Evaluation of the Perth and Kinross Joint Mental Health and Wellbeing Strategy 2012-2016

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1) EXECUTIVE SUMMARY

The Evaluation of the Joint Perth and Kinross Mental Health and Wellbeing Strategy 2012-2016 took place between March and November 2016. In this time, 178 individuals were involved in 27 focus groups with statutory and third sector organisations and services, and 32 evaluation forms were submitted. The following information is an overview of feedback gathered that has been summarised and themed to describe the progress made over the past three years.

How people perceive wellbeing

The strategic shift in approach of encompassing mental health and wellbeing rather than solely focussing on mental ill health seems to have permeated both services and communities in Perth and Kinross through a number of different areas including holistic care, physical activity, having a purpose, community support and staff support.

"When I started volunteering here 3 years ago I didn't know anything about wellbeing, and now it's talked about everywhere."

What the Strategy and Partners delivered

In relation to mental health and wellbeing in Perth and Kinross, feedback received on progress made since 2012 includes greater awareness in communities, the workplace and schools and the media; increased campaigning and training; a wider range of social groups and wellbeing activities; increased staff support as well as peer support; improvement of personal skills; greater contact and access to services including specialist services; and improvements in partnership working.

"There has been a massive improvement in partnership working, joined up thinking and in sharing information, so much so that it's become routine now to have meetings with all agencies – that is the change."

Areas for improvement and learning

A number of challenges and gaps in services were reported, including public attitudes towards mental health and Professional attitudes towards service users; early intervention and response to crisis; support to maintain and improve wellbeing; resources, staffing and delivery of services.

"*Why are people not given the same level of care as if they had a long-term, ongoing physical health issue?*"

2)ACKNOWLEDGEMENTS

We would like to thank the following groups, organisations and services for their valued contribution to this evaluation:

Mindspace

Tayside Carers Support in Mind

SAINTS

NHS Tayside

SCYD

SAMH

Live Active Leisure

Perth Six Circle

Victim Support

Joint Recovery Partnership Forum

Samaritans

Richmond Fellowship

See Me

Perthshire Women's Aid

Perth Autism Support

PLUS Perth

SMART Recovery

PKAVS

Social Prescribing

Police Scotland

Barnardo's Hopscotch

RASAC PK

MEAD

@Scott Street

PUSH

Penumbra

Bereaved by Suicide

Perth & Kinross Council

Independent Advocacy P&K

3)INTRODUCTION

This report is an evaluation of the Joint Perth and Kinross Mental Health and Wellbeing Strategy 2012-2016. The evaluation information gives an account of what the strategy delivered on, followed by areas for improvement and future priorities. This report includes the views and opinions of a wide range of groups including service users, third sector organisations and statutory service providers. In addition, an evidence based action plan has been compiled on p33.

4) METHODOLOGY

Initially, the option of undertaking an evaluation by an independent organisation was considered with costings for such an exercise requested from Penumbra and Napier University; however, due to the high costs and limited scope this option was not pursued. Instead it was decided that the evaluation would be undertaken in house by two Perth & Kinross Council Project Assistants, Hannah Kettles and Eloise Vajk. Through regular line management by the Planning and Policy Officer for Mental Health and supervised by the Service Manager for Mental Health as well as support from a sub group of the Mental Health and Wellbeing Strategy Group, a comprehensive evaluation of the Strategy between April and December 2016 was completed.

The approach taken for this evaluation was as follows:

Events: Events were held and meetings attended introducing the evaluation process to the Mental Health and Wellbeing Strategy Group and Third Sector organisations and discussing how they could contribute to the process.

Analysis of data and statistics: An analysis of data and statistics available at both a national and local level was undertaken.

Evaluation Form: An evaluation form was developed to evidence progress over the past 3 years. It was developed with input from the PKC Research and Consultation Officer, and trialed with 3 different voluntary organisations to ensure it was user friendly and accessible, not too lengthy with prompts to include various data and case study examples. This was disseminated to statutory and third sector services and organisations who had contributed to progressing the Strategy and 32 were completed alongside additional evidence felt to be relevant. It was also circulated around the Community and Place Group, the Suicide Prevention Steering Group and the members of the Mental Health and Wellbeing Strategy Group.

It should be noted that during 2016 and the transition towards Health and Social Care Integration, the Mental Health and Wellbeing Strategy Action Plan continued to be applied. The period of evaluation covers the years 2012-2016.

Focus Groups: A skeleton questionnaire was developed to obtain the views of staff and service users from across 27 organisations and services, including Police, NHS, Perth & Kinross Council and various service user groups. 178 individuals, including 115 service users and 63 staff were involved in focus groups.

For more information on methodology, please see Appendix B.

5)WHAT THE STRATEGY SET OUT TO DO

Scope and vision of 2012-2016 Strategy

The Scottish Government's Mental Health Strategy to 2016 set out a range of key commitments across the full spectrum of mental health improvement, services and recovery to ensure delivery of effective, quality care and treatment for people with a mental illness, their carer's and families. The Perth and Kinross Joint Mental Health and Wellbeing Strategy 2012-2016 brought together mental health improvement work and worked to improve mental health services for the first time in a single strategy. It set out plans to work together with partners to respond to the ongoing challenge of improving mental health and wellbeing and ensuring improved services and outcomes for individuals and communities over the period to 2016. This Strategy addressed the aims of Perth and Kinross Council, NHS Tayside, and partners in the voluntary and independent sector. It will guide these partners to continue to deliver high quality public services at a time of significant financial constraints through sharing resources and redesigning services.

Scope: This Mental Health Strategy will improve the Mental Wellbeing of all people in Perth & Kinross and improve the effectiveness of clinical interventions and the range of accessible therapeutic options for those experiencing mental ill health.

Vision: We will support an environment which empowers people and communities to promote and sustain their own Mental Health and to enable those who experience Mental Health problems to obtain the right help and support at the right time and in the right place.

6)HOW PEOPLE PERCEIVE WELLBEING

The Mental Health and Wellbeing Strategy intentionally encompassed mental health and wellbeing, rather than focusing solely on mental ill health, as there was increased recognition of the interaction and dynamics of mental wellbeing and mental health. This strategic shift in approach seems to have permeated both services and communities in Perth and Kinross.

"When I started volunteering here 3 years ago I didn't know anything about wellbeing, and now it's talked about everywhere."

As part of this evaluation, people were asked what their understanding of wellbeing is and this is summarised below.

Holistic Care

"Wellbeing means to me an awareness of the whole picture - physical, mental, emotional, social."

Wellbeing was described as the quality of your health, both mental and physical. It was seen as learning to live with symptoms, not necessarily symptom free, and learning to cope with daily life in a positive manner. Often people mentioned that they would like less emphasis on medication and more on the social aspect of wellbeing.

"Not everyone would see it this way but I have found that healthy promotion of checking attitudes, if done correctly, can break a feeling of hopelessness or resignation and possibly bring a ray of hope."

Physical Activity

It was felt that physical activity plays an important role in being mentally and physically able to participate in society. Taking part in walks, gardening, art, meditation, training, as well as cooking were all felt to contribute positively to wellbeing.

Having a Purpose

"It makes me feel happy and good. Wellbeing is something that you need on top of medication; it's having the right job, the right activities and the right people to talk to."

Wellbeing was felt to improve when people have a purpose and routine to their daily lives by having access to activities and opportunities mentioned above which can provide a sense of calm and direction and help to create good wellbeing by living a well-balanced life.

"With a mental health problem, you are always fighting to stay healthy, stay well, and to have a life that you are engaged in. The cycle of being told that you can't do something eventually makes you believe that you can't."

Without these outlets one person said they wouldn't leave their house, and would find it increasingly difficult to do anything. Generally, people viewed structure in life, via social activities, home and housing, and tools of recovery as being key in facing /dealing/ battling with mental health and wellbeing issues.

Community Support

"My supporting network allows me to live as opposed to existing."

Community support was felt to be crucial towards wellbeing and various aspects were mentioned such as religion, family, friends, as well as being able to rely on services and professionals depending on your needs. Having support is important to have in daily life, and to know it is there if needed and to be listened to.

Wellbeing is engaging with the outside world. People need encouragement and help to go out and do things. It is easy to get stuck in a rut, and be unable to break out of a routine. Living on your own often makes it difficult to find motivation to leave the house. It's always easier with company, and the wellbeing group helps to provide that.

There are issues in communities in that they don't understand why it is important to care for one's wellbeing – there is often stigma and a clash of beliefs, including religion. It's often difficult to be open with family members or school teacher, so it is always important to engage communities with promoting the wellbeing of everybody.

Supportive Staff Members

"The staff members are all here for us. We feel supported. They try to do what is best for us because they know us and are involved."

The best help frequently does not come from medicine – psychology is often much more helpful. It is also necessary to 'show, not tell' when it comes to wellbeing services – for example, after a hand massage session participants were made aware of how beneficial something like this could be for their mental wellbeing.

7) WHAT THE STRATEGY AND PARTNERS DELIVERED

The sections below summarise the feedback received on the progress made since 2012 in relation to mental health and wellbeing in Perth and Kinross.

The first section presents a number of Headline Achievements where there has been evidence of growth in various mental health services, increased support for people with varying needs including young people and programme development within statutory and third sector services.

The second section presents statistics relating to the uptake of Crisis Response services in Perth and Kinross.

Figures relating the National Context of Mental Health and Wellbeing have also been included to demonstrate where Perth and Kinross sits in comparison to the national average.

Feedback has also been themed under the following titles:

- Awareness in Communities
- Awareness in the Workplace and Schools
- Awareness in the Media
- Campaigns
- Training
- Social Groups
- Wellbeing Activities
- Staff Support
- Peer Support
- Improvement of Personal Skills
- Access to Services
- Specialist Services
- Partnership Working

HEADLINE ACHIEVEMENTS

SERVICE GROWTH

- Mindspace Recovery College launched in 2014, and the number of regular users has increased from 60 to 350 in a 24 month period.
- The P&K Community Mental Health Service had a total of 2,143 referrals from November 2015 to October 2016 with a 73% attendance rate for new referrals and 78% attendance rate for return appointments.
- Over 8 years, the Mindspace Counselling service has grown from providing counselling to 150 people to over 700 individuals.
- Demand for RASAC services has risen, from 101 Survivors receiving support in 2012/13 to 109 in 2015/16; contacts via the helpline and face to face/email and telephone sessions have risen from 866 to 1497 in the same time period.
- MoveAhead currently have 32 active clients, with 140 referrals received between January 2012 to May 2016. Demand for service has increased since 2011 from 16 referrals to 39 in 2012

Supporting People

- Support in Mind Tayside Carers has regular contact with 100 carers and engages around 40 new carers each year.
- The Employment Support Team supported 58 clients with 22 moving on to paid work and 14 in voluntary work.
- The number of people receiving Independent Advocacy support has increased significantly over the 3 year period, reflecting an increase of 33%.
- Between October 2015 and July 2016 the Social Prescribing project responded to 122 referrals.
- PKAVS Walled Garden and Wisecraft currently have 82 active clients with 47 new referrals between March 2014 and March 2015.
- 100 women have participated in OWLS (Onestop Women's Learning Service – for women who have a history of offending) since February 2013 with 54 women currently attending
- September 2015 and November 2016 the Collaborative Roots to Recovery project received 45 referrals of which 39 people accepted support

YOUNG PEOPLE

- Barnardo's Hopscotch Counselling service responded to 104 referrals
- 18 referrals for young people made to the Community Mental Health Team and were supported at a specialist service delivered at @Scott Street
- Perth Autism Support currently supports 556 families with children 18 years and younger

PROGRAMME DEVELOPMENT

- 15/58 mental health services/teams registered to refer to the Live Active Leisure Compass membership have a specific mental health remit, with 127 service users referred.
- 384 people were trained in Scottish Mental Health First Aid 2012-2015
- Since 2012, 18 workplaces have been participating in the Healthy Working Lives Programme.
- Between January 2015 and July 2016, 122 frontline professionals within P&K have attended the SMHFA Young People course, with a current 73% pass rate for all parts. This includes School nurses, social workers, teachers, Police as well as the voluntary sector and statutory services.

BETTER INFORMED

- 2000 'How to Survive Christmas' wallet cards have been produced each year from 2012 - 2015 and distributed across Perth and Kinross.
- The NHS Money Worries App was launched in 2015 downloaded 1185 times during the first 12 months.

CRISIS STATISTICS

Between Nov 13 and April 16 there were 40 Bereaved by Suicide packs handed out to bereaved family members in relation to 32 suicides.

CRISIS SUPPORT

NHS Tayside

The Crisis Resolution Home Treatment Team supported 3641 referrals concerning 1783 individuals between January 2013 and November 2016. Of these individuals, 52% were male, where the gender was known.

Between 2014-2016 the P&K Community Mental Health Teams saw a reduction in Emergency Detentions from 11 to 48 to 18. Short Term Detentions increased from 76 in 2014 to 144 in 2015 and 103 in 2016.

SAMARITANS

Between 2012-2015 Perth Samaritans received 24152 contacts by telephone, email and face to face, with 44% of these contacts recorded as male where the gender was known. There were 277 contacts with Perth based prisoners by Prison Listeners trained by Samaritan volunteers.

POLICE SCOTLAND

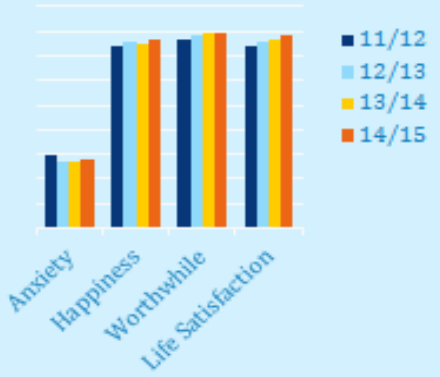
2013	2014	2015
Total Incidents: 357	Total Incidents: 463	Total Incidents: 449
Total Individuals: 268	Total Individuals: 333	Total Individuals: 268
Individuals involved in single incidents: 228	Individuals involved in single incidents: 295	Individuals involved in single incidents: 336
Individuals involved in Repeat Incidents: 40	Individuals involved in Repeat Incidents: 438	Individuals involved in Repeat Incidents: 32
Total no. Repeat Incidents: 129	Total no. Repeat Incidents: 168	Total no. Repeat Incidents: 38

Victim Support

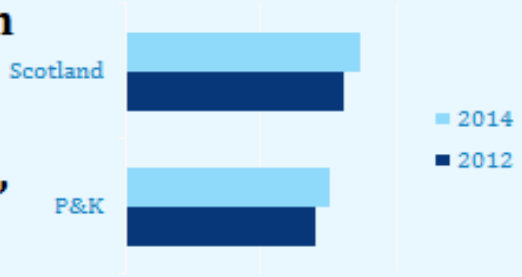
Victim Support provided 159 victims of crime with suicidal feelings with support between 2012-2015.

THE NATIONAL CONTEXT

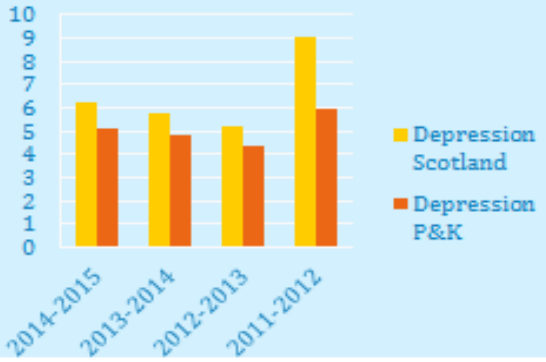
Increase in happiness, life satisfaction and feelings of leading a worthwhile life in P&K, while levels of anxiety fell - National Statistics Wellbeing Survey 2012 – 2014



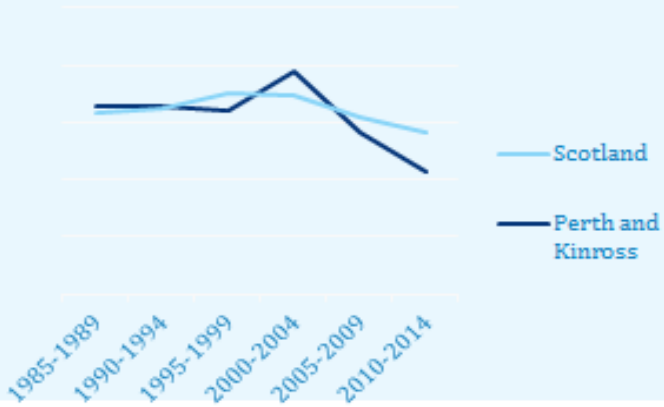
Percentage of P&K population prescribed drugs for anxiety, depression and psychosis rose between 2012 and 2014, but remained below the national average.



Number of patients registered with depression in P&K and in Scotland has decreased overall – QOF data, 2011-2015



Suicide rates have fallen across Scotland over time, and fell sharply in P&K 2010 and 2014 – Scot PHO



Awareness in Communities

"Social stigma is slowly reducing – starting to percolate – it's a generational thing – your evaluation is 'chipping the paint' – this is a good thing."

Overall, it was felt more people are willing to listen and learn, and mental health and wellbeing is getting talked about more openly. Although stigma is still apparent, and it was felt that it was up to individuals to engage in discussion about mental health issues in order to 'pass the message on', there has been a positive shift and increased awareness of mental health issues. Culturally there is more discussion and awareness of the process of mental health issues, and how they progress or come about. There is also more talk about how people are feeling and acknowledgement of emotions.

Awareness in the Workplace and Schools

"Within my own team, mental health awareness has become heightened due to the introduction of 'building resilient teams' management training group."

Mental Health is now seen as something all staff need to be aware of in the workplace and within schools. There is more knowledge of the support available amongst organisations as well as increased interest and awareness of mental health with regard to workplace and perhaps more empathy and understanding should either colleagues or staff member have a mental health issue.

"The SMHFA Young People training gave me increased confidence to support this young person and address the more sensitive issue of suicidal thoughts."

Schools are more aware of the importance of how stress, exams and peer pressure can impact on mental health. In order to promote positive mental health and wellbeing among pupils, guidance staff have been given the opportunity to attend Scottish Mental Health First Aid Young People training as well as ongoing delivery of Bounce Back in primary schools for staff.

Some businesses are now promoting wellbeing, which is a huge shift. Several workplaces have requested in house mental health training for all managers in order to increase awareness around mental health and to improve manager's ability to guide and support anyone who would either have or develop a mental health issue.

Awareness in the Media

"There is more coverage in the media about mental health which hopefully helps to break down barriers."

It was felt that there is a greater awareness of mental health issues in the media partly due to the honesty of well-known public figures admitting to issues that they themselves deal with or have dealt with. The public are now looking at wellbeing in

its widest sense and have an awareness of what contributes to positive and negative wellbeing.

Events such as the Perth and Kinross Wellbeing Fair have helped raise awareness of wellbeing in the general public. More online support is available encouraging people to have a better understanding of their condition or that of their loved one.

Campaigns

"Thank you so much for sharing with us about your life stories. This session is no doubt, in my most honest opinion, more meaningful & useful than most of my lectures in University of Dundee. Thank you so much for being an inspiration."

Raising awareness and anti-stigma campaigns has resulted in progress in a number of different areas, including reinforcing the message that everyone has mental health; blurring the boundary between staff and service users; and giving credence to non-medical treatment and the importance of alternatives to medication.

There have been benefits to those with lived experience involved in the campaigns:

"Delivering this training to the medical students gave me a great sense of wellbeing as a service user. Before, my story was just brushed under the carpet."

Learning and Training

"Since doing my training I have also volunteered to be a listener at Samaritans and this MHFA training has really helped with that."

"After attending the course I progressed onto the Peer Support Worker Course Professional Development Award and now use skills learnt attending the course daily within my current employment."

People report that the multi-agency programme of training in mental health and wellbeing and suicide prevention has made a difference. People within local communities, services and organisations are more aware of their own mental health, and training has provided them with the skills to support people with mental health problems and breakdown barriers and stigma. This training programme is run alongside self-management courses which help people with mental ill health cope with their illness on a daily basis and employability skills courses.

Social groups

"The SAINTS group is good for socialising and for keeping physically and mentally well. It's the highlight of my week. I always want to come here. If I didn't have this group, I wouldn't do anything."

Various social groups which meet regularly provide positive influences on many service users lives, allowing for routine and flexibility at the same time with a good

distribution of activities and events and outside engagement and an opportunity to improve skills.

Social groups were reported to aid building self-confidence and socialising skills, while providing enduring and meaningful friendships without the stigma associated with society in general. Social groups provide an area to talk 'freely' while targeting social isolation. Taking on new challenges and activities was reported to be very beneficial in providing structure and purpose during recovery, all important for wellbeing. Many services users who were part of social groups reported that 'all of their needs were met' by these social groups. Through coming along to social groups, many have heard about other courses and events promoting physical activity: Recovery café, SMHFA, 10K9 walk, Fuel for Recovery evening, to name a few.

