-mailed you with my views. I am a community nurse of 33years in primary health care working closely within a private GP practice one of many not funded by NHS, I am also a private health and wellness Coach, working voluntary in a regeneration area (see my web site on my beliefs www.aberdeenlifecoaching.com) and set my concerns below in bullet point. I would like to discuss spiritual well-being and emotional intelligence, in which you stated that there was no way at the moment of assessing, recording and evaluating the benefits. I would like to put forward my ideas given this opportunity to be heard which is as follows.

The world as I see it today has a general sense of disconnection in many people. There are very few formed mentor relationships, those that have them are very fortunate. The time has come to promote life and wellness coaching as a profession, so this disconnection gap can be bridged. My belief is that happiness within the self is a far better measure of good health, along with a sense of significance and social connection. I also believe we all have a purpose and need to find our own comfort zones before we are able to feel free and complete.
www.aberdeenlifecoaching.com

Facts

(1) There is a gap in primary care when visiting the GP. "minor elements" as they have been referred to are ignored and in time have require Medication, Counseling, or Mental Health referrals which could have been avoided with a Coaching Nurse. (in my view the QOF has dark spots) I'm sorry to inform you some GP's are money orientated, and lack the understanding of the effects that poor mental well-being has on physical health, some GP's are very poor communicators. How many GP's attended today from primary care????????? I don't think there were any. A GP once said to me and I quote " I had a good day to day I had 5 real patients" in my view some of the not so real patients he discussed with me may in future have mental health issues, as they were related to (family anxieties, conflicts, and isolation).

(2) The reason may be argued that GP's have little consultation time and patients who are too anxious may not be able to get their feelings across and miss the core problem. Another example (from a junior GP) said she has no adequate time or funds to help and support people who have anxieties regarding guilt within families when conflicts arise, (which is on the increase) for example a worried daughter or son caring for an elderly mother or father, relationship breakdowns, work related stress, or when people require appropriate information when sign posting to other agencies. A job for the Coaching Nurse.(Economic benefits, cost effective)

(3) Patients are often advised to read self-help books ect, which with out support is useless. Refer to the Coaching Nurse.

I strongly believe when you reach the point of self- help most patients have no energy to be reading let alone understanding the content of books it just becomes another overwhelming burden, with help and guidance of someone taken a little extra time to support such patients, this could be all the motivation required to make a measurable difference to their mental well-being. I also believe, integrating Health Coaching or the Coaching Nurse in

GP practices would be a step forward to combat the mental stigma often believed by many people in today's climate. Society will trust the advice given by their GP, nurse, and it has no stigma attached, the Coaching/Nurse needs to be under the same umbrella to be most effective. Most experienced motivated nurses have excellent Coaching skills, this is where emotional intelligence can be effective. No need for further training (cost effective)

Health Coaching can be by E-Mail, which prevent people leaving the work place, by telephone, or one to one consultation. This is another avenue of support a holding point when people are requiring extra support when coming off antidepressants. (economic benefits, cost effective)

I work with the elderly population, as you know the numbers of this group are rapidly increasing, I also see an increase in elderly depression and dementia as they lose purpose, care homes are NOT the only answer. I have great ideas to help turn around the way we live our lives today and hope to get another chance to be heard.

I do hope you have time to take a look at my web it has been a valuable tool in the work I have done so far. It is closely related to what I would like to introduce into the NHS I strongly believe Coaching is a missing spiritual link between GP, medication, and Mental Health referrals. It need not involve further training as I could pull out excellent emotional intelligent motivated nurses and give them guidance and support.

I appreciate your time Gregor, I am very passionate about people and understand the benefits of fulfilment, I believe in myself, and understand the values of family's and community's and I would like to share my hope and purpose with others in the caring profession. I would like to give back to the NHS what they have given to me, 33 years of sharing life experience with family conflicts, traumas, and happiness.

Kind Regards,

Sandra Paterson.