



Clackmannanshire & Stirling

Health & Social Care
Partnership

Mental Health Consultation Output Report Autumn 2018



Clackmannanshire
Council



NHS
Forth Valley

Mental Health Consultation Events – Autumn 2018

The Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) undertook a series of consultation events with health and social care staff and the wider community of: care providers, people suffering from mental ill health, and local groups, working to improve health and wellbeing across the partnership area.

The events provided information on the aims and priorities of the HSCP and linking to the national strategic policies for mental health. There was emphasis on taking a partnership approach to the development of mental health supports, with the need for equitable and consistent approaches, whilst making the most of resources and targeting high priorities.

The events asked participants to consider the following areas:

Early Intervention/Prevention/Mental Wellbeing/Good Mental Health

Recovery and Self-Management

Severe and Enduring Mental Illness

Commissioning of Services

Participants were asked to consider the themes in the context of individual outcomes, what is needed opposed to what we've got, what is /is not working for people, gaps in service and how we can support these themes.

An online survey was available for people to complete.

The purpose of this output report is to provide the information collected from the events and let everyone know what were the main themes coming through. We want to keep people involved and invested in the process.

The HSCP Mental Health management team are considering this information and how this shapes the future of mental health services across the HSCP localities. The next stage will be to develop a strategic commissioning plan and further partnership working will take place with key stakeholders.

Summary/Key points of Consultation

Attendance:

The events were well attended with **59** community representatives (individuals and 3rd sector organisations) and **71** staff across the partnership.

What is interesting and exciting is that the vision, views, ideas, challenges identified, were consistent across both community and staff events as well as across localities.

This is not just encouraging but should set the scene for a more co-productive approach between services, communities and organisations. We all want to go in the same direction, lets work together to get there.

This consultation exercise provided a wealth of valuable information. It offers a framework of key characteristics, that wellbeing and mental health support/services must have to meet the needs of people across the HSCP, who at some point or consistently need help with mental health issues.

Key themes:

- Need for a Well-being Hub/Centre
- Need for raising awareness, normalising not medicalising common mental health issues.
- Build/Develop a safe but socially inclusive provision for mental illness, promoting meaningful community activities
- Develop strong well trained volunteers/peer workers
- Need for clear interface/referral pathways/partnership between community support and MH services

The output of consultation offers ideas and solutions to improve the lives of people experiencing issues with their mental health, with a strong focus on health and wellbeing hubs playing a critical role in prevention and recovery. It encourages different ways and innovation to address the rising challenges faced in meeting the needs of our communities and key to this is mental health education, building resilience and removing stigma.

It is recognized that the evolution and shaping of new mental health supports and services for Clackmannanshire and Stirling HSCP will be a phased approach. The timescales for moving forward will be carefully planned. Key partners in this work will be: staff; people with mental health issues; third sector partners, voluntary groups and our local communities;

Thank you from Clackmannanshire and Stirling HSCP, to everyone who took time to attend, contribute, and provided us with this wealth of information.

A more detailed output is provided below.

Theme: Early Intervention/Prevention and Recovery/Self Management

Very strong response was the need for community based wellbeing hubs/centres/cafes – not SERVICE

- Well staffed (staff/volunteers/lives experience)
- Somewhere where information on resources, online support, services, self help, groups.....can be easily accessed.
- Direct Access/No referrals/assessment – No Need for assessment – barriers Look at not just Alloa – rural areas Muckhart, Clackmannan.
- Need face to face
- Needs to be promoted to GPs for strong links with Primary Care Mental Health Nurses & other services
- Employers work with/support - they have a responsibility
- **Choices of options and approaches** (Self Help, Online support, Counselling, over the phone, skill base CBT approach, workshops/courses) **One size does not fit all!**
- Person centred, not based on diagnosis, supportive.
- 3rd Sector but strong partnership with MH services and clear pathway
- Normalise, don't medicalise, don't stigmatise (no MH language)
- Make it all inclusive, raise awareness, develop a supportive and healthy Clackmannanshire
- Support communities with life issues (negative life events, benefits, relationships...)
- Prevention – predict negative life events