Wellbeing Activities

"My impression of the Strong Mind Strong Body class is that it has really helped to change the views of participants – confidence and wellbeing has increased and it is very likely that further classes would introduce similar results in others. The real advantage of this kind of class being offered is in how it engages previously hard to reach individuals with mental health/substance use problems, and shows them just how much better they can be/feel after an holistic programme of monitored exercise which also provides education on things like healthy eating."

A move away from groups set up for specific diagnoses to more generic wellbeing activities and social groups has been seen. Some feel it makes the groups more accessible and approachable, opening up links to the community. It was felt that the structure and focus given by these groups has aided the general wellbeing of those who attend and provided a broader understanding of wellbeing in daily life, partly through some services focus on the 'five ways to wellbeing.'

The Wellbeing Fair, SMART recovery and the 10k9 walk were all cited as positive wellbeing activities that have been held. For people who support service users, knowing that they are accessing positive services is beneficial to their own mental health, and signposting is better co-ordinated by social wellbeing groups.

Many services also run volunteer programmes, providing valuable life skills which can be transferred and are beneficial in entering or returning to the workforce. This is an example of holistic care being provided, taking into account the need for social interaction and community skills to create contact with the outside world.

Individuals felt that such wellbeing groups had the capacity to save people from hospital, and had done so many times, or from suicidal thinking or actions. It does this by supporting people in a social environment and provides a means of self-recovery rather than letting negative behaviours or thinking drag on until it is 'too late' to intervene.

Staff Support

"The Wellbeing Team offers comprehensive support, and the continuity of service that they provide is very good. It is also possible to phone the team for support, which is helpful as you don't need to make an appointment first, or travel anywhere first."

"It has immeasurably improved some inpatients' sense of worth and of being fairly represented at a time when they feel marginalised."

Staff members were said to be very supportive, flexible and approachable, and never dismissive of any issues that had arisen. People felt supported to take on new activities and challenges. Many services, staff and service users were reported to be 'like a family', in the sense that it was an anti-stigma environment where there were no boundaries and advice is always on hand. For people without a supportive family, services can be even more important. It was emphasised that lived experience can make a huge difference to ensuring there is no difference between staff and people who use services.

Peer Support

"If you go to a peer support group of ten people, that means there are nine other experts in that room helping you to get better. These people are all sources of valuable day-to-day skills and tools to provide you with hope, motivation and feelings of validity."

Peer support plays a huge role in services supporting a person's wellbeing because it provides real life examples of where recovery has been achieved. Often the medical model tells patients they will have an illness forever, but peer support provides a model to live alongside symptoms as a functioning person.

Peer support can provide a supportive and flexible approach to a person's recovery. This approach also reduces stigma, as opposed to many experiences in professional settings. Services are available as wanted, and there is no judgement or adverse effects to not presenting for some time.

Peer support can be used as early intervention, with people who suffer from issues like panic attacks or severe anxiety. It offers something which is complimentary or alternative to the medical model.

For those people delivering peer support, it felt like significant personal development had been achieved.

"*This has boosted my confidence. I don't feel I'm at the bottom of society anymore – I've got this little extra. The payments are not huge but feel huge. I'm getting paid for doing something constructive – well, I suppose I am working. I feel like I'm*

contributing and valued. It makes you walk a bit taller… I can actually see myself working again."

People become economically active in their own communities; this provides a boost of confidence to them as working members of the public, allowing them to feel included and improve their own wellbeing. It also helps other service users by giving them better access to peer support workers who have improved wellbeing and therefore demonstrate good role models for people just starting on this journey; these people often go on to become peer support workers themselves. All of this means less people are accessing less services from the Mental Health services or council, therefore freeing up funds and services for others. This is an important policy to be built upon.

Recovery through Peer Support

It was felt that staff have relinquished some "power" and there is a definite shift in accepting that people are their own experts in their recovery. Recovery has been demonstrated to be far quicker through peer support as this method for some individuals has shown that they can change and move past issues, and learn to live with them by taking charge of their own illness or issue. In this respect, individuals felt recovery is not about advocacy, but about validation.

'Self-sufficient services'

Groups are often self-sufficient in how they are run and maintained, aiding organisation and the progression of personal skills. Everyone comes together to run the service. There is an emphasis on community education, and this is seen as a good tool to build self-esteem.

'Safe Space'

Many individuals felt that peer support has helped to provide a safe space to address any issues when at their chosen service. While not trying to directly fix these issues, it has allowed people to be in an environment where it is possible to relax and feel safe without any need to explain or put feelings into words. Those accessing peer support groups feel it offers support in a way only others with lived experience can, and their peers there had commented on a marked change in them since they had been accessing the service.

<u>Improvement of Personal Skills</u>

"I have become a lot more confident about talking about experiences and issues, and how I act around people."

Individuals stated that by attending various services, groups and courses, it had allowed them to develop skills, build confidence, and provide access to various

courses that in some cases helped people move into employment. Staff were said to be very supportive.

"At first, the thought of coming to the group was nerve-wracking; now I know everyone and we have become best friends. It's nice to know the group isn't over yet as we are still to complete our volunteer training"

Many people also felt that through such courses, they had greater involvement in mental health campaigning where they were able to take more control and organise social gatherings independent of support from services.

"I am a volunteer who also suffers from mental health issues and I find the services and staff at the Walled Garden do help, and knowing that if I don't feel up for it then there's no pressure to attend helps. I feel eventually I will be able to return to full time work with help from the Walled Garden."

Some services are providing positive moves towards promoting independence and building confidence in individuals. Consistency of staff helps to provide stability to this. There is support offered in many groups with filling in various daily forms, especially concerning banking or financial aid applications. One individual said he felt he had made a lot of progress over the past three years, buying his own car and gone through the process with medical professionals and the DVLA, and this gives him much more freedom.

Access to Services

"I feel there is a lot more on offer now than there was three years ago. It's open to discussion a lot more instead of it being something that never really got talked about."

Many people interviewed considered their access to services to be positive, with experiences of services in general becoming better over the past 3 years.

There is now more reported contact with services, more advice, and greater accessibility. A greater range of services were also available, with more training courses advertised. This is also reflected in more discussion around mental health. Linking up between services has been happening to an extent, thus helping eliminate duplication between services and the third sector is now seen as more of an equal partner. This reduces wasted resources and helps to channel these resources into another service. Many services provide positive support in day to day living and are often accessible by telephone, or with one to one support in an informal setting.

Some individuals felt that there was increased signposting by staff to other services and support available.

"I received good support at Murray Royal – the staff sat down with family to talk about my mental health issues, and after that point they had a much better understanding of what was going on with me."

Others had positive experiences with their GPs, being given useful and appropriate advice regarding services.

Online and library based services such as Beating the Blues and Books on Prescription were both cited as positive ways of normalising access to mental health services.

Specialist Services

"I don't even have words. I am more confident; I am believed; I am treated like a human being rather than a broken person to be danced around. I can say how I feel without fear of judgement. I can cry without feeling like I'm letting someone down. I can laugh without feeling guilty. I have never felt so accepted, I have never felt like I was worth anything other than abuse. In RASACPK I not only found my strength but I found my soul, my spirit. I found a life outside of rape. And I cannot thank you all enough".

Positive feedback was received on the various specialist services available providing support to vulnerable people, such as the victims of crime and abuse, those who have been bereaved, and people with suicidal feelings. Many commented on the life-changing nature of the support, providing them with the insight and coping skills to move on and recover from traumatic experiences.

"It used to be health specialists who had the knowledge, now we as service users understand that actually we are best placed, we are the specialists."

There is a sense that there has been progress for people who have a dual diagnosis in terms of both mental health and substance misuse issues. There have been closer working arrangements between substance misuse services and NHS services. For some people the 'SMART Recovery' concept has been the key to ongoing recovery.

Partnership Working

"There has been a massive improvement in partnership working, joined up thinking and in sharing information, so much so that it's become routine now to have meetings with all agencies – that is the change."

Organisations and service providers report a significant improvement in relation to joint working in a whole range of different areas – interagency referrals; partnership meetings; contributing to large scale projects and events such as the Wellbeing Fair; multi agency training; and provision of integrated support.

“In my almost 20 years in the community my patients have never had a service so relevant, flexible and effective for complex psychosocial needs.”

A Social Prescribing initiative which ran for just over a year from 2016 to 2016, offered sign posting and support to people to access and use non-medical options for support within the community to help address factors which contribute to mental health problems and support improved wellbeing, by building resilience and empowering people to cope better with their lives.

8) AREAS FOR IMPROVEMENT AND LEARNING

There are a number of challenges and gaps in services which were reported. These can be summarised under:

- Public attitudes towards Mental Health
- Professional attitudes towards Service Users
- Gaps in Services
- Funding, Resources and Staffing
- Service Delivery

Public Attitudes towards Mental Health

It was felt that there has been a shift in attitudes towards mild to moderate mental health issues and problems but there is still a lack of understanding of and consideration given to serious mental illness which contributes to stigma. There is a lack of public awareness that not all disabilities can be seen and a feeling that if you cannot see someone's health problem it is harder to feel sympathy.

"Mental health problems have always had stigma around them, and they always will."

One service user said they were afraid of wearing earrings or dressing nicely in case people in her small community said she 'wasn't really ill'. Some people reported problems being open with family members about their mental health issues, especially with older generations. Anxiety in particular was said to be very difficult for some people to accept as a legitimate mental health issue. Many felt their issues were dismissed, and that they are expected to 'just cheer up'.

Professional Attitudes towards Service Users

A number of service users and professionals felt that people with mental health issues can experience stigma when accessing services.

"The very services that are supposed to make you feel better can make you unwell, by trying to negate your experiences and emotions, or overriding your control over medication and treatment."

Some people reported a lack of empathy towards mental health issues from different service providers. It was questioned whether GPs always had to be the first port of call, citing a lack of empathy or knowledge of specific mental health issues. To some service users, attitudes at Accident and Emergency departments were reported to be negative towards people coming in with mental health issues, often with no follow-up or alternative offers of services after physical issues had been treated. It should be noted however, that at times, clinical decisions are made regarding individuals with complex self harm issues and their presentation at A&E.

Some service users reported that Psychiatrists were discharging patients even though patients themselves were saying they still needed help; however, this may be because a person requires help but it may not be from a highly specialist clinician or Team.

There are also problems with service users having to repeat their stories constantly, magnifying the feeling of not being listened to. There can be a lack of trust between service users and the services they access.

"Relationships are not on an equal basis and it makes me feel like I can't trust the nurse –you know they are finding things out so they can go relay it back to the psychiatrist. They don't tell you that. You fear being taken back into hospital so you stop being honest with them."

Some people discussed being made to feel they should be grateful for what they get, and feared having their support stopped if they complain.

"*There were reports of being 'blacklisted' by services for complaining. It was felt that service users had to fight for everything they were offered, and fight to keep it."*

It was felt that letters issued to patients wishing to set up an appointment in relation to their mental health could reinforce a sense of division, due to the instructions contained.

<u>Gaps in Services</u>

Early Intervention and Response to Crisis

Many people reported only being able to access services when they were at crisis level.

"It's only when you hit rock bottom that anyone seems to take notice and do something."

There was a feeling that crisis services themselves were difficult to access, with confusion and a lack of information over what services were available, how and when they could be accessed and where they were located. Even in situations that were considered crisis for the individual, such as an attempted suicide, there were reports of being sent home and a significant gap before a follow up service was offered. Many responses at crisis level were described as being of a 'patching up' nature.

"Services are too reactive as opposed to proactive. Early intervention is needed to stop issues from escalating."

In spite of these issues, some people considered the available crisis services to be helpful once accessed. However, individuals are expected to go to the service

themselves for the initial assessment followed by an appointment being provided in the persons home or venue that suits them, and issues around previous negative experiences and reluctance to engage with services are ignored. Once a person has engaged with a service, they can be flooded with support, but this will impact directly on what services are available to others accessing that organisation.

"There is a need for fewer procedures and policies and more on the spot responses of help."

In terms of referrals to crisis services, it was felt that there was a loss of personal responsibility as well as too many inappropriate requests and referrals asking to resolve different issues that are not within the services' working spectrum. It was generally agreed that services for people in crisis should be contained within the community to stop issues escalating.

"People are diagnosed with a mental health issue and are then stamped with the mental health label and they have no way of escaping this."

People are coming to crisis services with situational crises, but because professionals only see a mental health diagnosis they may not take other issues or situations into consideration.

"GPs are still the gatekeepers to psychiatric help."

It was felt that at present, a person's GP is the 'gatekeeper' to further services within the NHS – but the success of this depends on the GP's understanding of and response to the situation. ASIST training gives skills to others to provide support to people in crisis, but GPs are still the gatekeepers to psychiatric help, and to activating the plan created by ASIST trained helpers. It can be difficult for professional staff working in specialist or crisis teams to access additional training due to the nature of their work.

"It is demoralising to be in a service which is under threat; staff members don't know how long the service will exist, and this can make it difficult to bring staff together and build a team feeling."

There was a strong feeling among early intervention and crisis services that a proper needs assessment of this area of provision is needed to identify where there are gaps.

Support to Maintain and Improve Wellbeing

Some service users felt there had been a marked reduction in community services, to be replaced with a medical based system of support relying on medication.

"Medication doesn't work on its own. Social support is needed in conjunction with professional help and/or medication, which comes back to the importance of the availability of a strong wellbeing social group."

This was reported to often cause a loss of emphasis on recovery, with more emphasis on maintenance instead. People presenting with concerns were often reporting being given medication as a first method and rarely offered therapy, or being required to take medication to have continued access to therapies. Social isolation was a reported issue, with little to no support over weekends and evenings.

Mental health services were felt to be becoming too generalised with less speciality based staff. Services have lost their mental health aspect, becoming only wellbeing services.

"The focus of wellbeing and recovery has led to more generic community groups, but not everyone feels safe in those sorts of groups, some people will struggle. To be amongst people you don't know or trust is very difficult for people with mental health issues – having a safe place to come to is crucial."

Some people reported wanting to return to work, or to live independently but being unable to find or access the support needed.

Funding, Resources and Staffing

Services reported staffing, resourcing and funding as a constant challenge. Many service users feel there is not enough staff for the demand on services – and staff report having large caseloads and finding it difficult at times to provide appropriate support.

"What do I think about services? Not a lot. They are totally under-resourced. There is not enough consistency, not enough psychiatrists and the ones you do see are often locum doctors, so they are not available to see next time."

"Some people are informed that they are now 'in recovery'; but many carers felt this was just code for saying that there were no longer staff available to provide services, so they couldn't come to treatment anymore."

Many services providers reported good working relationships being broken when co-workers did not have contracts renewed. The environment of a high staff turnover was detrimental to the continuation of strong relationships and trust between services and for the service user. Creating an ongoing meaningful relationship with an allocated worker is difficult due to continuous reallocation. Staff are not given long enough contracts to make enough of a difference and enact long term plans. Often funding is only for 'new' approaches – funding is not available for tried and tested services. Uncertain funding streams make it difficult to plan further into the future. Due to a lack of staff, services (such as social groups) can be inconsistent. There is a feeling that Third sector organisations are often taking the 'strain' from professional services and that service users are often discharged from NHS services once they access third sector services.

Service Delivery

Communication and referrals

Referrals and communication between organisations was reported to be difficult by some service users and providers.

"There isn't always enough connection or information sharing between services, in that you can't always know what other services a client accesses in order to then adjust the support accordingly."

It was felt that some 'hid' behind data protection laws when they are not relevant to the situation at hand. Service users reported some services acting like they existed on their own, and did not facilitate linking up between different organisations. Many local organisations reported simply being unaware of other services within their area. This lack of communication was reported to be particularly marked between professionals and the third sector, and a lack of GP knowledge about the third sector. There is still reported a lack of awareness from service users around exactly what services are for and what they can do for you, along with a lack of understanding of professional's roles.

In responding to different situations, particularly during a crisis, service users felt that there could be lack clarity on which procedures to follow. Developing effective partnership working within the NHS in particular could be constrained by a variety of policies and processes.

Referrals can take too long, especially when accessing services for the first time. It is often a trial to get in touch with services, made worse with any social anxiety, which often occurs in those who suffer from mental health problems.

"Sometimes you are waiting so long for an appointment after you have self-referred that you 'lose your nerve' and are no longer in the right place to seek help anymore."

If it is not possible to self-refer to a service, this prolongs the time required to access a service.

There were some difficulty reported of transitions between services, with insufficient communication between services and a lack of follow up support taking a toll on wellbeing. Many found it easy to get lost in the system while undergoing a transition between hospital and the community.

There was a reported lack of face to face interaction, with people being offered telephone or internet services instead. Some pointed out that modern technology was not accessible or appropriate for everyone to use; others questioned why it took weeks to receive a letter in the day of mobile phones and instant messaging. Online resources offered were often not appropriate, and not as effective as face to face services or supportive human interaction.

Holistic approach

Physical problems were still felt to be given priority, even when these problems are caused by a mental health issue. Many people also discussed that severe and enduring mental illnesses were not treated with the same continuous care that a similar physical health issue would be.

"*Why are people not given the same level of care as if they had a long-term, ongoing physical health issue?*"

Many people reported that a holistic care model was still not being delivered, with many staff members outside of the mental health profession not being properly trained in mental health awareness. There was a feeling that physical support services need to be more aware of mental health issues, for example health visitors or housing workers.

Service Delivery Issues facing Specific Groups of People

Young People

"There is also a huge need around 16-25 year olds. This comes down to capacity and funding, but they are consistently falling through the gaps in services, or not being reached easily enough."

There was a feeling that some young people do not understand what is meant by health and wellbeing, with confusion around what mental health is, and a lack of understanding of what services do.

The Mindspace Youth Research Project indicates that existing mental health services fall short in supporting young people struggling with mental issues. Long waiting times indicate services are often not available at the point of need, and young person's mental problems can escalate while waiting for support. Age appropriate services are not always available for younger people who are referred to General Adult Psychiatry. There were reports of finding it difficult to access care from Child and Adolescent Mental Health Services. It was considered to be overloaded, with not enough emphasis placed on specialising in separate issues. For those who do benefit from accessing Child and Adolescent Mental Health Services and an intensive level of support, the transition to Adult Services can be stressful, with young people experiencing a decrease in service, and leaving them feeling they have to start from the beginning again. There is also an issue with CAMHS transitioning young people to adult services. Many are discharged back to the GP and then the GP has to refer the person into the adult service.

Older People

It is quite usual for each of the CMHTs to be working with people over 65 years. The only time referrals are made to older people services is when there is a significant

change in a person's physical or cognitive presentation, as older people's services have the specialist skills to deliver the most appropriate interventions in these cases. There is an interface agreement in place for formal transfer of patients. However, for some people in this situation, changing your CPN, Psychiatrist and Support Worker is a challenge. It creates a struggle to build new relationships with these people, necessitating a repeat of old issues and background details. This is a time when many people can find life difficult to cope with, with extra stresses to deal with like losing partners and becoming less independent due to mobility issues.

Ethnic Minorities

Services which are offered do not address the ethnic diversity that is present within Perth and Kinross. There are very few options offered for non-English speaking people. This lack of multi-lingual services can be used as a reason not to offer support.

"Being part of an ethnic minority raises the likelihood of developing mental health problems, and yet services are not properly provided to combat this."

Even with translated services offered, it is not easy to pick up on mental health issues via an interpreter, so therapies can only be so effective. Professionals were reported to have little or no understanding of family, religious or cultural practices such as prayer times or religious fasts. The issues surrounding services is worsened by stigma around mental health issues in the ethnic minority communities.

Carers

Some people felt that the people they care for are put to the 'bottom of the pile' because the professionals know there is someone in their private life who will 'pick up the pieces'. Conversely, many people want to look after their own family and feel the responsibility and power is being taken away from them via professionals. It is often better for recovery to be in a familiar and comfortable environment as opposed to hospital or sheltered housing with social services. The family unit is also important in many communities, which is not taken into account by services, particularly once the transition to adult psychiatry happens. Carers of people with mental health problems face particular challenges and have specific requirements in regards to mental health law, compulsory treatment and volatile and unpredictable illnesses. There is also a reported issue with engaging with younger carers. Some carers felt that they lacked information on the care they were to provide:

"There was not enough discussion after a diagnosis, with little explanation of what different conditions meant in a practical sense."

People Living in Rural Areas

Many services are concentrated in Perth City, which can present issues for people living in rural areas.

“There are fewer services in rural areas, so you have to be ready and willing to engage with what is available. Often the GP is the only resource available.”

Public transport may not be feasible option yet holding a driving license is not possible with some mental health diagnoses. This can make a person even more isolated.

People with Addictions

Despite the progress made in relation to dual diagnosis and the cross over between addictions and mental health, some people reported feeling that those with a substance misuse issue are prioritised as ‘low’ because ‘it’s your fault’. Gambling is also an issue, creating financial and mental health issues, but there are so few available resources to combat this.

9)PRIORITIES TO BE TAKEN FORWARD

The information included in this report has highlighted many positives and areas of success. This has largely been made possible through the strengthened links and communication made between organisations and groups over this time which continues to grow and develop. However, the evaluation has identified a number of areas of improvement to develop particularly in relation to gaps in services that the Mental Health and Wellbeing Strategy 2012-2016 was unable to address. Through gathering the views of people who use services and those who provide services, this evaluation report includes a list of priorities to be taken forward into the next Mental Health and Wellbeing Strategy that are presented on the following page.

AREAS OF SUCCESS TO CONTINUE

1. WELLBEING AND RECOVERY

- Continue taking a broader strategic approach encompassing wellbeing with mental ill health as a part of that
- Holistic approach so that it is the person that is being treated, not just the symptom or diagnosis
- Recovery to continue to underpin the Strategy and service delivery

2. AWARENESS RAISING, CAMPAIGNING AND ADVOCACY

- Continue awareness raising and anti-stigma campaigns in the community, workplaces and schools, with these following areas as a priority:
  - Young People
  - Older People
  - More serious mental health illnesses
    - More awareness of the medical model as encompassing a biological, psychological and social assessment and treatment intervention evidenced based model
  - Stigma from professionals and services
- Provision of Independent Advocacy Support

3. TRAINING

- Continue and develop programme of mental health and suicide prevention training courses with a priority around:
  - General understanding and basic awareness of mental health in community settings
  - Training courses on mental health issues, suicide prevention and self-harm
  - Self-management

4. PEER SUPPORT

- Recognise the value of peer support and continue to develop these models
  - Introduce peer support into hospital settings and more fully throughout communities
  - Develop peer support approaches within schools

AREAS OF IMPROVEMENT TO DEVELOP

5. ACCESS TO SERVICES AND SERVICE DELIVERY

- Clarity on what each service offers and how to access them
- Seek to provide consistent services
- Improve interagency communication
- Statutory services to be more open to referrals from third sector
- Increase self-referral options
- Increase the range of access points, relieving pressure and reliance on GP's
- Reduce waiting lists and times
- Improve rural access
- Improve access for ethnic minorities
- Effective links to ensure responsive Autism services from an early age across localities
- Equity of access for people aged 65 and over
- Services to keep up with technology and have more access via different means
- Evidencing outcomes for people who use services and gathering statistical information on services

6. COMMUNITY SUPPORT

- Increase the capacity of communities to look after the wellbeing of people living there and address social isolation and loneliness through:
  - Linking people with mental ill health to community supports, and recognising the importance of social engagement
  - Continue and develop approaches which enable people to develop personal resilience and decrease reliance on services

7. YOUNG PEOPLE

- Training and support for parents and guidance teachers
- Attitudes and awareness raising for young people
- Prevention approaches, resilience interventions and education about emotional wellbeing in schools
- Accessible information suited to the audience
- Increase service options for young people and points of access

8. EARLY INTERVENTION AND RESPONSE TO CRISIS

- Early intervention – recognise and respond to issues at an earlier stage to prevent crisis to improve a person's long term outcomes
- Response to Crisis – improve the response to people in emotional distress and develop options for people in crisis
- Clarity on protocol and procedures on existing services for people in crisis
- Further development of services and provision for people with Borderline Personality Disorder

10) PROGRESS ON ACTION PLAN

COMMUNITY AND PLACE ACTION PLAN

1. Communities will become mentally healthy places, where individuals feel empowered, responsible for, and in control of their own lives experiencing a true sense of belonging, purpose and connectedness within their neighbourhood

1.1 Embed mental health and wellbeing in locality approaches work

- **Link community based Partnerships such as 'Place' and 'Community Learning and Development' to develop and share activities**
- **Developing 'Community Circles' to support the mental wellbeing of communities and enable informal support networks**

The Community & Place Group has met at least 4 times per year over the period of the strategy. There are 32 members, each representing a different agency, who receive papers including minutes. Attendance has varied from 20 to 8, with an average of 14.

The membership of the Community & Place group has included representation from a number of agencies from NHS, Local Authority and Voluntary sector, plus some service user/public participation. Members have embedded mental health promotion approaches in their areas of work.

Many of the activities of the group have been aimed at the general population, for example awareness raising and campaigns, and as such the outcomes are not amenable to quantitative measurement. Population surveys of wellbeing, by inclusion of the short-form WEMWEBS (7 questions) in the local Viewfinder or Citizens surveys has been requested on at least two occasions but has been rejected by the organisers of these surveys. Even had such surveying been possible, it would not be possible to ascribe any changes in population wellbeing to specific initiatives, but this does not indicate that there has been no impact.

Recent consultation and review has indicated that the membership and focus of the group has tended at times to be dominated by mental illness and services for people experiencing mental health problems. In future the group intends to focus more on a Public Mental Health and Wellbeing approach.

1.2 Promote physical activity / socialising opportunities

- **Physical activity opportunities will be promoted via the web portal and Live Active Leisure website. Include in work of local physical activity and health alliance (PAHA)**

- **Physical Activity opportunities will be actively promoted by referring practitioners.**
- **Develop Sports Academy at St Johnstone**
- **SAMH Get Active Get Outdoors pilot project in primary schools: training up local young people as outdoor instructors to work with primary school pupils to increase physical activity outdoors and mental wellbeing**

The Live Active Leisure Wellbeing Team have been linking to mental health focused work through the coordinators supported by the Integrated Care Fund. A number of initiatives are in place integrating physical activities and promoting access to services and opportunities, with the opportunity to integrate a physical activity intervention into planned programmes for mental health and wellbeing, or to help with access to existing leisure services.

- Live Active Leisure (LAL) have supported all Community and Place initiatives with web site coverage and promotion to staff via company newsletter
- A local Physical Activity and Health Alliance has not been created in P&K. PKC will lead a new Culture and Sport Forum where physical activity in relation to health will be addressed in relation to strategic priorities.
- 330 referrals were made to the LAL Activity Referral programme. 7.7% of these were specifically in relation to mental health.
- 15 of 58 services/teams registered to refer to the Compass membership have a specific mental health remit.
- 127 services users have been referred in the year to the Compass membership
- LAL created 2 full-time Wellbeing Coordinator roles to provide support to individuals, groups and services to increase activity levels. All funded ICF projects received the offer of working with LAL. 4 mental health specific programmes have been established.
- There has been a shift away from mental health service users being signposted to the more formal Activity Referral programme to using the more informal, self-controlled access to leisure route with the Compass membership. This can also be supported by staff to address barriers to participation.
- Mental health and wellbeing comes up regularly as a secondary issue in relation to physical health conditions. (self-esteem and confidence)
- LAL has seen a shift in confidence to access leisure services through supported programmes and physical activity programme participants have also said they feel healthier/ better as a result
- Building capacity in LAL to provide direct support to services to address the challenge of increasing physical activity levels
- Being a service that is flexible and responsive to partner's needs. As well as providing support to projects, the activity referral programme and Compass membership gives space in venues for groups to meet, attend events and promote other opportunities
- Aiming to measure impact on physical and mental health as a core outcome in all of their Wellbeing work
- In school communities Active schools encourage volunteering and delivery of extra-curricular activities and sport for young people. They also promote links to local sports clubs.

- Outdoor learning is promoted in all schools to enhance learning. Schools are encouraged to use outdoor spaces in the school grounds, local parks, forests and wider areas to deliver lessons and promote active learning. Some schools are doing the daily mile while others are promoting other physical activity and exercise during the school day.

PLUS Perth

- PLUS Perth was involved in setting up community Greenspaces across P&K in Perth City Centre, Blairgowrie and Pitlochry where people with mental health issues find purpose and make friends.
- Due to the reduced services over the Christmas break PLUS Perth developed and produced a Christmas wallet card (in each of the past 3 years).
- In 2015 these were distributed around approx. 30 places such as SSE, Murrays Bakers, PRI, PKC, Libraries and more. The card provides contact numbers for 'How to Survive Christmas'. There were also translated Polish versions of the card produced. Almost 2000 were distributed.

SAINTS Sports Academy

An example of information captured over the past year of the project is shown below:

- 38 different participants attended 18 individual coaching sessions held during 2015 at McDiarmid Field Turf pitch
- Average attendance at each coaching session was 18
- 2 SAINTS teams have participated in all 8 Scottish FA National Mental Health and Wellbeing League fixtures in 2015 held at venues throughout Scotland
- 27 different participants have been able to play for the 2 SAINTS teams in the Scottish FA National Mental Health and Wellbeing League fixtures in 2015

A range of other sports are also offered including volleyball and multi-sports activity sessions. During 2015/16:

- 21 sessions were held with an average attendance of 10 at each session (70% males and 30% females)

A small weekly football group is also supported in Pitlochry with an average of:

- 6 attendees and 18 sessions were held during 2015/16

Regular evaluation has been undertaken at different stages of the project in different ways including the completion of feedback forms by participants; an evaluation by the Scottish FA; verbal feedback on a regular basis; observation by coaches; discussions with referrers and a film clip with interviews is available.

Evidence of the following has been reported:

- Improved confidence and self-esteem
- Reduction in offending behaviour (by relevant participants)
- New friendships
- More personal responsibility taken

Participation in a national league run by the Scottish FA has been a great experience for the group particularly as the participants who were instrumental in establishing it have formed a committee and successfully advocated for such a development directly with Scottish FA representatives.

- Regular participation (and increased uptake) of 2 teams in the Scottish FA National Mental Health and Wellbeing league

Some comments from the initial evaluation of the Scottish FA National Mental Health and Wellbeing League at the end of their first season in 2014 included:

"It has been a very positive and empowering experience for the group. Their self-esteem has improved in meeting new people and being part of a recognised and official league set-up. It has seen them become more motivated as they have the league fixtures to look forward to."

- 6 members of the group have successfully undertaken Scottish FA Level 1.1 football coaching certificates
- Local and National Awards (PKC Securing the Future Gold Award (Equalities) and Provost Award winner 2013 and COSLA Gold Award in Tackling Inequalities and Improving Health 2014)
- Links made to similar projects in other areas through participation in the Scottish FA National Mental Health and Wellbeing League

SAMH 'Get Active Get Outdoors'

This pilot was finished due to staff returning to schools. See *2.11* for further information.

1.3 Promote community referral to existing community groups and community activities to help support people within their own locality

See 3.3

2. All people in P&K will understand that their mental wellbeing and their chance of developing mental illness are affected by their life circumstances, the choices they make and actions they take in life and that our mental wellbeing is susceptible to changes at different times in our lives

2.1 Promote campaigns and awareness raising activities to increase knowledge and understanding of mental wellbeing in the general public. Set up community events and activities which contribute to mental wellbeing

- **Hold a Perth and Kinross Annual Mental Health and Wellbeing Fair (during**

mental Health Week in October)

- **Use information screens in supermarkets, libraries and community campuses to share information around mental health and wellbeing**

Breathing Space day

Events have been organised in the week up to Breathing Space Day (1st February) each year:

- **2013** Three days of events included visits from a Breathing Space Ad van to 12 P&K towns/locations and a number of promotional events including at SSE and a St Johnstone football match. A Wellbeing Fair was held in Blairgowrie. P&K Libraries had displays of Mood Boosting books and resources that highlight the Find Health offer. AK Bell Library and PAMH jointly ran a workshop for members of the public.
- **2014** Leaflet drops and awareness raising stands in statutory organisations premises, articles in newsletters. Physical activity and craft / social activities took place during Breathing Space week
- **2015** Leaflet drops and awareness raising stands in statutory organisations premises, articles in newsletters, message on 14000 NHS payslips across Tayside
- **2016** The theme was Scotland's Year of Listening. Sixteen 'Listening Posts' were set up across P&K to highlight the importance of listening as a support for mental health and wellbeing, and further individuals pledged to be active listeners.

Mental Health Week

- **2012** The theme for Mental Health and Wellbeing Week throughout Perth and Kinross was *'Mental Wealth'* highlighting the most valuable things in life such as family, friends and community spirit.
- **2013** A mental health and wellbeing awareness campaign was held during 13 - 19th May with information displays in all libraries, Live Active centres and other council settings across Perth & Kinross.

Wellbeing Fair

During October:

- **2013** one day event
- **2014** Week of 48 different activities were provided which included walking, aerobics classes, candle-making, alternative therapies. These were provided at various venues and were attended by over 1,670 staff.
- **2015** Wellbeing Fair took place across Oct 2015 and encompassed a whole range of activities and partners:
- The Scottish Mental Health Arts and Film Festival, which was part of this, was very successful although these still require to be marketed more effectively to the general population rather than to a niche market of people involved with mental health services

- PLUS showed a series of different mental health themed films at the AK Bell Library and the Birks Cinema, which was a good approach
- MoveAhead ran an Art Exhibition which was held in the museum for 3 weeks to showcase people's art work

Physical activity and wellbeing pop up shop

- 2015 held in St John's Centre by Live Active Leisure

Suicide Prevention Week Activities

- Raising awareness activities have taken place each year during Suicide Prevention week in September. These activities have included press releases, community stalls, radio interviews, twitter sessions as well as running and promoting Suicide Prevention training courses
- targeting young men and vulnerable communities has been a priority with activities being targeted in Blairgowrie in 2012; in 2013 distributing beer mats, posters and cards to different pubs, particularly in private areas such as the toilets; a large scale campaign being run in conjunction with St Johnstone's Football Club and other sports clubs in 2015; and continuing to use sports as a hook in 2016
- The input from partners has been important including links with employers such as Aviva and SSE; the Chamber of Commerce; and members of Pubwatch. Partners providing services for people in crisis have collaborated in running raising awareness campaigns. There has also been collaboration at a Tayside level to relaunch the website and mobile app, 'SuicideHelp'.

2.2 Undertake anti stigma campaigns including anti self-stigma and continue to promote the See Me message within local communities

- **Target groups: public facing staff in statutory sector, public transport, retail, private sector organisations**
- **Scope and devise an action plan prior to NHS Tayside signing the See Me Pledge, ensuring that actions are consistent with those of partners**

PLUS Perth

- 9 Peer workers from PLUS have been involved in anti-stigma campaigns
- Trained 240 third year med students in each year of the strategy

NHS Tayside See Me Pledge

- Several meetings were held to develop a meaningful action plan and monitoring framework to underpin NHS Tayside signing the Pledge. However this was not completed, partly due to change of management of See Me and the removal of focus (nationally) on the Pledge.

Perth & Kinross Council See Me Scheme

- PKC host an annual programme of activities which take place during wellbeing month in October to promote the See Me scheme and anti-stigma associated with mental ill-health. This is in keeping with the Council being a 'See Me' pledge signatory. These events have included information stalls, See Me for Tea events and an annual anti-discrimination football match with St. Johnstone F.C. youth academy players and mental health service users.

Please see *2.12* for more information on the PKC 'See Me in work' programme.

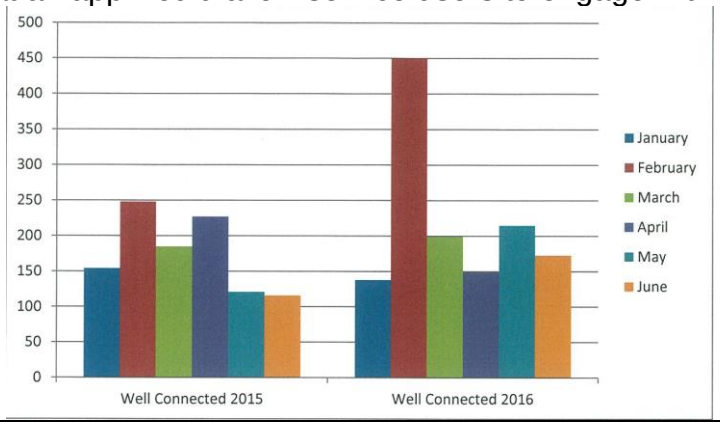
2.3 Map activities for all ages which contribute significantly to improving mental wellbeing

Mental Health Services Directory

- Initially put together in 2013, the Mental Health Services Directory seeks to provide comprehensive information on the services available which can improve a person's mental health and wellbeing with sections on emotional support, mental wellbeing services, support for children and young people, NHS social work services and other areas such as websites and apps. It is updated every six months and is available on the PKC Mental Health web page and is widely circulated to partners at every update and is regularly referred to during training opportunities.

Well Connected Perth & Kinross

- The 'Well Connected' web facility has been launched which uses ALISS (A Local Information System for Scotland) to provide online access to information on community activities which help people live positive, healthy lives. It is hoped that 'Asset Based Approach' training will be rolled out in early 2015 targeting frontline staff. It is available here: http://www.pkc.gov.uk/wellconnected
- The graph below shows there has been a 30% increase in the visits to Well Connected since the Social Prescribers took on the role of helping to raise the profile and assisting agencies within localities to sign up.
- The website was set up to work on PCs, but not mobile phones and it has been suggested that an app would allow service users to engage with SP further.



2.4 Raise awareness and train local people, community 'champions' and community based workers in mental health issues and how to promote mental wellbeing

Promote Scotland's Mental Health First Aid (SMHFA) available and accessible to local people and community-based workers.

- **Increase capacity by training more SMHFA instructors**
- **Support Instructors by providing centralised admin for bookings, ordering materials etc.**
- **Use community venues and provide crèches and carer support to make SMHFA and other training more accessible for local people**

Scotland's Mental Health First Aid (Adult) training

A headline success has been establishing the local profile of SMHFA training – despite little or no publicity, courses are consistently fully booked and demand is growing.

- Between 2012 and 2015, 384 participants have completed the SMHFA training course
- 6 new instructors were trained in 2016 – current capacity 12 including at least 3 freelance
- A long term evaluation report which includes qualitative feedback on the impact of the SMHFA training on participants can be found in *11.4* of Specialist Response
- Admin is centralised for Tayside, each LA area has contributed £1000 p.a. for last 3 years. This is agreed on a year-by-year basis
- The use of campuses, church halls etc. has increased and a few places on each course are filled by community members
- 74 people who had taken the course in 13/14/15 took part in a survey on the long term impact of SMHFA
- 64 people (86%) reported they had used the skills/knowledge learned
- 89% had listened non-judgementally; 77% had given reassurance and information; 64% had encouraged professional help; 59% had encouraged self-help; and 41% had asked about suicide.
- Key themes on the topic of how participants felt this benefited the person/people they supported included the positive impact of non-judgemental listening; their improved knowledge and confidence; signposting the individual to further sources of help; the support they were able to provide and reassure the person they were not alone; enabling the person they were supporting to reflect on their situation; and feeling more able to have open discussions about mental health and/or suicidal feelings.
- 65 (92%) of the participants felt they knew about appropriate resources or service to signpost the person on to. 30% (22 people) had signposted a person on to their GP. Other sources of help frequently signposted included Samaritans, Breathing Space, counselling (in particular Mindspace), NHS Mental Health Services and self-help books.
- 19 (26%) replied "very confident" and 53 (72%) replied "fairly confident" to the

question “how confident do you feel using your skills as a Scotland’s Mental Health First Aider?”

- Participants report that they have used the skills and knowledge learned as part of the course (86% of those surveyed). The course enables participants to have conversations about difficult topics – 41%, for example, had asked about suicide.
- It is raising awareness of mental health issues amongst ‘ordinary’ members of the public and enabling them to respond appropriately. One person from Environment Services who attended, for example, helped a colleague in crisis just after completing the course. He recognised the confused thoughts (which had been dismissed by colleagues/family members) were a sign of a psychotic illness, and enabled the person to access urgent medical attention.

2.5 Promote 5 ways to wellbeing messages and roll out mental health awareness programmes in community settings including adult care, general community settings, sheltered housing, supported living, residential care, day care and other sectors working with older people

- **Raise awareness with community based workers through existing Continuing Professional Development opportunities**
- **Cascade training to key staff groupings through dedicated sessions or augment various existing training modules and courses**

P&K Workshops

- **2015** - 5 Workshops for staff held in P&K community hospitals.
- Well Connected using the 5 ways to categorise wellbeing resource information
- Social Prescribing project using 5 Ways to Wellbeing as a theme.
- Hopscotch is developing an ‘Exploring Wellbeing’ project, looking at the 5 Ways to Wellbeing with a group of Young People.
- The PLUS newsletter is read by around 1000 people who use services, staff and the public is circulated across P&K.
- An annual P&K Mental Health and Wellbeing Film Festival has started in partnership with the Perth Film Society, AK Bell Library and The Birks Cinema.

2.6 Roll out mental health awareness programmes in schools and youth work settings. Young People version of SMHFA (for delivery to people who work with YP from age 11) is currently in development by NHS Health Scotland

- **Develop supporting infrastructure and train Instructors**
- **Roll out YP SMHFA to P7 and secondary school staff and youth workers**

Scotland’s Mental Health First Aid (Young people) training

Between January 2015 and July 2016, 122 frontline professionals within P&K have attended the SMHFA Young People course, with a current 73% pass rate for all

parts.