Start with young People/Schools

- MH awareness SMHFA
- Peer support mentors
- Wellbeing workers
- Look at model in Wallace High
- Increase support for self management/building strong real relationships
- Normalise emotions
- Community based work promoting resilience in young people and parents by provision of wellbeing group work
- Raise awareness of psychosis

Link to recovery long term

- Employment / volunteering/vocational opportunities

- Social enterprises
- Need supportive employability support
- Occupational activities, support long term feelings of safety vs keeping people “in services”
- Weekly groups, cycling, transition service – community day therapy, some patients always need to be in services
- Must address needs of older people

Self Management

- Promoting self management – shifting perceptions/culture (staff & clients)
- Important to not develop reliance on services
- Longer term informal support
- Distress intolerance – distress brief intervention
- Young people lack of resilience – not coping with negative emotions, society attitude (not allowed to lose) & the need to educate parents.
- Graded exposure – service gap
- Stigma still gets in the way
- Need mobile facilities for rural areas
- Ensure support services are located somewhere easy to access.

Supporting Trauma/impact on personality

- Developing trauma informed communities
- Community based groups (safety & stabilisation or survive & thrive)
- Supporting following programme & help self manage in crisis

Using new Technology

- Use of new technology (skype, apps, illness education, tooling up) especially for rural areas
- Develop signposting directory
- Use social media effectively

24 hour support for emergencies

- Support / safe planning
- Emergency department for mental health like NHS Lothian or ‘night buddies’

Partnership

- Importance of partnership working between services & 3rd sector. This would impact positively on waiting lists
- Co location of 3rd sector / services for mutual support

Other points raised

- Early intervention needs early access
- Politics and benefits wreck lives
- Employers should be proactive
- Environment needs to be conducive
- Look at Burtzorg models of Neighbourhood care.
- Explore “community bubble” Tillicoultry?
- Look at development of wellbeing App
- Also look at wellbeing of older people
- Any support should stress men and women, due to stigma for men.
- Need to develop trauma informed communities.
- Literacy is a major issue, resources must not all be leaflets (videos, audio, apps, webinar)
- Early intervention for post natal problems.
- Men’s Shed / Resonate for younger men/people
- Best not create dependency

- Promote involvement and client’s experience
- Gather information / feedback / evaluation of all services including 3rd Sector
- **Need mobile facility for rural areas** (Well-being Bus?)

Theme: Severe and Enduring Mental Health

- Direct access (even if not diagnosed), drop-in support
- Yes for 3rd Sector remit but well-trained staff, peer workers and volunteers
- Need true partnerships between 3rd Sector and with services, connect all services, **with clear referral pathways**
- Services promoting social inclusion
 - Meaningful activities (physical/skills)
 - Social integration (for men and women)
 - Promote physical activities (football/walking/cycling)
 - Health & Social Care Partnership and 3rd Sector coordinated
 - Promoting peer support, befriending/combating loneliness
 - Different services across age groups (like CAT)
- Community-based therapeutic groups (yoga, mindfulness, relaxation, anxiety)
- Need help out with 9-5 Monday-Friday
- Addressing support for more complex issues (eating disorders, personality disorder, trauma related presentation)
- Need flexibility of approach and delivery choices for people
- Short-term funding impacts on trust
- Statutory (H&SC) services need to change approach and attitude, not put people in boxes
- Need to acknowledge that lack of resources at present, lack of services
- IPS employability service needed
- Informal support post-discharge
- Need for early intervention for mental illness to prevent deterioration.
- Support families/carers
- Out of hours/crisis services poor – cannot access care plans
- Only CPN's do house visits – why?
- Promoting good physical health. Physical activity groups (Move 4th) brilliant
- Changing culture and perception that people can live well in the community with long term mental health and complex needs.
- Outcomes and recovery. Small core group with longer term conditions unable to meet 'recovery' expectations placed on them. Over-dependency statutory.
- People are being admitted with psychotic episodes are either moved out of area or discharged after two days. Result stigma.
- Important that people aren't made to feel that services are time limited (although counselling can be this way). People get anxious about going into a service if they know it will end.
- Consider Alcohol-Related Brain Injury and Autistic Spectrum Disorder
- Importance of consistency in staffing in all aspect of care/support.