Breakdown of attendance is as below:

Participant	Number	%
School Nurses (Health)	14	11%
Social Worker	19	16%
Teacher	21	17%
Voluntary Sector	32	26%
Police	2	2%
Pupil Support	4	3%
NHS Staff (other)	6	5%
PKC (Other)	19	16%
College	4	3%
Other	1	1%

- All participants to the Scottish Mental Health First Aid: Young People undergo a full evaluation after Part Two of the training course. After Part Three they must submit a reflective piece on what they have taken from the course and any examples of how they have used their training.
- A member of staff said the training gave them increased confidence to support a young client exposed to neglect and emotional abuse who had self-harmed and felt suicidal on occasions. Using the ALGEE method of Approach, Listen, Give support, Encourage appropriate professional help and Encourage other supports, the option of referral to CAMHS was accepted as well as self-harm online support and an increase was seen in participation in other activities.
- Admin is provided for Perth and Kinross by PKC.
- The variety of applicants who have successfully completed the course has ranged from:
  - School Nurses, Midwifery Staff, Family Nurse Partnership staff
  - Voluntary sector – Young Carers, Women's Aid, Barnardo's, RASAC, Perth Autism Support, Perthshire Families Service, WEB Project, Independent Advocacy, WhoCares? Scotland, Action for Children
  - Police Scotland, Fire Scotland
  - Perth College, Teachers, Youth Services
  - Social Workers, Community Link Workers

2.7 Embed and extend Mindfulness training

NHS Tayside Adult Psychological Services

- Rolled out mindfulness training for (initially) staff who would then be able to cascade the training to others including patients – it is unclear how well this initiative was sustained.

Mindspace Recovery College

- Two different courses were run at various times throughout the last 24 months. Discovering Mindfulness has been enjoyed by some 37 participants with a further 12 undertaking regular Mindfulness Practice:

  "….mindfulness…has in turn improved my life on a daily basis"
- At Mindspace, 'Understanding…' diagnoses (Depression, Bipolar etc) sessions are open to anyone interested in learning more about specific mental health conditions:

  "I now have more of an understanding and realise there's ways and means of dealing, coping and managing your bipolar"

2.8 Scope mental health training for young people currently delivered then roll out good practice, including Peer Support, Mentoring/ Volunteers

- Mindspace carried out research into mental health provision for young people in 2015 which identified that young people want counselling delivered. Mindspace continues to deliver high quality counselling to some 100 – 120 young people annually (18 and under|. As a result of this research Mysp@ce @ Mindspace, a recovery college approach for young people was launched in November 2016.

2.9 Implement See Me campaign's 'What's on your mind' pack in schools

- Implemented See Me campaign's 'What's on your mind' pack in 3 schools across P&K delivering 11 sessions.

2.10 Work with school staff to increase their knowledge and understanding of positive mental wellbeing and its importance for children and young people

- **Continue to support the Bounce Back programme in primary Schools**
- **Develop resources in collaboration with secondary school and college staff**
- **Develop a Personal and Social Development programme for PKC schools**

with Guidance staff which will address mental an emotional CFE experience and outcomes

- **Encourage and support schools to introduce and progress the Healthy Working Lives Programme in order to address employee health and wellbeing.**

PKC Education and Children's Services

- All school staff have been given the opportunity to attend SMHFA YP and SMHFA course offered to Secondary Guidance staff. ECS has tried to get at least one member of staff from each LMG to attend
- Mental Health and Wellbeing is part of the responsibility of all staff in schools and training and support needs to be further developed for staff to ensure they provide appropriate support
- Ongoing delivery of Bounce Back in primary schools who have adopted the pre-existing programme and training programme available for staff
- Ongoing work with Guidance staff, held inset day with all partners invited and looked at way forward and support needed in school to promote positive mental health and wellbeing. SMHFA young people courses offered to general teaching staff and SMHFA course offered to Secondary Guidance staff
- Secondary DHT group have met and mapped what is happening in secondary school, universal and targeted support. This has been taken forward and will help support the HW strategy for PKC
- Physiological services have been involved in a number of projects in schools looking at coping skills, stress levels and mental wellbeing in general of young people
- Some schools started the Bronze award but the awards were not suitable for schools and they struggled to complete them

2.11 Support Health Promoting Schools

Strathearn Campus event

- An event was held in November 2015 at Strathearn Campus targeting guidance and other relevant staff to look at the topic of mental health and wellbeing. It covered different aspects including:
- Statistical and survey information from national sources and Evidence to Success;
- Info on web-based resources, training opportunities and local services;
- Workshops on how staff can work to enhance the mental wellbeing of pupils and meet their needs, identifying issues and how to address those issues;
- Presentation from different services, including Hopscotch and CAMHS.

"All schools are Health Promoting Schools"

- All schools are being supported to embed Health & Wellbeing responsibility of all
- All teachers have a GTC responsibility to display and model health & wellbeing –

5-yearly monitoring for registration.

- Health Promoting Schools has now become H&W responsibility of all. A new group including deputy head teachers and educational psychologists is looking at how to integrate and provide equity of access to good wellbeing, and promote wellbeing in schools. The aim is to have someone in every school trained in SMHFA for young people. This in response to Evidence to Success proportion of young people and parents reporting mental health issues. Courses now running once a month.

Evidence to Success provides information that

- 9.5% of school population indicated concerns of anxiety and depression
- This was split into 15% girls and 4% boys

Health Promoting Schools has made staff aware of how important a school ethos and relationships are to the wellbeing of staff and pupils

- Physical activity and being active has been promoted and schools are expected to be providing 2 hours or 2 periods of quality P.E.
- Education and Children's services are currently looking at options for universal and targeted support for young people.
- Secondary DHT group have met and mapped what is happening in secondary schools, universal and targeted support. This has been taken forward and will help support the HW strategy for PKC.
- Improving Emotional Wellbeing Collaborative was held recently with partners and will be ongoing.

2.12 Encourage and support workplaces to participate in the Healthy Working Lives Programme and introduce mental health awareness programmes within their workplaces

- **Promote Mentally Healthy Workplace Training for managers/supervisors/team leaders in workplaces throughout Perth & Kinross**
- **Encourage workplaces to participate in "train the trainers" in order to have the capacity to deliver Mentally Healthy Workplace training in house**
- **Encourage workplaces to participate in See Me Campaign and promote stress/mental health and wellbeing on a regular basis**

Healthy Working Lives Programme

- Since 2012, 18 workplaces have been participating in the Healthy Working Lives Programme including private organisations, NHS, further education, Scottish Prison Service etc. with a range of Bronze, Silver and Gold awards being achieved
- One larger workplace has undertaken the Mentally Healthy Workplace Train the Trainers and now delivers this training in-house.

All workplaces registered for the programme are required to provide evidence on an annual basis. This ensures that mental health is discussed openly in the workplace:

- Work in progress with P&K Welfare Rights Team in order to provide "Welfare Reform in Work Entitlements" awareness sessions within P&K
- Drop-in stands manned by P&K Welfare Reform team provided at PRI and all Community Hospitals ("In Work Entitlements" information)
- Awareness session delivered to P&K Employability Network Group in June 2016
- Deborah Gray, Senior Health Promotion Officer Mental Health has visited all P&K Community Hospitals giving out awareness packs containing mental health information
- P&K Community Hospitals and Murray Royal have achieved Healthy Working Lives Silver Award. In order to demonstrate maintenance of this award they are required to provide managers and supervisors with training in order to increase their knowledge and understanding of mental health, wellbeing and stress in the workplace and provide an activity for all staff based on the topic of mental health. As Gold award holders PRI is also required to provide evidence of this
- PKC are now Bronze award holders.
- Perth Prison provided a Mental Health First Aid course for officers.
- Promotion of "Money Worries" app on NHS Tayside Healthy Working Lives Facebook page and advise workplaces of this as opportunities present.

The Healthy Working Lives team provide training on an annual basis on the following:

- Mentally Healthy Workplace
- Resilience and Wellbeing
- Managers Competencies
- Drug and Alcohol Awareness

- All training is available to all and managers/supervisors/team leaders throughout Perth & Kinross have attended this training over the years
- Evaluations of the Mentally Healthy Workplace training are undertaken at a National Level. Average scoring for all sections of the training is 4.5 out of 5. Participants report that it is very informative and reassuring in relation to dealing with any further situations. Similarly, the Resilience and Wellbeing training has been seen to be very valuable training that will definitely be reflected in the workplace.

PKC See Me campaign in workplaces

- During the past year Perth & Kinross Council has been working with the re-branded 'See Me in work' programme to tackle stigma and discrimination in work
- An employee survey is planned which should give an indicator of whether the Council needs to review practice to support staff if they are experiencing difficulties with mental health e.g. policies, training, awareness raising, signposting and practical support

3. All people in P&K will know where to find reliable information and resources to enhance, protect and improve their mental wellbeing and that

information is accessible to them whenever they require it

3.1 Develop an on-line community / social network open to all for information exchange and as a repository of resources about mental health and wellbeing, local services and activities etc.

Online Ning network 'Place it'

- This was developed but not successful. The information resource aspect of this has been taken over by MentalWealthPerthshire website and Well Connected, plus the mental Health Services Directory.

Tayside Health Information Signposting (THIS)

- Health information navigator project linked in with Well-Connected to make sure librarians are skilled up and have resources to be able to do some signposting. The 'books on prescription' service is being redeveloped together with staff from MRH including purchasing new titles and raising awareness of services.

Money Worries? App 2015

- NHS Tayside developed a mobile app for people to find the right help in a crisis. The app contains signposting information for people who may be affected by welfare benefits cuts or other crises.
- Over 200 signposting contacts are categorised under Money, Work, Housing and Help Now. Help Now includes suicide prevention, relationships, drugs and alcohol, mental and physical health, foodbanks, social work, local support directories etc.
- In the first 12 months the app was downloaded 1185 times. The top information screens viewed were: Welfare advice, Health Problems or Disabilities and work, Citizens' Advice Bureaux, Foodbanks, and Housing Benefit & Discretionary payments
- Approximately 20% of contacts made directly from within the app have been to P&K specific services

3.2 Hold information fairs in statutory services' premises to inform staff and clients about the range of resources available in the voluntary sector to promote wellbeing

See 2.1 for further information.

3.3 Develop an accessible community-based signposting service, including on-line information and face-to-face signposting, to link people to services and community sources of help in order to raise awareness of, and facilitate

access to activities which enhance mental wellbeing and signpost mental health services within local communities

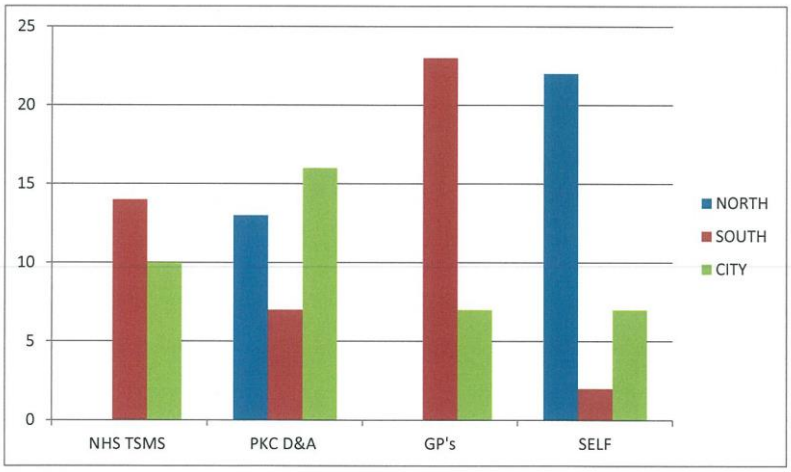
- **The 'information hub' will be transportable in order to set up in places of highest need with support from volunteers living in such areas**
- **Signposting Services will also identify gaps in service provision and barriers to accessing services, and can help find solutions to these**
- **Promote service and web info to public-facing workers in all agencies**

Social Prescribing

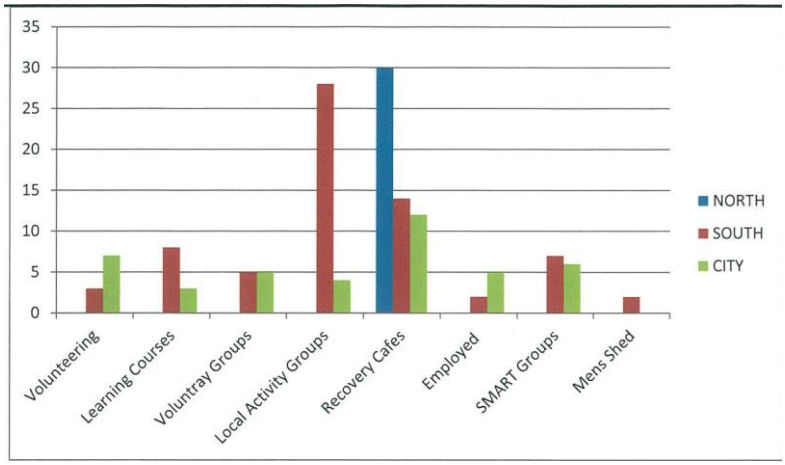
- £147,000 funding for 2015/16 was awarded from Integrated Care Fund to develop a Social Prescribing Project in P&K involving three people. This project offered sign posting and support to people to access and use non-medical options for support within the community to help address factors which contribute to mental health problems and support improved wellbeing. A Steering Group was established to oversee the development of this. 3 new staff were appointed within the Drug and Alcohol Team and have a focus of work in Blairgowrie, Perth City, and Crieff and Kinross and will link with GP practices in these areas.
- People were seen for an appointment lasting up to 45 minutes in the GP Practice which is a local, familiar venue. Areas where this service was set up included Auchterarder, Blackford, Aberuthven and Dunning.
- Problems addressed included caring roles, welfare benefits and housing concerns, addictions, social isolation, mild to moderate mental health problems, unresolved trauma, relationship breakdowns and problems associated with ageing and chromic health conditions for which medical intervention was unwarranted.
- Each Social Prescribing worker had regular contact with GP's in the practice either in person or by email. The worker reported back on any specific concerns about patients, advised on actions taken and suggested options for onward referral. GP's would speak with a patient about what may be offered through Social Prescribing, advise the patient on how to make an appointment at reception in a diary kept specifically for the purpose, and their phone number would be supplied in case of a failure to show up.
- The emphasis of each Social Prescribing worker was always on this being a conduit to moving people into longer term, sustainable opportunities which fitted their wishes. Extensive local knowledge of resources and third sector organisations made this process easier, as well as the worker's experience of supporting people through change.

Project Review October 2015 to July 2016

- Overall number of referrals received for each of the areas has been 122 people.
- This is broken down into South, North and Perth City:



- Referrals have been generated from a number of different sources and each area has varying numbers from the source type.
- The graph below shows the different type of activities individuals have been able to connect with, through the support of the Social Prescribing Worker



Across 2016:

- Walking Football (South) with 50+ age group. It saw 24 eager participants turn up.
- These sorts of physical activities also saw the City help to support the first weekend 10K-9 walk – an activity to help individuals get outside and walk with their K9 buddies; this was very successful and saw 30 participants and 12 dogs take part.
- The North held a very successful World Conversation Recovery Café with 30 participants attending and 11 agencies assisting in the planning and running of the event;
    - Participants responded positively by saying "*Learning a lot about Mental Health",* "*It takes an entire community to support recovery*" and "*Recovery means – finding myself again*"
- Some community members undertook mental health training such as SMHFA and safeTALK.

SMART Recovery Groups

- SMART Recovery is a nationwide, non-profit organisation which offers free support groups to individuals who desire to gain independence from any type of addictive behaviour.
- It is recognised that there is a great need for this type of Mutual Aid Support Group that will benefit Carers and Families who support individuals with difficult life conditions Each of the 3 Social Prescriber Workers in each of the localities have developed and facilitated SMART Recovery Groups
- The success so far has been from the established CITY SMART Recovery Meetings with different people: 10 attending St Marks, and 8 attending the Salutation Hotel
- The North locality/ Blairgowrie at Wisecraft has benefitted from an evening meeting and South/Kinross has also seen SMART mutual aid meetings supporting the community with 6 individuals regularly attending Millbridge Hall
- Perth City saw the first SMART Recovery Family and Friends to be started but due to low numbers and timing this was reshaped.

Locality Working

Placing each worker in the locality has helped to build good trusting relationships:

- In the South, the worker has spent time engaging with GP Practices, seeing a rise in referrals: Within 6 weeks, 23 from St Margaret's Health Centre which shows on both sides a new understanding of where this role will fit, "*the flexibility of advice, information and signposting that the service offers can be seen to benefit patients in a way that a Doctor could not."*
- As of November 2016, the Social Prescribing Worker now sits 2 days a week in GP Practices in Auchterarder and Crieff and receives regular referrals. GP Practices now wanting to 'buy-in' to Social Prescribing services
- In the North, the SP worker is establishing good links with PKAVS who have carried out extensive work with communities to better understand their needs, and has helped in the planning of services. This is evident through the co-production of the data submission sheet for 'Well-Connected' which has seen usage up by 30% from 2015. This work has benefitted all areas of P&K.

Joint Recovery Agenda

- The development of the Joint Partnership Recovery Forum has assisted and aided in taking forward ideas suggested by the local public/ community
- Work is progressing around the Joint Recovery Agenda which has provided integrated working opportunities through such ventures as the Joint Recovery Partnership Forum, Recovery Café Events supported by the Scottish Recovery Consortium and the ongoing development of a Recovery based website

Involvement

- The Social Prescribing Team have evidenced that they are ahead in terms of the new Community Care and Health structures and already have begun to evidence

where they meet the National Outcomes, as well as joint strategic plans. It has been evidenced and researched that this approach to locality working and engaging individuals within communities is the right step to building stronger, more resourceful and adaptable communities. Working in this way has also allowed individuals and groups to take ownership of these initiatives, in turn bringing about better use of time and resources.

4. We will put recovery at the heart of our Strategy

4.1 Aid recovery by enabling people to maintain their interests and routines within their community during periods of reduced mental wellbeing

- **Create and raise awareness of volunteering opportunities and other meaningful activities available to service users**

Mindspace library development

- Mindspace has created a new library which is being increasingly stocked with books, DVDs and self-help resources or wellbeing in its broadest sense. The library is open to all.

Mindspace Podcasts

- 7 participants of an employment skills course has taken on a project of putting podcasts on the Mindspace website. There will be a podcast which will have people giving their personal opinion of how they found the course.

4.2 Audit the use of the Scottish Recovery Indicator 2 across partner services to look at commitment to recovery

- **Devise an action plan to ensure full implementation including training as necessary**

The Community Mental health Teams use the SRI2 Recovery Care Plan and also complete the SRI2 Recovery Care Plan Audit Tool.

4.3 Ensure that evidence of individual recovery is consistently gathered across sectors and services using validated indicators / toolkits which can support and monitor a person's journey towards recovery and their individual outcomes

Community Care developed a generic Outcome Focussed Assessment Tool which included Mental Health and Drug and Alcohol and this monitors the outcomes of all groups. In addition the other services use the following:

- Walled Garden and Wisecraft – STAR
- Drug & Alcohol Team - Richter
- Mindspace and MoveAhead – IROC
- RASAC – Wheel Evaluation tool
- Perthshire Women's Aid and Mindspace Counselling – CORE
- Victim Support – tailored evaluation forms
- Mindspace Recovery College – Tailored Outcome Focussed Tool

4.4 Scope availability of recovery training for staff and devise a training plan for implementation across sectors

- **Scope and implement training for staff on the effects of self- stigma, prevention and mitigation**
- **Increase access to Wellness Recovery Action Planning (WRAP)**

Mindspace Recovery College

- In one year, student numbers have gone from 60/70 people to over 350
- Invites carers, employers, friends etc. to participate in learning
- Between 2014 and end 2015 delivered 70 courses internally and had 50 presentations from partner providers

4.5 Aid recovery of carers in their carers role by providing resources and support to maintain contacts within their community

Support in Mind Carers' Toolbox

- Support in Mind developed and produced the Carers Toolbox which is a suite of resilience and coping strategies and exercises developed with and by carers. Includes Capacitar Training techniques and all staff now trained in delivering these techniques.

4.6 Create a holistic approach towards recovery, taking into account the needs of different groups, such as:

Peer-support mechanisms in the community that link in-patient and prison settings

- **Establish a virtual Recovery Hub on-line**
- **Create strong and clear links between Recovery work in the Mental Health and Substance Misuse contexts**
- **Raise awareness of role models of people who have a mental health issue and their achievements despite this to inspire others with a similar diagnosis**

- No action re Recovery Hub on-line
- See *3.3* re work on Recovery

MoveAhead

The service accepts referrals aligned to the Perth City CMHT catchment area.

- Currently 32 active clients (5 people on waiting list)
- 140 referrals received between January 2012 to May 2016 (83 female; 57 male)
- Demand for service has increased since 2011 from 16 referrals to 39 in 2012
  - On average had 4 referrals each month since 2012 to May 2016
- Age range varies, but 40-60 age group is highest
- Implemented IROC (Individual Recovery Outcome Counter) in January 2016
- Average length of time in service is 9-18 months
- Encourages people who have used the service to come back and volunteer; currently have 3 volunteers co-delivering services.

The service works in partnership with a variety of local statutory and voluntary sector partners to provide new community opportunities to enhance the wellbeing of the community. The quantitative impact has been measured via the number of people engaging in community developments:

- Over 40 people registered with the 4 Perth Creative Community Collaborative art groups held in Perth
- 7 attendees at volunteer led creative writing group, 5 attendees at volunteer led Perth Reading Group
- Up to 6 people attend fortnightly Social Group; 6 people attend weekly Positive Minds group
- Physical Activity Worker has engaged with over 20 people in the last year, 12 people registered and 2 health walks per week for volunteer led Walking group, 6 people attend weekly swimming group
- 22 obtained REHIS certificates, 8 people received ASDAN Cookwise certificate, 5 people took A taste of Confidence course; 4 people completed the ASDAN PSHE course
- 5 people attend weekly ASDAN History course; 4 people attended a 4 week Food for Thought baking group
- 7 people have benefitted from MoveAhead Power Plate groups. One lady who is obese has lost 1 stone in 10 weeks. Positive physical and mental wellbeing outcomes delivered in mainstream setting

The above groups are all partnership projects working together to share resources, expertise and skills, including Mindspace Recovery College, Perth and Kinross Adult and Family learning, Perth and Kinross Community Capacity Building Team, Perth College, Giraffe Trading and Live Active.

MoveAhead Peer Worker

This was supported by NHS Tayside and funded via ICF. The post was for 12 hours

under permitted work rules. The worker benefited from employment and training having been out of the labour market for over 25 years due to ill health. Clients have benefitted as 2 walking groups a week were developed and one to one sessions to access gyms, classes' etc.:

- Physical Activity worker positive outcomes re employability. Establishing a support service helping those most excluded with significant health conditions to take part in physical activity thus improving health outcomes
- Developing and creating a Peer worker role in MoveAhead
- Creating a range of opportunities within the partnership based on need (following a local questionnaire)
- Building strong partnership links, maximising the use of scarce resources, sharing experience and co-delivering local services
- REHIS Food Hygiene course has given people real qualifications linked to the food industry supporting their transition into voluntary work or paid employment

SERVICE DEVELOPMENT AND PROVISION ACTION PLAN
5. We will seek to personalise the support offered to you
5.1 Ensure service user involvement, and where appropriate, carer and/ or partners of service users involvement and participation at meetings where they are the subject of discussion/decision making in relation to their treatment and care • **Encourage wider use of WRAP/Staying Well Plans/Advance Statements** • **Better sharing between people using the services and organisations – service user owns the plan. Wider use of plans and statements** • **Change in attitude of professionals who "know best". Reduce status issue for everyone – take fear out of meeting for user** • **Training for NHS/LA staff**
Work has progressed within various services around the use of WRAP, Staying Well Plans and Advance Statements • Social work staff have routinely explored these areas with individuals as part of the outcome focussed assessment process. • The Perth and Kinross Community Mental Health Nurses have implemented core standards which ensure that all individuals are offered the option of completing WRAP, Staying Well Plans and an Advance Statement. This is also being progressed within adult mental health inpatient care. **Support in Mind** • With regards to mental health carers, Support in Mind Scotland have created a

Training Delivery sub-group, which consists of 9 carers across the region (5 of which are from Perth and Kinross).

- From November 2014 to date the group have delivered 4 sessions of interactive training around communication to professionals covering undergraduate, doctoral level trainees and Mental Health Officers.
- Excellent feedback has been received thus far by students and professionals appreciating and valuing opportunities for learning from this particular style of training facilitation being carer led.

PLUS Perth

- Provided 56 NHS Tayside staff members access to Wellness Recovery Action Planning (WRAP)
- Delivered this in May and August 2014, and February and July 2015
- This was targeted at frontline statutory staff. 4 sessions in total were delivered by independent trainers with lived experience of mental health issues with 18 people per session
- The PLUS Involvement Worker has one morning per week based at Murray Royal Hospital to progress the 'Making Recovery Real' project
- Open Dialogue is both a philosophical and theoretical approach to people experiencing a mental health crisis and their families/networks. Open Dialogues focuses on the person with psychosis in mental health crisis and working as a Team values the voice of everyone in the process, most especially the person directly in crisis
- PLUS Perth has been supporting the development of knowledge of this movement including running 2 Emotional CPR course, a national first

Mindspace

- Continue to provide an ongoing programme of WRAP training
- Training has evaluated well with improvements in the awareness of staff across agencies of their own mental health and wellbeing, and how to look after it: "*I need to look after my mental health and I am now more aware of when situations arise I can use my wellness tools*" and "*I will take away the importance of personal responsibility, watch out for triggers and change the way I work" and "I have been on two courses, Taking Control and WRAP, both have helped more than I ever thought possible*." (Mindspace Student 2015)
- The training has helped to blur the boundary between staff and service users and has reinforced the message that everyone has mental health

Mindspace Recovery College

Mindspace Recovery College provides an educational approach to understanding and managing mental ill health providing a community based treatment alternative. It aims to challenge stigma, prevents crisis and gives people hope, identity, meaning, purpose and empowerment.

Lived experience is valued and implemented when running Mindspace Recovery College. Co-facilitation and co-production of learning are considered fundamental to

the success of the courses delivered, where experts by experience and experts by profession work side by side to support others.

"This is the first time I have ever seen any benefit in my illness"

Through the provision of a safe and creative environment Mindspace Recovery College helps people to:

- improve their knowledge of mental health and any diagnosis they may have been given
- give them the skills to manage their mental health
- build their confidence
- realise their potential
- participate in community life

In 24 months Mindspace has delivered a total of 149 courses:
- 87 Internal courses
- 62 courses with partners
- Hosted 6 guest speaker events

Worked with 494 Students:
- 347 lived experience
- 20 carers
- 24 students
- 12 employers
- 31 from organisations
- 60 who record themselves as other

"In my experience Mindspace are sector leaders in Scotland for quality recovery service delivery in the voluntary sector. Other providers across Scotland would do well to adopt their practice and models in supporting recovery in mental health care." External Stakeholder, 2015

"I have been on two courses….both have helped more than I ever thought possible. I now have hope that my life can be better and [I] can have a more fulfilling life, something I have never had." Student 2015

5.2 Ensure user and carer involvement in decision making at a local and strategic level

- **Review representation on relevant groups**

Support in Mind Scotland and PLUS Perth have contributed locally to a variety of meetings within the statutory services.

Support in Mind

- Established and acknowledged service to support mental health carers in Perth and Kinross.
- Supports carers in their localities, with support groups helping them connect with their communities. They measure the following changes:
  - feeling more positive
  - feeling more empowered
  - feeling more involved
  - feeling more valued and included and so supported in their caring role

Overall:

- Developed a range of new partnerships and collaborations, including with Mindspace Recovery College through which joint training to carers on resilience and recovery has been delivered
- Worked with PKAVS on development of the Carers Hub
- Contributed to PKAVS respite care panel
- Developed and produced the Carers Toolbox – a suite of resilience and coping strategies and exercises developed with and by carers. Includes Capacitar Training techniques and all staff now trained in delivering these techniques
- Prize winning leaflet, 'Caring is a Journey' written by and for carers to guide people through the process of seeking help from health professionals
- Training and delivery group of carers who have developed and who lead training for mental health professionals and for students

PLUS Perth

- PLUS membership register has seen a steady increase over the last 14 years to over 300 people

ENABLE Citizen Leadership Training

- Rolled out across P&K by Enable
- Between April 2014 and February 2015, 3 Citizen Leadership courses were run, involving 40 participants
- Citizen Leadership Training is a course for people who use services and their family and carers. The purpose of the training is to help the individual grow in confidence, to have their say and speak up for others. This will allow them to be an equal partner in creating a better service for their future.
- The course was opened to people who have a learning disability, mental health problems or substance misuse, whether or not they currently use services.

5.3 Self-directed support progressed to increase number of direct payments to individuals with mental health needs

- **Information sessions for service users/carers**
- **Admin systems in place to support implementation**
- **Monitoring reviews and audit processes in place**
- **Education sessions to NHS and voluntary sector to increase understanding and implications**

Please see *11.2* for further information

5.4 Develop solutions for rural areas, such as locality based services; transport links for those who have to access central services; and named staff person for a particular area

- **Named person for each GP Practice**
- **Telehealth solutions**
- **On-line information/services**
- **Appointment booking/transport availability**

Named person for each GP Practice

- Consultant Psychiatrists are aligned to GP practices in all 3 CMHT areas.
- The North/South/ Perth City CMHTs have a named nursing staff link in place with GP surgeries and attend GP meetings on a regular basis

Telehealth solutions

- APTS have been using tele health in Crieff and Aberfeldy Community Hospitals.
- 3 APTS clinicians have been using the system.
- Future developments with the system would be to routinely offer patients in rural areas a follow up appointment via tele health.
- Looking at expanding availability to Blairgowrie and Auchterarder.
- ATS have the potential future plans to run demo sessions at MRH to get staff interested and have been asking those willing to complete a questionnaire after use. Responses have been encouraging.

Online information

- Both nationally and locally there has been significant progress in relation to 'self-help' online and telephone services such as Beating the Blues, Breathing Space and Living Well. These have been promoted on NHS Tayside Well Connected webpage on PKC's mental health web pages which has links with ALISS

5.5 Promote vocational rehabilitation to enable individuals to access, maintain or return to employment or other useful occupation

- **Establish robust reviewing and distance travelled system**
- **Establish and implement P&K pipeline pathways**
- **Community rehab within CMHTs**

PKC Employment Support Team

Across 2015/16 and up to end March 2016 the team has:

- Continued to support 58 clients across the 5 stages of the employability pathway
- 22 clients in Paid Work
- 14 clients in Voluntary / Work Experience
- 2 referrals waiting to be allocated
- Closed another 17 clients case across 2015/16
- College, Voluntary Work, and Further Education were some of the onward pathways of clients closed
- From the current number of clients as at end March 2016, 28 were male and 30 were female

Ages brackets as follows:
- 19 – 24 years = 3
- 25 – 34 years = 11
- 35 – 50 years = 24
- 51+ years = 20

Trends
- 42 active clients supported to end March 2015, as such a year on and an increase of 16 clients
- 21 clients were in Paid Work
- 8 clients were in Voluntary / Work Experience
- Number of referrals has increased from 1 → 2
- Closures have increased from 8 → 17

Successes are commencing with employability support across mental health and the successful transition of this from Dundee based services:
- An increase from 28 → 58 clients supported
- An increase from 11 → 22 paid jobs found and supported
- An increase from 2 → 14 voluntary / work experience placements found and supported

PKAVS Walled Garden & Wisecraft

Quantitative data is collated via monthly/quarterly/yearly RAG reports. This reporting method came into effect in 2014 and therefore the data below is from 2014/2015 only.
- 82 active clients at time of March 2015
- 47 new referrals between March 2014 and March 2015
- 47 clients engaged in physical activity in 2014/15
- 38 clients engaged in healthy living in 2014/15
- 51 clients reported additional social connections in 2014/15
- One client who joined Wisecraft was looking to change their lifestyle and started weekly walks with the walking group, and gained cooking skills through attending the Walled Garden. They went on to College and obtained a certificate in Professional Cheffing. They continued to involve themselves in Wisecraft's healthy lifestyle options and with support from staff, managed to change their eating habits for the better and work hard with exercise. They lost over 8 stone and continue to eat healthily and exercise. Constant support from both projects

helped them through the tough times: "*I couldn't have done it without both projects*".

PKAVS Walled Garden and Wisecraft have moved from a drop in style service to a more structured, recovery focused service, with stronger community links and a client led approach. They now encourage clients to think about their strengths and skills and what changes they can make to take more control of their lives. Prior to 2014 clients used their locations very much as a drop in facility, and although recovery was measured via the recovery star, there was not a huge focus on self-management. They now offer a more structured environment, whereby clients attend on chosen days and times and have moved away from the recovery star to the IROC tool.

5.6 Review current plans for supported accommodation and plan for future requirements

- **Tender of 'Shared Life' service (paid family support in community)**

Richmond Fellowship Shared Lives

- This service was tendered to Richmond Fellowship. Due to a number of issues, including staffing and management of the project, the uptake has been limited. It has been successful with learning disability clients, but not people with mental health issues. The project is no longer being funded by PKC, but Richmond Fellowship is continuing with the project.

5.7 Develop additional access community based sport activities through additional resources to Sports Academy

See also *1.2*

- Knowledge of the availability of, and access to services on offer through the SAINTS Academy, is higher in Perth City than in rural localities.
- There is information available on the PKC website about the wide range of services on offer through the SAINTS Academy and how to refer to this
- CRR staff have used the Academy last year to link service users/patients to link with programmes run at McDiarmid Park – again issues of rural transport links were noted as barriers.
- North CMHT football and walking group being facilitated by Saints Academy.

6. We will work together across Perth and Kinross to make mental health services effective and appropriate for you

6.1 Develop opportunities to build relationships between agencies and develop integrated structures

- **Adult Mental Health teams to fully engage with Northwest Perthshire Integrated model**
- **Engage with further roll-out of integrated locality model to other areas/communities as they come on-stream**

With the advent of Health and Social Care integration, there has been a move towards locality working. Perth and Kinross is now defined as 3 areas – Perth City, and North and South Perthshire. Since 2016, all Mental Health services are part of the Health and Social Care integration process.

Perth and Kinross Council and the commissioned Mental Health and Wellbeing services were reviewed across a series of events in summer 2014. As such the move to a wellbeing model was implemented across services such as the Mental Health and Wellbeing Service, PKAVS, Mindspace, Walled Garden.

6.2 Develop a web based directory of 'Who's who?' across the CHP to include:

- **Roles and responsibilities**
- **Committees, membership and structures**

This action was not progressed as deemed irrelevant.

7. We will make it simpler and easier to get help

7.1 Map options available and customer experience at service access, for different levels of need/issues. To be illustrated as a detailed visual pathway. (Deliver through 6.2; 2.3; 4.5)

See also *6.2, 2.3, 4.5*

7.2 Co-locate community mental health services in rural localities

- **Review office accommodation options (North CMHT)**
- **Develop option appraisal with costs/timelines**
- **Develop consultation and engagement plan**

- Consulted with service users and carers part of Jessie Street in 2013
- Social Work CMHT moved to Blairgowrie Day Opportunities in April 2014. This is a community based service based in Jessie Street serving the Blairgowrie and Strathmore area;
- The integrated North CMHT never occurred because of financial constraints

within NHS Tayside

7.3 Review services within localities and how these can be accessed more widely

- **Review resources to ensure these are used effectively and targeted to those in most need**
- **Create more opportunities by sharing good practice between localities**

- Wellbeing services and Walled Garden/ Wisecraft reviewed and redesigned in 2014. In line with new policies and Scottish Government guidelines, they have become a more recovery focussed service
- Mindspace Recovery College was developed and replaced the Perth Association for Mental Health in 2014
- School nurses in process of being reviewed
- The Mental Health Community Services Group is made up of voluntary and statutory mental health services providers groups meets up to four times per annum to consult, learn and share good practice and has been in place since September 2015. It also provides a forum for service providers to update one another on developments within their organisation and to find out more about local and national strategic policy making and service changes.

7.4 Community Mental Health Teams

- **Review criteria for access to level 2 and level 3 services and patient pathway**
- **Link with crisis services and in-patients**
- **Review definition of 'severe and/or enduring'**
- **Review range and availability of evidence based treatments, including psychological therapies**

The P&K Community Mental Health Service had a total of 2,143 referrals from November 2015 to October 2016 with a 73% attendance rate for new referrals and 78% attendance rate for return appointments.

TEAM	**REFERRAL RATE**
MOVEAHEAD	90 REFERRALS
NORTH PERTHSHIRE CMHT	634 REFERRALS
PERTH CITY CMHT	1, 102 REFERRALS
SOUTH PERTHSHIRE CMHT	317 REFERRALS
	TOTAL = 2, 143 REFERRALS

Please refer to *6.1* for more feedback on this Action.

7.5 Formalise peer support model and increase numbers of peer supporters across P&K

- **South CMHT to appoint peer support worker and assess effectiveness of this role/post**
- **Social skills development opportunities for service users**
- **Develop friendship networks**
- **Include within day service review option (pre-day services)**
- **Determine supervision for PSW**
- **Prisoner peer support**

Perth and Kinross Community Mental Health Service

- Provided 2 peer support worker employment opportunities (1x ten month post and 1x one year post) for individuals under permitted work rules.
- The main purpose of these posts is to contribute to Scotland's Employability pipeline where permitted work supports people into regular activities, positive routines, and assists in strengthening opportunities for future employability.

Mindspace Recovery College

- SQA accredited Peer Support Training is available through Mindspace Recovery College for mental health at an SCQF Level 7 award and for addiction support through Cair Scotland at SCQF Level 6.
- The PDA equips candidates with the knowledge, skills and values which are necessary to carry out this role. The PDA was developed by the Scottish Recovery Network and the Scottish Qualifications Authority.
- Peer working has been beneficial for everyone involved, the organisation, the client and the peer workers themselves. Moving from a day service approach to focusing on education and learning about mental health – the knowledge within the individual and what they are willing to share and how this impacts on others have been enormous shifts in thinking and operating
- A successful test pilot project with Peer Support workers at MRH and in a locality was undertaken

Samaritans

- Peer mentoring programmes such as the Samaritans Listening Project continues to be delivered within the prisons
- Partnership working is ongoing with Perth Prison through the Prison Listener scheme. Samaritan volunteers train prisoners to become Listeners within the prison, and provide debriefs/support on a fortnightly basis to Listeners.

Year	Prison Contacts	Prison Listeners
2013	**123**	**5**
2014	**64**	**5**
2015	**90**	**8**

- Underway with Network Rail to provide staff/ passengers with emotional support following an incident such as an attempted or completed suicide on the line – 2 volunteers are now available to be contacted following training

MoveAhead Peer Worker

- A Physical Activity Peer Support Worker was in post across 2015, with the main purpose of this post to provide the post holder with an employment opportunity under permitted work rules. This post therefore contributes to Scotland's Employability Pipeline where permitted work supports people into regular activities, positive routines, and assists in strengthening opportunities for future employability. It is hoped that peer mentors could form part of the Community Mental Health Teams in the future.
- This was supported by NHS Tayside and funded via ICF. The post was for 12 hours under permitted work rules. The worker benefited from employment and training having been out of the labour market for over 25 years due to ill health. Clients have benefitted as 2 walking groups a week were developed and one to one sessions to access gyms, classes' etc.:

    - Physical Activity worker positive outcomes re employability. Establishing a support service helping those most excluded with significant health conditions to take part in physical activity thus improving health outcomes
    - Peer Mentors at MoveAhead help to facilitate Culture Club are making a real difference to the people who attend. Culture Club is part of the Perth Creative Community Collaborative, developed by Move Ahead in collaboration with various partners. It has up to 40 attendees per week. There are 2 sessional staff members on Permitted Work, and Peer Mentors lead, co-facilitate or input into the groups.

7.6 Develop wellbeing room within General Adult Psychiatry at MRH as a link to the community led by service users

- **Group set up to progress**
- **Develop vision and name**
- **Identify resources required**
- **Develop community links**
- **Develop similar resource within community to support transition process**

NHS Tayside MRH Wellbeing Bridge Room

- This was set up but its use/function needs to be reviewed. Originally, its purpose had been envisioned as a link between MRH and the wider community. However, currently, there are very few agencies using the room on a regular basis.
- Independent Advocacy, Support in Mind and Plus Perth use it, but other organisations with a remit out with that of mental health do not, despite promotion of the availability of the room.
- It is used as a social space by 4 men who have been long term patients at MRH. It was queried whether it may be more appropriate for these men to be encouraged to make use of community based facilities.
- Staff from PKAVS have been enlisted to provide support to the men in terms of formalising themselves into a constituted group, and to investigate enhancing their skills by undertaking courses such as Citizen Leadership and Peer Mentoring
- It was suggested that the room could be used as a space for activities such as writing WRAPs or Discharge Planning.
- This room is being reviewed in line with Smarter offices and if required other suitable accommodation will be sought
- Developed and maintained wellbeing resources/leaflets in the hub within General Adult Psychiatry

7.7 Improve GP awareness of services / community initiatives to direct GP referrals to appropriate

- **Link to Signposting Social Prescribing project**
- **Publish information in Tayside Medical Committee Newsletter**
- **Link CHMT member to GP practice (as above)**

See *3.3* and *5.4*

7.8 Improve the treatment and support available to people with borderline personality disorder – particularly those living out with Perth area

- Amalgamated DBT training
- DBT is a multi-modal treatment specifically for people with Borderline Personality Disorder and is rated within the Scottish Government's Matrix of Psychotherapeutic Interventions and the Cochrane Library Review as the main intervention of choice. Weekly individual therapy and a weekly psycho-educational and skills training group are indicated. DBT also provides staff supervision in the format of weekly consult groups.
- DBT is a slow stream intervention providing intensive psychological treatment by multi-disciplinary staff (health and social care) from the Community Mental Health

Service.