Theme: Commissioning Services

Specifying the Service

- Localised, Community Based Hubs (could be called Community Wellbeing Centres) which is a one stop shop, accessible in terms of evenings and weekends to give choice, is more of a drop-in and has a range of services, including Wellness Groups and Trauma Informed services, which are available to the public in a non-stigmatising and non-medicalised way (universal access which normalises stress and anxiety – one participant mentioned walking into a centre as being the ‘Walk of Shame’). The ambience of the centres is important, Maggie’s Centre’s a good example. This can also provide early intervention at ‘First Episode’. Triage into secondary services, if required
- Compassion and Kindness underpinning all approaches which can have a ‘ripple’ effect – Recovery Community
- Crisis services with one point of contact
- Collaborative/Relationship Based/Community Lead approach to Commissioning, so one pot and a number of Providers working together to meet the outcomes required. Longer term funding/contracts to allow development and sustainability (5 years suggested). Specification should include due diligence, training and knowledge requirements, referral route, and timings of service (accessible).
- Evaluation Scoring mechanism based on being: Community Lead/Capacity Building/Social Enterprise/Match Funding/Flexibility/Personalisation
- Contract Monitoring to be more about commissioning visiting services.
- Recovery Community and a Strength Based Approach Model to develop Asset Based Community Development with Community Anchors linking to Micro Enterprises within the Community – do not exclude by official tendering
- 3 Year Contract leads to 3 times the money
- Community Based Commissioning
- Evaluation not on quality or price but stake in what trying to achieve
- Women’s Groups/Crèche facility/Men’s shed idea (with snooker tables)/Upcycling/gardening – but need some seed funding ie for materials/ whole family approach
- Bring the services (ADT/AHPs/Resilience Courses) to where people are, ie target young men in the workplace; Mum’s at toddler groups
- Should be Forth Valley Wide (with Falkirk)
- Coping mechanisms which are not addictive and supporting addiction issues which have come from coping with stress/anxiety
- Mentoring and Befriending services have proved to be important in the past
- Look at CIVTEC challenge fund/Innovation Fund for more collaborative type commissioning
- Safety and Stabilisation courses run by the Third Sector (Band 7 nurses should NOT be doing walking groups/relaxation courses)

- Immediate support for when a person self-harms/attempts suicide and returns from hospital
- Support for Family and Carers
- Links to CAB as benefits/back to work interviews can exacerbate the stress and anxiety
- Rebalancing funding for ongoing support (traditional housing support services) will more individualised, recovery models incorporating self-management
- Core and cluster model for supported accommodation
- Services shouldn't be age defined
- Want INTEGRATION NOT DISINTEGRATION
- Pilot and testing – Test for Change Recovery
- Longer contracts can aid development and improve outcomes

Community Based Services

- HUB Promotion Team in Raploch responding to the Community especially following a completed suicide is a good example of Community Based Services
- Base any model on learning from Neighbourhood Models of Care
- Example of Artlink working closer with Community Health Team
- Existing Community Based Services, which are organically grown, service user lead, to link into the Hubs either co-located or good signposting (via Frog for Stirling) – Join The Dots....Services Need To Be Mapped
- Health and Wellbeing rather than Mental Health
- Move 4th, Walk 4th and Pedal 4th and Resonate and Reachout activities are seen as examples of a holistic approach to mental health which give structure to the week and boost self-esteem, help physical fitness and promotes volunteering
- Good links to Carer's centre
- Link with Dynamic Communities
- Volunteers providing a 'Listening Ear'
- Issue with Corporate Appointeeship being removed, CAB now inundated
- Dynamic Wheel
- Health and Social Care Collaboration
- Link with Policy Officer within Economic Development and Poverty remit

Technology

- Use of technology to support people who do not want to leave own home or who find 'face to face' interaction challenging. Young people, ie can staff have Facetime App and telephone support
- Promotion of 'Safespot' app and 'My Virtual Hopebox' for young people
- Ability to text people reminder for visits/appointments (one service user mentioned that flexibility of CPN appointment based on need at the time is welcome)

- Link into Keep Safe App
- Work alongside Stirling University
- Do not want to medicalise young people and self-harm