- DBT was originally provided to people within the Perth City Community Mental Health Team however over the past 18 months DBT has been further developed to encapsulate people who utilise the rural Community Mental Health Teams.
- Currently there are 10 DBT Therapists trained to deliver both group and one to one interventions with 6 staff members actively delivering DBT.
- 20 people have successfully graduated from DBT over the past 5 years.
- 12 people are currently in treatment and 20 people have been assessed and are awaiting treatment.
- Individuals can often be in treatment for up to two years however in line with DBT delivery programmes across the UK, the DBT programme will develop to provide each person with a one year programme of DBT intervention. This will allow the DBT Therapists to engage with people who are currently awaiting DBT intervention.
- A Borderline Personality Disorder Conference was held in November 2014, attended by 97 people, mainly front line workers from across the area. There were presentations on a range of topics including the legal aspect of BPD, DBT and self-harm. These were well received by participants: 68% felt the speakers were 'excellent' and the rest felt they were 'good'. 51% felt the seminar was 'excellent' and 49% felt that it was 'good'. Feedback from participants has provided suggested areas of development, including DBT awareness raising sessions as well as self-harm training and workshops focusing on other mental health diagnoses; and creating a contact point for ambulance services and GPs.

7.9 Review support available to female offenders within the community. Develop mentoring programme. (Delivered under Community Justice Authority area plan – for Perth and Kinross

Onestop Women's Learning Service (OWLS)

- Commenced February 2013 and provides a service for women who have a history of offending, women on Community Payback Orders, served short term prison sentences, women who have been given supervision license and repeat offenders. It aims to reduce reoffending, promote ownership of and improve personal health, wellbeing, and financial and housing issues, sustain positive personal and family relationships, and enhance the employability and education opportunities for those who attend the service.
- 100 women have participated in OWLS since its inception.
- Currently 54 women attending OWLS with ages ranging from 19 to 69 years. All the women who have been eligible to attend OWLS have chosen to do so.
- OWLS initially operated once a week at Drumhar Health Centre. Service then expanded to three days across three sites; all work is now carried out at a new centre based in West Mill Street, Perth. The involvement of other agencies includes a Criminal Justice Social, Criminal Justice Assistants, Drug and Alcohol Team Social Worker, Housing Options Support Worker, General nurse,

Community Psychiatric nurse, Sexual Health nurse, podiatrist, dentist, optician, Tayside Council on Alcohol, Churches Action for the Homeless, Barnardos, Soroptomists and Police Scotland.

- Analysis carried out on the offending profile of 75 women who had attended the OWLS programme. Looking at the total number of crimes reported up to 18 months prior to entering OWLS in comparison to the total number of crimes reported up to 18 months after entering OWLS, the numbers showed a 65% decrease in crimes, with 63% of clients having no record of offending after entering OWLS.

8. We will share information and data between agencies where appropriate to make it easier for you to access services when you need them

8.1 Establish interagency information sharing protocols particularly around key stages: admittance to/discharge from hospital; when a person's health is deteriorating; and when a client is moving agencies.

- **Review what currently exists, specifically in children's services and relevance to adult services**
- **Engage with GPs to explore how we share information with primary care**
- **Carers information sharing protocol**

No action.

8.2 Explore systems to enable the service user to hold their information, particularly in relation to their care, treatment and recovery

This was explored but not progressed.

8.3 Increase awareness, understanding and the use of the advocacy service both amongst service users and staff

Independent Advocacy Perth and Kinross

- This service offers advocacy support to adults with mental health problems/mental disorder and to family carers
- The number of people receiving independent advocacy support has increased significantly over the 3 year period, reflecting an increase of 33%. These include people in both a hospital and community setting:

Year	Existing at start of year	New referrals in year	Total
2012-2013	**108**	**326**	434
2013-2014	**157**	**328**	485
2014-2015	**227**	**352**	579

- Whilst new referrals have increased, the length of time needed for cases to remain open has also increased.
- Experienced an increase in complex and time consuming cases which take more advocacy time.
- During this period, Independent Advocates supported people at 236 Mental Health Tribunals; an average of 79 tribunals per year.

Prison Mental Health Advocacy

- 3 year funding for prisoner mental health advocacy started in October 2013; funding ended September 2016

Year	Existing at start of year	New referrals in year	Total
2013-2014	**0**	**4**	4
2014-2015	**3**	**47**	50
2015-2016	**26**	**82**	108

Increased awareness of Independent Advocacy:

- Responding to a significantly increase in demand and complexity of cases with static funding over a number of years
- The feedback received from people supported and referrers in the Independent Evaluation
- Both NHS staff and PKC staff advise that service users/patients and carers have a good level of awareness regarding advocacy services provided by Independent Advocacy P&K
- Good relationships are reported between the service provider and the referring workers and workers report that the response to referrals is timeous
- On the whole there are no issues with the current advocacy service and staff regularly refer to and work with advocates

As a result of having an advocate, a number of areas were reported to have changed in an individual's life in ways that they wanted. For example:

- A carer whose son is now living in his own flat with a support package, not in a group home as was originally proposed.
- Two people said that having an advocate has enabled them to live in a home of

their own choosing.
- One person who had been in hospital for over 52 weeks was at risk of eviction from his home. This was prevented as a result of his being able to access independent advocacy.
- Retention of benefits when they were under threat

9. We will ensure that all children and young people in Perth and Kinross are given the opportunities to develop with an emphasis on wellbeing

9.1 Improve transition of young people from school and young people's mental health services to ensure that adult services can meet their mental health issues in a targeted and preventative way meet and build upon the 'Transitions Protocol' within Perth and Kinross Council.

- **Effective liaison and communication with Children and Young People's Services**
- **Review transition process to Adult Services.**
- **Review communication and information sharing processes across partnership**
- **Work in collaboration with all agencies and contribute to progressing the P&K CHP Improvement plan**
- **Work with specialist CAMHS services**
- **Staff training in child protection and other relevant agendas as required**

There are a number of different issues in relation to children and young people including:

- There are different practices and treatments available within CAMHS and Adult Services.
- Some transition protocols have been developed but not implemented. Protocols need to be developed if a young person is admitted into adult services, as there are an increasing number of young people being admitted to in-patients. It may be necessary to set up a specific room/ward area for young people.
- There is conflicting advice between the Tayside Multi Agency Guidance on Supporting Children and Young People at Risk of Self-Harm and Suicide and internal NHS guidance.

There has been some progress on this part of the action plan including:

- Mind Young Health Web resource launched March 2015
- There has been 2 reprints of the quick reference guide of the Tayside Multi Agency Guidance on Supporting Children and Young People at Risk of Self-Harm and Suicide
- See also *2.6* for information on SMHFA Young People training
- Staff from Perth CMHT continue to offer drop in service at Perth City Base, Scott Street. Links with other services available here

CAMHS NHS Tayside

- 2013: introduction of the CAPA model began with screening of referrals on a daily basis by CAMHS Response Team. On average team screened between 5-10 referrals a day;
- 2014: CAMHS undertook significant improvement work in relation to waiting times target; historical service demand data trajectory developed estimating 125 new referrals to the service each month
- *More information required*

Mind Young Health PKC

- Mind Young Health is a web resource for Young People on the PKC Website.
- Mind Young Health' is a compilation of nationally available web based resources for young people **or** parents and carers **or** staff. They provide information and support which could improve the emotional wellbeing and mental health of young people and provide guidance to parents/carers and staff:

Perth City Community Mental Health Team – Young People

Joint project with @Scott Street to provide support to young people with mental health issues that ultimately seeks to prevent self-harm and for them to manage distress in a more helpful and safe way. Yet the service also seeks to support other practitioners support young people in the same way. The rationale for this change in service delivery was simply to divert young people (where it was considered appropriate) away from entry on general adult psychiatry and into what was considered to be more age appropriate services:

- 18 referrals for young people made to CMHT and fed through @Scott Street
- 10 referrals made to service from other services within @Scott Street
- 2 young people have heard about the service and self-referred
- A number of training programmes delivered for all practitioners on how to support a young person experiencing a degree of distress and/or goes on to threaten or carry out an act of self-harm
- Obviating the need to go through their GP to instigate a referral

Overall:

- Numbers of young people now being referred to adult care/psychiatry has reduced significantly
- Those who are seen by the Support Worker at @Scott Street have not moved into adult psychiatry because it was considered, by the young people and those working with them, that supports delivered by staff was enough for the young person without adult psychiatry
- The support sits within a wider health and social care integration agenda that spans all disciplines. Therefore at the right time, the Support Worker (with supervision) can draw on other services within @Scott Street to meet what would be considered the identified need
- The support has been monitored and considered and it is seen as a model of

excellence by senior strategists within NHS, who are keen to roll this programme/model out across the whole of Tayside as a means and as a service to support young people who experience some difficulty with their mental wellbeing

- The programme was recently heralded in the local newspapers for being "excellent practice"
- Feedback from young people who have been supported: "*I have come a long way since my session with the Support Worker ….other young people may find this service as helpful as me*". "*If I had something like this before….maybe I wouldn't be where I am now".*

Mindspace Counselling Service

150 young people aged 11 to 25 are supported each year through specialist young people counsellors to improve their mental wellbeing. These can include young people who are self-harming, having suicidal thoughts, at risk of abuse or who have been abused and other emotional distress issues. The support aims to

- Improve engagement with school, work or training
- Improve relationships with family and friends
- Decrease risk of self-harm, suicide, harm to or from others
- Increase emotional and communication skills
- Decrease use of other health services
- Improve confidence, functioning and feeling of wellbeing
- More likely to overcome the impact of abuse and prevent re-victimisation.

Barnardo's Hopscotch

- 75 people use the service – 27 are male, 48 are female
- 104 referrals; approx. 80% of cases experience onward referrals to Named Person service (guidance team) and broader involvement in Hopscotch service
- At point of referral most (90%) of participants are pupils within universal education services across P&K
- The majority of people who use the service do so for 4-6 months
- Approx. 50% of young people receive less than an academic year of support

Case study:

17 year pupil rural high school – referral for support and strategies for managing impact on PSM on academic functioning. Her forward destination of University was in jeopardy due to increased PSM and subsequent disruption on her academic studies. Support included:

- Weekly contact sessions in school
- Strategies and skill developments in managing others problematic behaviours
- Practical assistance in setting up/managing temp accommodation
- Financial living expenses support when she became homeless- rather than continue live at home
- Financial support to travel to attend classes on daily basis

- Contact with service support outside school
- Family contact and communication with parents assistance
- Group work and contact with other PSM affected peers.

Over period of crisis, exam timetables and commitments were maintained and she successfully gained place at University away from home.

PKC ECS & HCC Autism Coordinator

Children within P&K who have been diagnosed with an Autism Spectrum Condition (ASC) will receive support from a numbers of teams. If the young person does not have a learning disability they will receive a diagnosis from either the Child Development team (usually under 5) or CAMHs (5+). The support post diagnostically is limited; however CAMHs refer routinely to Perth Autism Support (PAS).

The National Records of Scotland report that the 2015 population for P&K is 149,930, nationally it is estimated that 1.1% of the population have some type of ASD, this would equate to 1649 people within P&K:

- PAS currently supports 556 families with children 18 years and younger: 0-9 years = 238, 10-14 years = 230 and 15-18 years = 88;
- Third sector currently provide support for 358 young people receiving services within Perth City, 111 in North locality and 88 in South locality;
- Roughly 468 will move into adult services over next ten years, in addition to the 247 adults supported by Autism Initiatives No3;
- PAS provides various term time activities and holiday programmes for children with autism, as well as support for siblings and parents, a range of therapies, support at home, and a short breaks service; they also provide school support (working in 33 schools across P&K including all 10 secondary schools) and training – including NHS Tayside staff, GP's, Education staff, Social Work staff and Third Sector;
- Ease the Move – working in partnership with PKC to deliver an enhanced transition project for young adults aged 16-25 years who may need a slower transition to adult services who may not traditionally fit the criteria for support through the local authority;
- Employment Support – working in 10 secondary schools across P&K to secure appropriate work experience for young people in S4/5/6 and to feed in to their longer term work plans including Modern Apprenticeships;
- Young Adult Support –one to one support on a range of issues including moving to Further/Higher Education, benefits, signposting to other projects, gender and sexuality support, social opportunities and education support including one young man who is educated in PAS once per week as he is unable to attend school. The service offers independent travel, budgeting, and cooking and life skills.
- Autism Network Scotland 'The Principles of Good Transitions' document January 2017;
- As young people are moving into adult mental health services they will use one of three mental health teams or may be referred onto the Tayside Autism Consultancy team (set up late 2014 and secured permanent funding in 2015) -

significant development in relation to mental health and autism and is the only specialist adult diagnostic team in Tayside;
- Autism Initiatives No3 have supported more than 20 adults aged 16+ to navigate the diagnostic process with a further 38 being referred to the service for post diagnostic support following an adult diagnosis;
- 2 ECS outreach support teachers who are not autism specific in their role but provide specialist input in relation to autism as and when required.

9.2 Ensure teams and agencies are aware of Child Protection procedures, including the Perth and Kinross Council joint protocol 'Working with Children and Young People Affected by Parental mental Health Difficulties'.

Child Protection Training

- This is a statutory requirement for all statutory organisations
- A wide range of Child Protection Learning has been provided to staff over the duration of the Strategy.
- NHS staff trained in child protection were on track to meet the target of 85% of staff being trained by summer 2015.
- Mental Health Services have contributed to Perth and Kinross's Young People's Action Plan.
- Child Protection cases and other case conferences involve input from mental health services when/where appropriate.
- Staff from across the services have also been involved in multi-disciplinary Child Protection Committee self-evaluations.

9.3 Increase service support options for people who are parents and take into account child care needs, possibly providing an outreach service at locations with crèche facilities

- **Consider within day service review recommendations**
- **Review and improve respite provision for carers to ensure a flexible and personalised approach**

- Where childcare is an issue, flexibility of appointment times/location of appointment is considered to accommodate this where possible
- No concerns/formal complaints reported by carers following changes in day service models to recovery focussed wellbeing support model
- No issues reported by SW CMHT staff re the current respite provision for carers.

10. Our staff will be knowledgeable in mental health issues

10.1 Map and raise awareness of current mental health training opportunities

- **Available trainers and capacity**
- **Training delivered at weekends**

Mental Health and Wellbeing Training Opportunities

- These have been mapped and are available on the PKC external website and has been promoted as part of awareness raising campaigns: http://www.pkc.gov.uk/CHttpHandler.ashx?id=26336&p=0
- Within Suicide Prevention and SMHFA, the number of courses and instructors is closely monitored. Weekend and evening courses have been made available. See also *2.4.*

10.2 Develop a web based directory of training opportunities that is accessible to all

- **Identify training needs across the partnerships**
- **Identify resources (human and financial) to deliver training**
- **Use variety of accommodation options within Perth and across localities to deliver training**
- **Teleconferencing facilities available**
- **Supervision provision where required identified**

Please refer to *10.1* for an update on this Action Point.

10.3 Provide multi agency/multi-disciplinary training in mental health issues and mental wellbeing across the CPP. Service user involvement in delivery of training should, where possible, be a priority. Training priorities identified as:

- **Mental Health awareness –** See *2.4*
- **Recovery and values based training –** See *5.1*
- **Risk management(include SDS) –** See *11.2*
- **Suicide –** See *12.7*
- **Stigma –** See *2.2*

10.4 Scope out benefits of a 'mystery shopper' approach as a self-evaluation tool to improve service performance

Not progressed.

SPECIALIST RESPONSE ACTION PLAN

11. We will work with people with complex needs to improve their outcomes

11.1 Improve relationships between the different agencies who are all involved in a person's care.

- **At first point of contact, establish which agencies already involved and seek permission to share info**
- **Use and build on existing information sharing models (such as consent to share)**

ICF Collaborative Roots to Recovery Project – CATH AND TCA

This was set up as a pilot project, put in place to identify barriers that some individuals may find themselves facing with regards to seeking support. These barriers include from certain staff or organisations or are due to the individual being unaware of support that is available or that they deserve. Also on occasion the barrier can be due to the client themselves.

- Funded by the Integrated Care Fund (ICF) for one year and started on 21st September 2015.
- Initially started with 2 full time support workers and a co-ordinator who worked three days per week.
- Project was a joint venture which found CATH and TCA working in partnership.
- Due to end September 2016, the co-ordinator and one of the support workers who were both on secondment to CRR went back to their respective roles.
- No further funding for CRR but has been extended and remaining support worker will be in place until March 2017

Referrals

- Since project started in September 2015 CRR has received 45 referrals
- The team have responded and worked well with each individual in order for them to achieve a positive outcome. Without support of CRR team these individuals would have 'slipped through the net' yet again.
- There is an issue of being very limited in the referrals that CRR can make. However, having managed to support individuals into services and support them to maintain the support has had a very positive impact on their life. CRR also refer onto other agencies when necessary.

Current Support

- CRR currently has 8 active cases
- From the 45 referrals 6 individuals declined support.
- Two of the individuals who did engage declined support that was put in place. The rest have been supported to achieve a positive outcome.
- When a case is closed, CRR follows up after 12 weeks to ensure the support is

still in place and still being maintained. There have been a few individuals who have referred back into CRR.

CRR has been able to be persistent when working with individuals and has not had to adopt a three strikes policy, this has enabled work with individuals who have been known to services for many years but have not previously engaged very well.
This has been a very positive project with some very positive case studies to evidence the work that has been done with each individual. The project has provided some very clear indications that there is a continued need for this type of work.

11.2 Ensure services are responsive to people's needs.

- **Engage with the Centre for Inclusive Living and explore the options for Self-Directed Support to enhance current service delivery**
- **Explore options for Self-Directed Support to enhance current service delivery**
- **Raise awareness of SDS options amongst mental health service providers and service users**

Penumbra Perth and Kinross

- Worked with service users who receive care from other providers. They have worked with service users in the following ways:
- Service users with funded SDS helped:
    - co-facilitate a SDS workshop,
    - caught their SDS and Mental Health story on video
    - Consulted in development of Signposting pathway
    - Stall at Working Together Event
    - co-facilitate a SDS workshop
    - caught their SDS and Mental Health story on video
- Two service users received an Outcomes Focussed Assessment due to knowledge of SDS by Move Ahead, gained via the Penumbra project.
- One service user offered to attend Working Together event to speak to others about mental health and drama work.
- One service user who was ineligible for funded SDS:
    - shared thoughts and example of ineligible SDS assessment and mental health
    - feedback on Creating Choice
    - Consulted in development of Signposting pathway
- Penumbra Perth and Kinross have delivered SDS Workshops to service users from various organisations including Mindspace and Perth Six Circle.
- Two SDS video case studies were created, along with a SDS and Working Together video, to highlight the work being done and raise the profile of SDS in mental health.
- A SDS Connexion Event and a Working Together event were both held in March 2015 to promote SDS, receive feedback and provide opportunities for activities involving professionals and service users. Guest speakers and stall holders were

present.

- Attendance at 2 Outcomes Focussed Assessments to capture good conversations as they happened, view and evidence good practice of CMHTs, and allowed and enabled the project with development of the Signposting Pathway
- Signposting Pathway was created with input from various PKC colleagues, social work teams and service users to help with universal resources in the community and aid social work teams. Successfully gained all useful knowledge then designed a pathway that was quick and useful to social work teams.
- Set up a free micro-enterprise style community resource for those with mental health problems, including organisations such as the library and local bus service. Although this did stop following the pilot, it is a good template which is easily replicated
- Delivered a presentation at an NHS lunch meeting at Cairnwell, PRI and circulated questionnaires to NHS colleagues regarding SDS, and 3 SDS Presentations at Murray Royal Hospital to the OT Team, Crisis Team and Birnam Day Centre
- Created and delivered a Theory and Practice SDS workshop for CMHT and D&A Teams. Evidence was collected from this day which later became part of the Planes, Trains and Automobiles Training Day by PKC. SDS co-delivered and participated in the above training day

11.3 Implement Commitment 13 (a Scottish Government Commitment towards tackling the relationship between mental illness and substances misuse).

- **Establish criteria/pathway access to mental health services for service users with dual diagnosis**
- **Raise awareness of Murray Royal staff and Acute Mental Health team staff of criteria and pathway**

- A high level Recovery Vision and Action Plan has been developed, the main objectives being:

1. The creation of a vision for Recovery – A single statement that is succinct and meaningful and agreed by all.
2. The development of a clear and comprehensive 'pathway' which describes Mental Health and Drug & Alcohol services across Perth & Kinross and enables service users to access those services efficiently and effectively.
3. To recognise the Third Sector as an equal partner in the delivery of Mental Health and Drug & Alcohol services in Perth & Kinross, and to be represented on key forums and groups and consulted as part of the strategic decision-making process.
4. To establish a mechanism for collaborating commissioning between the Public and Third Sector in Perth & Kinross.

11.4 Roll out training on complex issues surrounding co-morbidity across the CHP

No action.

11.5 Set up support groups and one to one sessions for people who misuse substances and who are leaving Mental Health Services or Prison.

- **Assess benefits and practicalities of developing links between mental health services and HMP Perth health services to support the mental health needs of prisoners being resettled in to the community**

Six Circle Perth and Kinross

- Reported that service users within their service have reduced social isolation and are more confident to engage with local and wider community. Service users gained skills and knowledge to live independently within their local community. This was indicated by service users:
- Demonstrating improved communication and social skills; the ability to make and maintain positive peer relationships; improved practical skills and knowledge; improved awareness and confidence to access services.
- Reporting improved confidence & self-esteem; an improved understanding of safe household management practices; feeling better supported to access a full range of appropriate support services; enhanced financial skills & knowledge
- Gaining knowledge and confidence to access a full range of services

Additionally throughout the year workshops and activities are offered to add value to core services some of which are noted below:

- Improve trust, confidence & decisiveness, positively manage negative encounters & improve social networking and community integration
- New & alien experiences within the local and wider community exploring social, cultural & educational events
- Other courses including information on DIY and gardening, financial management and budgeting, health and food management and sports.

Individuals have stated that as a result of attending the project they feel their confidence has increased, thus making integration into the community easier. Through working with external services and delivering In-House Workshops, service users are made aware of the impact their choices have on their overall mental wellbeing.

Progress has been achieved through introduction of external support services, positivity in all activities, workshops, one to one support, observations, key worker reviews, partnership working, sign posting, introduction to a fuller range of external

support services and support to attend these.

Six Circle reported sharing information when required to support individuals meet their personal goals and needs, through Key Worker role and staff teams, supporting challenged and disadvantaged adults to improve their own mental wellbeing. This results in positive impact on their children and families and through the Key Worker system.

Work with disadvantaged and challenged adults in a person centred way through three core programmes: Community Enhancement, Living Independently and Personal Wellbeing, and 24 hours telephone 'Talking Therapy and signposting to appropriate external support services.

11.6 Full involvement of Mental Health in Adult Protection Procedures

- **CMHT representatives to attend regular, multidisciplinary meetings concerning Adult Concern referrals**

- PKC social work have an NHS mental health representative on our APC;
- our Adult Support and Protection operational guidance explains when to involve Mental Health Officers in Adult Protection cases;
- CCIGs which convene when required in localities (Complex Case Integration Group) and all have mental health representatives who attend and provide input.

12. We will offer access to a range of services 24 hours a day to support people in a crisis situation

12.1 Develop understanding of both professionals and the general public as to which organisations can respond to a crisis and what they can offer

- **Emulate existing examples of good practice of directories already in place. Circulate this directory around agencies involved in crisis provision**
- **Ensure the proposed Signposting Social Prescribing project continues to link into evolving crisis service provision. Ensure they employ a wide variety of approaches to inform the general public of the options available**
- **NHS Tayside has developed a crisis webpage with resources available to help people going through a difficult time in their life. This is available at www.crisistayside.scot.nhs.uk**

Perth and Kinross Community Mental Health Teams Data

Mental Welfare Commission for Scotland Definitions	2014 (May-Dec)	2015	2016 (Jan-Oct)
Emergency Detention (EDC) An emergency detention certificate allows a person to be held in hospital for up to 72 hours while their condition is assessed	11	48	18
Short term Detention (STDC) Short term detention should be the usual route into hospital under the law as there are more safeguards for the individual.	76	144	103
Compulsory Treatment Order (CTO) A compulsory treatment order (CTO) allows for a person to be treated for their mental illness. The CTO will set out a number of conditions that you will need to comply with. These conditions will depend on whether you have to stay in hospital or are in the community.	88	125	112
Social Circumstances Report (SCR) Mental health officers write social circumstances reports when individuals are detained beyond 72 hours under the Mental Health Act. A good SCR should bring together, in one clear document, important information concerning the individual's circumstances, their strengths and weaknesses, and the effect of the illness on their family and social situation.	70	93	94
Guardianships By law, if an adult is unable to make key decisions or take necessary actions to safeguard his or her own welfare, a court can appoint a 'welfare guardian' to do this for his or her.	64	94	--

PKC Mental Health Directory of Services

- Comprehensive information on all the services available across Perth and Kinross for people who are in crisis. This includes the Samaritans; Breathing Space; Out of Hours Social Work; Specialist Crisis Services such as Perthshire Women's Aid and RASAC; and the support group SSH Talking the Difficult. This has been widely circulated to partners; made available at campaigns and awareness raising events; and copies handed out during training courses.
- Partners involved in delivering the SMHFA course have produced a leaflet on how to respond to someone with suicidal feelings.

Social Prescribing and Crisis Response

- Social Prescribing Staff are located within the Drug and Alcohol Team (PKC) and are members of the Suicide Prevention Steering Group. They are kept updated on developments within crisis services, and are also involved in delivering Scottish Mental Health First Aid and safeTALK, targeting community members in particular.
- In terms of the Social Prescribing crisis response, the crisis response consists of working with existing clients. If an unknown client presented to the team in crisis they would be signposted to the appropriate services. Existing clients can be supported on a one to one basis, again to the appropriate services, and benefit from a continuity of support. Social Prescribing provides an early intervention, prevention based service. Workers often available on mobiles after hours. Addiction or recovery centred clients most likely to be in crisis. Social Prescribing team are also on duty for calls three times a month.

ROSC (Recovery Orientated System of Care) approach

- This is a whole community, holistic approach. The project works to create safe places within the community, denoted by the kite mark sticker. This creates places where people can go when they are experiencing distress, and be directed to appropriate services.
- 2 x SMHFA courses delivered in Blairgowrie to staff and volunteers of third sector orgs (PKAVS and SCYD) and also to a Social Enterprise Café (Wellmeadow Café).
- A SMHFA course is to be rolled out in December to Pitlochry at the Atholl Centre (Social Enterprise). This will cater for existing volunteers and staff at the Atholl Centre and will also target minority ethnic groups (mostly Polish) working in the hotel industry. It is hoped that after training the migrant workers that they will then attend T4T and be able to roll out training to specific groups as identified by the Minority Ethnic Hub at PKAVS. There are no further SP projects planned beyond 2016 due to lack of funding.

Tayside Suicide Help App

- Since 2012, the app has been available for people to download with information on how to respond to someone with suicidal feelings and support options. During the summer of 2016 this was comprehensively updated and revised, with

information on Perth and Kinross services.

12.2 Ensure the existing out of hours crisis response is better integrated.

- **Build relationships between crisis response agencies through forums, training and networking events**
- **Ensure effective communication and inter-agency referrals between front line services (such as Police, MRH/AMHRT and A&E) and those agencies that can provide on-going, specialist support (such as Day Services, WRASAC, Samaritans, Victim Support, PWA and Mindspace)**
- **Make better use of and expand existing systems. Social Work supports people referred to them through the Police via Adult Concern Reports. Extend this to PRI A&E and MRH/AMHRT staff by June 2013**

The Suicide Prevention Steering Group

- Meets four times a year and has 24 members from fifteen different organisations including PKC, NHS, Police, Choose Life funded projects and other voluntary sector members; the average attendance is at 10 to 15 members. This provides partners with an opportunity to build relationships and raise issues, particularly in relation to crisis response.
- Suicide Prevention related training is delivered on a multi-agency basis.

Crisis Resolution Home Treatment Team

The Crisis Resolution Home Treatment Team is based in Murray Royal Hospital and is the triage point for NHS 24 calls for mental health issues in the Perth and Kinross area. The Team also deals with referrals from other partners. Between January 2013 and November 2016, there were 3641 referrals concerning 1783 individuals made to the Crisis Resolution Home Treatment Team.

- **Gender Breakdown:** Of the 1783 individuals, 48% were female and 52% were male;
- **Referral Source:** 31% of all referrals in this time were from NHS24, with 14% coming from the police and another 14% coming from GPs;
- **Use of Mental Health Services:** At the time of referral, in 59% of the 3641 cases, the person was accessing at least one other statutory or voluntary Mental Health Service.
- **Reason for Referral:** 40% involved suicidal ideation, with a further 21% low mood or depression.
- **Unfit for Assessment:** 13 cases involved a person who was unfit for assessment.
- **Outcome:** The outcome for 29% of cases resulted in admission to a mental health hospital; 11% were followed up by the Home Treatment Team; 27% were referred back to their GP and/or no further action; 23% were referred to the Community Mental Health Teams; 4% were referred on to other statutory or voluntary agencies and a further 4% admitted to another hospital; 3% of referrals were prescribed medication as a result of their assessment.
- **Existing Diagnosis:** An existing diagnosis was noted for 56% of the 3641 referrals (2066 cases). Of these 2066 referrals, Borderline Personality Disorder

accounted for 24%; followed by depression at 21%; alcohol or substance dependency or misuse at 15%; 14% were diagnosed with schizophrenia or schizoaffective disorder and bipolar disorder at 11%.

- **Repeat Users of Service:** Of these 1738 individuals, it was possible to identify that 635 individuals presented to the Crisis Home Treatment Team more than once in the represented time scale, ranging from 2 to 150 times in this time period. These 635 individuals accounted for 2480 referrals, 68% of total referrals.

Police Scotland Data

	Number of Adult Concern Reports in relation to people with suicidal thoughts/ attempted suicides/ self-harm
2012-2013	325 Adult Concern Reports issued
2013-2014	327 Adult Concern Reports issued
Calendar year 2014	307 Adult Concern Reports issued
Calendar year 2015	388 Adult Concern Reports issued

	Number of calls to Police Scotland concerning incidents recorded as attempted suicide, threatened suicide, suicidal ideation and self-harm incidents
2011/2012	357
2012/2013	524
2013/2014	376
2014/2015	491
2015/2016	463

	Number of calls to Police Scotland concerning threatened suicides	**Number of calls to Police Scotland concerning attempted suicides**
2011/2012	125	43
2012/2013	155	70
2013/2014	222	99
2014/2015	254	52
2015/2016	280	88

Samaritans

Year	**No of Contacts** **Telephone, email, text, face to face**	**Volunteers**	**Volunteers Completed Trained**
2013	10356	48	18

2014	6398	44	18
2015	7398	53	27

Contacts	**2013**	**2014**	**2015**
Male	4012 38% of a total of 10356 branch contacts where there is dialogue	2421 37% of a total of 10356 branch contacts where there is dialogue	3044 41% of a total of 10356 branch contacts where there is dialogue
Female	4638 44% of a total of 10356 branch contacts where there is dialogue	3514 54% of a total of 10356 branch contacts where there is dialogue	3938 53% of a total of 10356 branch contacts where there is dialogue
Unknown gender	1706	446	416
Child: 17 and under	103	264	297
Adult: 18 and over	8245	5118	6167
Unknown age	2008	999	934
Inappropriate calls	2118	1575	1468
Calls of indicated suicidal feelings, plans or suicides in progress	3008 29% of a total of 10356 branch contacts where there is dialogue	1503 23% of a total of 6398 branch contacts where there is dialogue	1701 22% of a total of 7398 branch contacts where there is dialogue

Awareness raising

- In 2015, there were 4 talks to schools and 3 voluntary organisations which raises awareness of their work in different ways – for example, by:
    - Having a stall at Perth Show
    - Selling Samaritan Christmas Cards through the joint voluntary sector charity initiative each year at AK Bell Library
    - Delivering talks to schools and groups
    - Attending events such as an Aviva Wellbeing Event during Suicide Prevention Week Sept 16

Victim Support

The Victim Support Choose Life Project Worker and trained volunteers have given emotional support and practical help to 159 victims of crime with differing mental health issues: self-harm, depression, anxiety and suicidal ideation. Over the 3 year period of the Choose Life Project, 55 volunteers and members of staff have been trained via various external training courses. All staff and volunteers have developed new skills and all have felt a much better and wider understanding of mental health issues.

- Receives daily referrals from police for victims of crime; also receives referrals from partnership agencies and self-referrals; between 2012-2015 received over 10,000 referrals and of these nearly 50% were identified as high risk.
- Of those that were assessed, 159 were then passed on to the Choose Life Project Worker for further support
- Depending on type of crime 42% of clients were signposted or referred to other agencies: Women's Aid, RASAC, Mindspace, CAMHS or Cruse
- Clients using Victim Support are offered home visits, office appointments and/or telephone support.
- 15% of clients use the Choose Life service on a regular basis for many months.
- Over the 3 year project period Victim Support Choose Life project have given over 366 hours of support to clients with suicidal ideation.
- Over a 6 month period, 72% felt they were coping better; 49% had improved family relationships; 77% felt their confidence had increased; and 42% were making plans for the future.

Uptake in service offered has been very successful, however has remained steady at approximately 50 per year and since a follow up phone call has been introduced it has been found that:

- 72% of people reported better coping strategies and 90% stated they had not had suicidal feelings since they had last had an appointment
- Clients with ongoing mental health issues including self-harm, depression or suicidal ideation were offered further support or referred to other agencies.
- Clients who come back to use the service again or new clients who come through the court service.

Witness Service at Perth Sheriff Court (part of Victim Support)

- Victims and witnesses of all crimes can be supported; contacted and offered a 'pre-court visit' and the court procedures are explained. On the day of the trial they are met at the door and supported throughout the day.
- This provides staff and volunteers opportunities to meet the clients again and offer them further support where necessary – particularly if the court experience has been distressing or the verdict has not been what they hoped for.
- They can then be referred back to the Choose Life Project Worker for further support.
- Or, if a client has not had suicidal feelings before, the experience in court can be a trigger and we have another opportunity to offer the Choose Life Service.
- There are a number of crisis response and specialist services. Crisis response

services include Police, Samaritans and CRHT. A range of organisations provide responses to people in crisis requiring specialist response. Specialist responses projects include RASAC, PWA and Victim Support.

Perthshire Women's Aid

- Developed service to match increasing demand for services within a position of static funding
- Employment of a suitability qualified counsellor able to not only carry a caseload but who is qualified to mentor counsellors which has allowed us to expand the service with volunteer counsellors and reduce the waiting list
- By end of March 2015 waiting list for counselling was 46 with an approx. waiting time of 9 months
- 3 students successfully recruited to commence placements in April 16. Capacity in time will be increased by up to 9 counselling hours, doubling number of women accessing the service

Numbers of women who have engaged:

2012-2013	42 women supported (30-60% suicidal thoughts)
2013-2014	29 women (lost funding – reduced from 3 day to 2 day service). Over this period no clients attempted suicide while engaged in counselling: 4 women using the service had thought of or previously attempted suicide with 3 acknowledging on-going self-harm issues when they entered counselling. Over this period 25 children indirectly benefitted from their mother's counselling commitment.
2014-2015	incomplete year as we lost our counsellor in December and service on hold until appointment of new counsellor in March 15

Referral routes:

- Almost all referrals are in-house; a close liaison with partnership agencies, in particular Drug and Alcohol services, WRASAC and Mindspace, ensures quick referral routes via a trusted worker without the need for other more lengthy or costly interventions.

Typical quantitative data for client group based on 13-14 data:

- Counselling Service Evaluation form is completed at end of counselling, giving the women the opportunity to contribute to the design and developments of the service

Feedback show that women:

- experience an increase in confidence and a greater sense of self and self-esteem thus feeling more equipped to make healthier choices and protect themselves and their children
- who come for counselling often find it easier to take the next step to group work which enhances their peer support network and eases the sense of isolation, shame and self-blame which result from the experience of domestic abuse

- find this dedicated women only space is vitally important to service users and the lack of this specialist service would seriously impact on willingness to engage with services

Completed CORE forms indicate:

- the shifts women can make, through the safety and trust of the counselling relationship, from suicidal thinking to hope and a greater sense of self-esteem
- women attending counselling sessions have been able to come off, or avoid altogether, anti-depressants, and are able to start addressing alcohol or drug misuse (and if appropriate be referred on for specialist support)
- through building up self-confidence, resilience and independence a significant number of women are able to return to paid employment during the course of counselling

RASAC P&K

- Although RASAC do not have a 24 hour service, they have set two targets for across the strategy's period: 75% of survivors who have expressed suicidal thoughts tell us they no longer wish to end their lives (57% across March – October 2015); and 20% of survivors affected by self-harm no longer identify this as their predominant coping strategy (Across March – October 2015 alone, 60% of survivors reported a reduction in this).
- Suicide prevention is now fully integrated into working practices within RASAC. RASAC have a suicide prevention policy in place, and all materials used in relation to enable a person's recovery refer to suicidal thoughts/behaviours and how to overcome these. Specifically, RASAC has changed policy regarding intervention in a suicide attempt – it is recognised that intervention in a suicide is now possible. All staff members and volunteers are trained in ASIST.
- Communication within RASAC is important with up to date contact / referral information circulated at all awareness raising and training events. Annual mailings take place following the publication of our annual report, sent to over 100 local agencies, schools and health settings. Agency visits are offered on a monthly basis to meet demand from practitioners and students. A wide circulation ensures knowledge of the range of services and how to access them.

Increase in the demand for support services:

	New Referrals	**Survivors in Service across the year**	**Number of helpline calls**	**Number of face to face appointments**	**Number of sessions**
2012-2013	**74**	**101**	**674**	**187**	**4**
2013-2014	**78**	**111**	**646**	**506**	**81**
2014-2015	**60**	**112**	**675**	**685**	**202**
2015-2016	**109**	**159**	**486**	**886**	**108**

Age range of 10 to 69:

- Most referrals were self-referrals, with 39% of referrals in 2014-2015 recorded as self-referrals/ in 2015-2016 this rose to 44% of referrals.
- Information collection changed in 2014; in 2015 to 2016 there has been a move to use a more expansive database that records the above information but also gathers information on referrals to other agencies
- Across 2014-2015 and 2015-2016, the most external referrals came from Local Authority branches (including education), followed by NHS and Police
- Referrals have increased over time, reflecting wider ranging communication activities.

'The Wheel' Evaluation tool is used with individual survivors to find out how they feel in relation to a number of issues when they engage with the service. Feedback and ratings from this enable RASAC to pull out data in relation to emotional state, mental wellness, beliefs, social factors and coping mechanisms. From this;

- A decrease in anxiety, panic, depression, flashbacks, suicidal thoughts, self-blame, isolation, self-harm, alcohol/drug misuse and suicide attempts has been measured;
- An increase in confidence, self-image, improvement in trust and relationships has also been measured;
- In particular, suicidal thoughts have been recorded as decreasing by 56% across the 2014-2015 and 2015-2016 period.

RASAC monitors the number of women and young people who report an increase in at least one form of either social, educational, economic or employment inclusion.

- Figures from 2014-2015 indicate that at least 53% of service users were employed or studying, while in 2015-2016 this percentage was at 61% of service users.

Please note that information in 2012-2013 and 2013-2014 does not reflect the numbers of survivors in service as the Oasis client database was not introduced until 2014-2015. As part of this evaluation it is recognised that there is a gap in how information is collected and collated and this issue that will be taken forward in the coming statistical year and built into the Oasis database.

Across duration of strategy, RASAC P&K have been monitoring and evaluating work with families. The need to limit the support offered to family members has had a clearly detrimental impact on survivors and their loved ones (limited in order to meet the demand of increasing waiting lists). In response, a family support group was piloted which was extremely successful despite relatively low numbers due to cancellations. Outcomes include increased knowledge and understanding in relation to the needs of survivors, strengthened relationships, and increased confidence in supporting their loved ones.

Training includes:

- All RASAC P&K staff and volunteers complete mandatory sexual violence

training which consists of approximately 12 sessions.

- Staff continuing to benefit from a wide range of training courses either run internally or by partners in relation to mental health, including Mindfulness, SMHFA, ASIST
- Across 2016/17, the organisation is piloting the Comprehensive Resource Model within the support it provides.
- RASAC delivers a minimum of 6 training sessions and attend a minimum of 6 awareness raising events per annum

The group programme includes:

- Further development of group programme following consultation with survivors. This consultation always takes place verbally in one to one support sessions as well as via questionnaires issued to everyone accessing support
- Weekly art and craft group
- Fortnightly stress relief and relaxation group
- Photography group
- Mindfulness group
- Sewing Group

- Successful funding application to support a young people and families service
- Improvements to the tailored support through the time dedicated to monitoring and evaluation has provided the opportunity to improve the way RASAC responds to survivors and to significantly improve service user involvement.

Mindspace

- Mindspace counselling service continues to be a valuable resource to the people of P&K with referrals to the service reaching over 1000 last year
- Service has meteorically grown over an 8 year period from providing counselling to 150 people to now reaching over 700 individuals

12.3 Explore developing an out of hours crisis support service, to fill the gaps, particularly from 5 – 10pm and weekends

- **Gather evidence regarding effective Crisis Services and complete cost-benefit analysis**
- **Pilot limited crisis service for short period of at Christmas - PLUS**
- **Train peer listeners to support others in crisis**
- **or prevent them reaching crisis stage. Refer to other models developed such as the Samaritans Prisoner Peer Support service**
- **Explore commissioning a 'place of safety' as an option for people in crisis or emotional distress who do not require admission to hospital. Ensure this compliments and builds on existing service provision**

- A number of different options were considered in trying to augment existing services to provide a crisis support service. This included commissioning the

voluntary sector (rejected due to costs) and using Mental Health Officers to provide an Out of Hours service (too costly). £75,000 of ICF monies was awarded in September 2015 to develop a team to respond to distress, with one full time and two part time staff members in post mid-December 2015. This project ran until August 2016.

- The project failed for a number of reasons including:
  - Service live for one week only
  - Referral process (which had to be via NHS 24 then Crisis Resolution Home Treatment Team)
  - Implementation of the project.

12.4 Improve the intelligence of and response to incidents of self-harm, attempted suicide and completed suicides

- **Review of ACR process (self-harm & suicide)**
- **Development of Tayside Interagency Suicide Cluster Response Guidelines**
- **Consider the option and potential costs of a Tayside Suicide Multi-Agency Review Group**

ACR Process

Adult Concern Reports are now called the VPD or VPR process (Vulnerable Persons Database/Report). The process involves the police informing the social work team via a VPR when they have responded to a person who has presented in distress, with suicidal ideation, self harm or attempted suicide. The Access Team then makes direct contact with the person by telephone, letter, home or office visit, and offer supports. Where repeat 3 or more VPRs are received, consideration is given to undertaking an Adult Protection Inquiry if this has not already been undertaken.

Police Scotland Suicide Statistics Annual Reports are circulated and acted upon.

Tayside Interagency Suicide Cluster Response Guidelines

Draft guidelines produced in 2012 and shared with partners. It is hoped these guidelines will be ratified with the support of the Tayside Suicide Multi-Agency Review Group in 2017.

Tayside Suicide Multiagency Review Group

Hosted by NHS and funded from monies across Tayside. This role has been ongoing since August 2015 with £5000 contribution from PKC Suicide Prevention budget. There are six weekly meetings involving a range of partners from across Tayside looking at cases of completed suicides and whether there were opportunities for services to intervene and if there are recommendations for the future. Successes include:

- Development of initial information sharing protocol
- Identifying locations of concern
- Resulted in review of police custody care in relation to mental health

- Recommendation that training be targeted at carers and family members
- Bereaved by Suicide process in P&K be rolled out across Tayside.
- *Aids people in re-accessing services and helps to remove or reduce long re-referral processes.*
- *Reviews group and creates new actions, using co-ordinators to create ways forward.*

12.5 Develop the option for a direct local phone number for current CMHT service users to avoid the need to go through NHS 24 at times of crisis.

No progress made.

12.6 Develop individuals and service providers' skills and abilities to predict and prevent crisis

- **Formalise and roll out further the use of Wellness Plans**

See *2.4*
See *5.1*

12.7 Increase access to mental health self-harm and suicide prevention training to families, carers, friends and community members.

- **Build on the work of the Blairgowrie prevention group (2012) map training available and, if insufficient, develop inter-agency training to promote learning amongst carers and the general public**
- **Develop new training courses to meet training needs as they arise such as Self Harm Training for Social Workers**

PKC Mental Health and Training Directory

- A comprehensive training directory was developed in 2014, with the intention of providing information and contact on a range of courses related to Mental Health and Wellbeing. However, due to staff turnover, it has proved difficult to update, especially for some NHS Tayside course information.

PKC Multi-agency Training

Details of no of courses and participants:

Year	safeTALK	ASIST	suicideTALK
2012	86 (5 courses)	63 (4 courses)	33
2013	59 (5 courses)	60 (4 courses)	26 (2 courses)

2014	40 (4 courses)	50 (3 courses)	No courses
2015	10 (1 courses)	29 (2 courses)	4 (1 course)
2016	59 (4 courses)	84 (4 courses)	No courses

- In 2016 there was More Questions than Answers Suicide Bereavement training (12 participants); Understanding Self Harm (10 participants); Understanding Psychosis (14 participants) and Suicide Prevention Guidance and Policies training (24 participants), all organised by Perth and Kinross Council.

See *2.4*
See *10*

12.8 Ensure the families/friends of those who regularly self-harm, have attempted or completed suicide are contacted and offered different options for advice and support.

- **Build on the work of the Blairgowrie post vent ion group (2012) developing materials and assistance to provide effective support to families**
- **Consider the potential role of the CAMHS model of intensive support for families/young people including training opportunities**
- **Develop standard procedures in response to and information packs for people affected by attempted and completed suicides or regular self-harming behaviour of an individual (build on the work from Blairgowrie as above). Issue through ACR process**

Cruse Bereavement

- Supported the follow number of clients since 2012 who have been bereaved by suicide.

2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
14	10	9	13	To date from 01/04/16 - 6

For the 6 referred to Cruse Bereavement to date in 2016-17, 4 referrals were by GP, 1 by an employer and the other was unknown.

Bereaved by Suicide

Both research and local evidence points to the fact that if you have been bereaved by suicide, you are at a greater risk of suicide.

- Joint project between Police Scotland, Access Team and Suicide Prevention Co-ordinator.
- Since November 2013 processes have been in place which ensures that people who have been bereaved by suicide are offered support consistently (with their

consent). When a report is received from the police, a social worker contacts the person by telephone offering support, and thereafter sends out a pack which is personalised to their circumstances. Follow up calls are made after 2 weeks and six months.

- As well as through formal channels, the pack is available for staff to pass on informally to friends or colleagues who may have been so affected.
- Between November 2013 and April 2016 there were 40 packs handed out to bereaved family members in relation to 32 suicides.
- Between November 2013 and April 2016 there were 34 completed suicides. At least 17 additional packs have been handed out to other friends, colleagues or other family members
- The good working relationships and referral process ensures that the PKC social worker is able to contact the bereaved person in an appropriate, sensitive and timeous manner. It also ensures that the social worker is able to be clear about their role in what can be an extremely traumatic time for the bereaved and gives the bereaved person(s) a lead contact name for them to contact at a future date/time as appropriate
- Police have consistently made families aware of the bereaved by suicide packs.
- The Access Team have been able to make each initial telephone call within 5 days of receiving the referral.
- There has been 1 linked completed suicide in 2016 since this support has been in place.

12.9 Perth and Kinross survey of young people/pupil's mental health and their use of informal and formal sources of support

- **Use information to ensure support is available to vulnerable young people**

PKC Education and Children's Services

Reported that school staff have seen an increase of mental health issues in schools and are looking for more support in this area. Referrals to CAHMS have increased.

Evidence to Success provides information that 9.5% of school population indicated concerns of anxiety and depression. This was split into 15% girls and 4% boys. In response to this staff and partners working together and looking at how we provide universal and targeted support to staff and pupils in schools regarding their mental wellbeing and how this is a priority for education and partners. Mental Health and Wellbeing is part of the responsibility of all staff in schools and training and support needs to be further developed for staff to ensure they provide appropriate support.

- Secondary Depute Head teacher Group have met and mapped what is happening in secondary schools, universal and targeted support. This has been taken forward and will help support the HW strategy for PKC. Improving Emotional Wellbeing Collaborative has been held on a quarterly basis since June 2016.

See *9.1*

11) APPENDICES

APPENDIX A

Evaluation Brief of the Joint Perth and Kinross Mental Health and Wellbeing Strategy 2012-2016

At the beginning of this project in March 2016, Eloise Vajk and Hannah Kettles met with the Strategy chairs to discuss the following Evaluation Brief and how best to begin the process of assessing the progress of the Action Plan.

1) <u>Roles and Responsibilities of:</u>

❖ **Hannah Kettles and Eloise Vajk**

- Become familiar with P&K Joint Mental Health & Wellbeing Strategy 2012-2016 and other relevant documents
- Research/ review previous local and national strategy consultations
- Research ways of producing questionnaires
- Discuss and clarify purpose of questionnaire(s)
- Complete plan for consultation activities - VOiCE
- Arrange advertising/ publicity
- Produce questionnaire(s)
- Organise consultation opportunities i.e. events, focus groups, stakeholders
- Undertake consultation activities
- Keep abreast of key themes/ developments at national level
- Internal Consultation - assess progress of Action Plan
- Draft various reports detailing evaluations
- Share results/ reports through a variety of methods
- Undertake relevant training opportunities e.g. SMHFA, SafeTalk

❖ **Steering Group**

- Provide support to ensure a comprehensive evaluation of the Strategy
- Ensure evaluation is conducted fairly and objectively
- Provide a forum to discuss ideas and agree ways forward
- Facilitate HK and EV to make links with different stakeholder groups and audiences
- Assist HK and EV with any obstacles or problems encountered
- Finalise and approve drafts of reports, questionnaires, etc.
- Keep to timescales

2) <u>Ongoing Line Management</u>

- Weekly progress updates with Marliese Richmond

- Fortnightly updates with Paul Henderson
- Monthly updates with Steering Group

3) Guiding Principles and Ethics

- Remain impartial
- Report responses accurately
- Ensure questions asked are not intrusive
- Enable wide range of participants to take part
- Ensure participants are 'opting-in' as opposed to being coerced

4) Final Products to be generated

- Questionnaire
- VOiCE Report Plan for Consultation
- Report on Questions undertaken
- Report on Focus Groups and Themes undertaken
- Report on relevant Strategic Drivers and Mental Health & Wellbeing Cultural and Societal Developments
- 3 year Review of Action Plan with priorities, conclusions and recommendations by HK/EV and Steering Group

Outline of the Evaluation of the Joint Perth and Kinross Mental Health and Wellbeing Strategy 2012-2016

Perth and Kinross Health & Social Care Partnership wants to find out what the local community thinks about the progress made during the period of the Mental Health and Wellbeing Strategy 2012-2016. This listening exercise will happen between April and September 2016.

The timeline of this 6 month Evaluation process will be linked to the Scottish Government's Mental Health Strategy timeline.

This evaluation and evidence will feed into the next Joint Mental Health and Wellbeing Strategy and shape the future development of mental health services in Perth and Kinross.

Background to the Joint Perth and Kinross Mental Health and Wellbeing Strategy 2012-2016

The scope of the Strategy is to "improve the Mental Wellbeing of all people in Perth & Kinross and improve the effectiveness of clinical interventions and the range of accessible therapeutic options for those experiencing mental ill health." The vision is to "support an environment which empowers people and communities to promote

and sustain their own Mental Health and to enable those who experience Mental Health problems to obtain the right help and support at the right time and in the right place." There are 3 themes – Community and Place, Mainstream Service Development and Provision, and Specialist Approach.

Tasks to be undertaken

3 areas will be evaluated, researched and consulted on

Task 1: Review the cultural change in relation to mental health and wellbeing

The first is **cultural change.** This Strategy focused not only on mental **ill** health but also mental wellbeing. We want you to engage with people on their awareness of mental health and wellbeing, skills and knowledge to maintain and promote good mental health and wellbeing, attitudes, and stigma.

Task 2: Progress made with Pledges and Action Plan

We also want you to consult on the **progress made on the 12 pledges under the 3 key themes of the Strategy and the difference this has made to services**.

Part of this exercise will be to undertake a comprehensive review of the progress achieved through the Action Plan.

We want you to summarise the learning from a range of relevant projects and initiatives and advise how this should inform the priorities for the next Strategy, including:

- Wellbeing Week
- Self-Directed Support
- Recovery College and SMART Recovery Project
- Citizen Leadership Training
- Social Prescribing Project
- Response to Distress

If possible, it would be useful to have some wider discussion/ consultation with stakeholders on progress made relating to the key themes in the strategy. Suggestions include:

- **Community and Place** – Do you feel our communities have become mentally healthy places?
- **Mainstream Service Development and Provision** – Do you feel mental health services have improved?
- **Specialist Approach** – Do you feel people with complex needs and/or who are in crisis receive a better service?

- **Recovery** - Do you feel services adhere the principle of recovery?

Task 3: Assess priorities for refreshed Mental Health and Wellbeing Strategy

We want you to engage with stakeholders to find out whether they feel the pledges within the Strategy are still relevant; and what the priorities are for the next Mental Health and Wellbeing Strategy.

Other tasks will include:

- Scoping out other local authority strategies
- Undertaking a wellbeing survey in P&K to measure people's perceptions of their wellbeing
- Keeping up to date with the development of the National Mental Health and Wellbeing strategy
- Researching emerging themes, movements and priorities such as child sexual exploitation, Human Rights agenda, Autism, and Health and Social Care integration.

How this will be done

We want you to consult with at least 300 stakeholders, including:

- Revisiting some of the staff members, service users, carers, and members of the public, young people involved in the original consultation.
- Involving a wider, new range of stakeholders to obtain their views, by using our existing contact lists and advertising the different engagement opportunities.
- Engagement activities could include 1-1 interviews; focus groups; consultation events, public/ targeted meetings and survey.

APPENDIX B

Methodology

Initially, the option of undertaking an evaluation by an independent organisation was considered with costings for such an exercise requested from Penumbra and Napier University; however, due to the high costs and limited scope this option was not pursued.
Instead it was decided that the evaluation would be undertaken in house by two Perth & Kinross Council Project Assistants Hannah Kettles and Eloise Vajk, with support from a sub group of the Mental Health and Wellbeing Strategy Group.

Consultation with Lindsay Johnston, PKC Research and Consultation Officer

March 2016

Hannah Kettles, Eloise Vajk and Marliese Richmond met with Lynsay Johnston, PKC Research and Consultation Officer, to discuss plans in relation to consultation work in evaluating the Perth and Kinross Joint Mental Health and Wellbeing Strategy.

The scope of the 2012-2016 strategy was explained, as well as the 3 main tasks of the evaluation work we planned to undertake from March to September 2016:

Task 1: Review the cultural change in relation to mental health and wellbeing

Task 2: Assess progress made with Pledges and Action Plan

Task 3: Assess priorities for refreshed Mental Health and Wellbeing Strategy

We began looking at 3 separate questionnaires that were developed for these 3 main tasks.

However, following discussions around measuring wellbeing and asking direct questions of the public in this way, Lynsay advised us that having 3 separate questionnaires with such complex questions would not allow for an evaluation of the strategy as people may not answer the questions, it would be much more a snapshot of their mental health and wellbeing at that point in time rather than an assessment of the last 3 years the strategy has been in place. Also, looking at one particular Pledge (e.g. Perth and Kinross has become a mentally healthy place), Lynsay suggested there would need to be at least another 6 questions under that umbrella topic to explore that meaningfully.

Lynsay advised that rather than directly asking the public for their views and opinions on the effects of the strategy on Perth and Kinross over the past 3 years, it would be more productive and useful to use proxy indicators and indirectly evaluate and assess the progress of the strategy rather than sending out questionnaires.

This would include:

- Researching other data/ surveys i.e. Household Survey (already includes WEMWBS questions), Place Standard Tool (Other colleagues or teams may be using this), Residence Survey (End of 2016)
- Benchmark against other local authority strategies and national surveys

Then work through Strategy Action Plan and evaluate/ assess each one:

- Look at what's been done, what's been done well, what's been done really well
- Potential for case studies
- In strong position considering strategy & budget – if groups want more money they need to show what they've done with it so far
- Go through original stakeholders to see what they thought 3 years previously, key themes etc.
- Look for data on numbers accessing:
  - A+E,
  - GP referrals to Mental Health services,
  - Counselling waiting lists i.e. Mindspace
  - Level of participation in Wellbeing Fair
  - Google analytics for Mind Young Health web resource

Then move on to Focus Groups:

- Have a series of themes rather than direct questions for discussion and focus more on priorities for refreshed future Mental Health strategy

APPENDIX C

Evaluation Form

An Evaluation Form was developed for statutory and third sector services to complete to evidence progress in their service over the past 3 years of the Strategy.

Trial Evaluation

This form was initially trialled with RASAC PK and Victim Support in March 2016 to see how well the questions allowed for quantitative and qualitative evidence to be fed back.

It was generally agreed that the form allowed the opportunity for services to evidence well, and it was user friendly and accessible, not too lengthy and prompted you to include various data and case study examples.

Following the positive outcome of the trial evaluation, the form was sent out to all statutory and third sector Mental Health and Wellbeing services to complete. It was emphasised that this was their opportunity to feedback on a number of different areas outlined below.

It included:

- Guidance on how to answer each of the 8 questions and what kind of evidence and data we were looking to gather
- A summary of the 12 Perth and Kinross Joint Mental Health and Wellbeing Strategy Pledges

<u>Quantitative Information</u>

1) How have you measured the quantitative impact of your activities?
E.g.

Numbers

- *Number of people using your service*
- *Number of referrals*
- *Number of partnership onward referrals*
- *Length of time person used service*
- *Age of service users*
- *Gender of service users*

Trends

- *Increase in service uptake*
- *Reduction in number of service users reporting suicidal feelings*
- *Number moving on to employment/ education*
- *Number reporting better coping strategies*
- *Number reporting improved relationships*

Qualitative Information

2) Progress of clients: please provide information as to the impact the project has had on the client group and the improvements seen in terms of their mental health and wellbeing.

   This evaluation is looking at the impact of the Mental Health and Wellbeing Strategy over the last 3 years. If you have quotes or brief case studies which demonstrate your projects impact on the client group then please include this below

3) What do you feel are your headline successes in relation to mental health and wellbeing since 2012?

4) Do you feel there has been a culture shift in attitudes towards mental health and wellbeing across the duration of the Mental Health and Wellbeing Strategy?

5) Has there been a shift in relation to ways of working within your service?

6) In relation to mental health and wellbeing, what have been the main challenges/ obstacles/ gaps in your organisation?

7) Please give details below of how being part of the mental health and wellbeing structures and the Mental Health and Wellbeing Strategy has made a difference/ has been of benefit to people you are working with, and for your organisation.

8) What do you think are the priorities for the next Mental Health and Wellbeing Strategy?

APPENDIX D

Focus Group Form

A separate questionnaire was developed with questions specifically for service users accessing Mental Health and Wellbeing Services across Perth and Kinross to feedback on their experience of services.

1) What do you think of the Mental Health and Wellbeing Services you have accessed?

2) What do you understand about wellbeing? Do you feel the services you use contribute to your wellbeing, and if so, how?

3) How do you feel things have changed in relation to Mental Health and Wellbeing over the last 3 years? (Services, culture, ways of working, media, personal skills etc.)

4) Are there any gaps in the mental health and wellbeing services that are offered to you?

5) What do you think the priorities should be in relation to Mental Health and Wellbeing for the next 3 years? What actions should be taken? How should this be done? Which priorities would you like to see included in the next Mental Health and Wellbeing Strategy?

6) Is there any other relevant information you would like to include?

APPENDIX E

Presentations

The Perth and Kinross Joint Mental Health Steering Group April 2016

This event was held as an opportunity to introduce the Evaluation process to the Perth and Kinross Mental Health and Wellbeing Strategy Group.

Eloise Vajk presented National and Local Mental Health Statistical Data and Information.

EV Presentation.docx

Hannah Kettles presented Project Level Data gathered through a trial evaluation undertaken in March 2016 to explain the evaluation process and give examples of how services should respond with quantitative and qualitative information.

HK Presentation.ppt

An Evaluation Workshop was also held where Strategy members came together to go through the Action Plans of Community and Place and Service Development and Provision and provide examples and contacts for EV and HK to gather evidence.

- The purpose of this exercise was to go through individual actions of MHWB Strategy and discuss progress made between 2012-2016
- We marked each action as either '**Red**/ **Amber**/ **Green**' to identify progress of each action
- We scored each action **1-5** (5 being excellent) to show how well the action has been carried out
- We discussed how to evidence each of these actions and asked for examples from project leads of ongoing/ completed/ sustainable projects and also made

links with relevant contacts who would be able to provide more quantitative/ qualitative information on each action

- Also noted on a separate document those actions deemed incomplete with a key at the top of the page explaining why

At the end of the event, Eileen McMullan presented on Strategic Planning for the future in Mental Health and Wellbeing.

PKAVS Threading the Needle: Focus on Mental Health May 2016

This event was held in order to share understanding of services and outcomes for people with mental health issues in the areas of Blairgowrie and Rattray.

Threading the Needle 17th May.doc