Write-up of Mental Health and Wellbeing Stakeholder Event

August 30th 2017

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81 people attended the Mental Health and Wellbeing Stakeholder Event on 30th August. 81 stakeholders took part in the event, including 32 people who have used services and/or individually had an interest in mental health. There was broad representation from across the Third and Independent Sector, including PKAVS, PLUS, Independent Advocacy, Tayside Council on Alcohol, Victim Support, Support in Mind, Scottish Association for Mental Health, St Johnstone FC and Mindspace. Services from across NHS Tayside and Perth and Kinross Council attended, as well as Live Active Leisure. There was also input from services representing young people including Perth College, City Base and Navigate.

Those who attended were asked to attend 6 workshops, 3 in the morning, 3 in the afternoon on the following themes:

1. Prevention & Early Intervention
2. Social Opportunities and Meaningful Activity
3. Housing Issues, Welfare Reform & Employability
4. Early Intervention & Prevention for the Younger Person
5. Physical & Mental Wellbeing
6. Interventions & Recovery

People were asked 3 different questions:

- What works well?
- What doesn't work as well?
- What are the gaps?

This document seeks to condense and theme the information which was generated by the workshops at this event.

1. Prevention & Early Intervention

Positive experiences of prevention and early intervention

Some people reported positive experiences of prevention and early intervention. For some, their GP was their first point of contact. Particularly if it was a quiet practice, people felt they were listened to, had continuity and follow up.

For some people, peer support, sharing their experiences and what they had learned at wellbeing groups was important. Through the Wellbeing Support Team and Mindspace Recovery College, for example, people felt they had the support of others and had learned and developed coping skills.

Some people cited the work which had been done with families. Early intervention can start with families – identifying a mother who may be vulnerable to mental health problems during pregnancy for example, or doing baby massage classes to strengthen attachment. Others referred to summer holiday schemes for families which in turn improves their parenting skills.

Training was felt to be important in improving both the professional and the wider community's skills, such as Mental Health First Aid Training (Adult and Young People). Other people felt that mobile apps can be an important source of information and providing structured support.

Issues highlighted

In terms of prevention and early intervention, a number of issues were identified, summarised below.

- Many services can only be accessed through their GP, but it can be difficult to get an appointment, and onward referrals are reliant on a GP knowing the services available. GPs have a very limited time to speak to people.
- Services may have lengthy waiting times (which can add to a person's distress and anxiety).
- There were some concerns about the knowledge and expertise of staff, and they may not always do what they promise to do.
- Many services are only available during office hours. There is no 'safe place' to go out of hours.
- There is no longer crisis assessment at Murray Royal and people now have to travel to Dundee.
- The Emotional Wellbeing Project was piloted but was unsuccessful. Responding to people in crisis appropriately, effectively, and empathetically is an on-going issue.
- There are cuts to budgets and resources, including projects which help keep people well, such as their Community Support Worker and the Social Prescribing Workers.

Development of early intervention and prevention services

There were some key areas which were identified as being important to develop. This included raising awareness of the support and services available, with more publicity and up to date information about the support available using social media, information in the GP

surgery and community newsletters. It was also suggested peer workers with knowledge of services could operate in GP surgeries. Training on mental health to GPs and other surgery based staff, including receptionists, should be rolled out.

It was felt essential that schools be targeted to increase the resilience of young people. Counselling and other forms of support should be made available (from specialist organisations such as Mindspace, PWA and RASAC), as well as relevant training for staff. It was suggested that family work and therapy should be built on.

Improving access to talking therapies was highlighted. It was felt individuals and organisations should be able to make direct referrals in to mental health services.

2. Social Opportunities & Meaningful Activity Discussions

Current Good Practice

In relation to Social Opportunities and Meaningful Activity, there were many examples of current good practice cited. This included:

- vocational opportunities through the Walled Garden, Giraffe and Move Ahead and volunteering with different charities
- working collectively on community green projects such as the Putting Green in Aberfeldy and different allotment projects;
- physical and weight management projects, including COMPASS membership through Live Active and Saints
- intergenerational work such as Football and Golf Memories in Care Homes
- wellbeing groups, including CATH's lunch clubs, Men's Sheds
- arts projects, including drama tours, Plus Poetry group, Glenearn art group, reading groups and the Birks Cinema.

There was a feeling that a positive cultural change had taken place: meaningful activities and signposting people to those had become part of the 'norm'.

Barriers

A number of barriers were identified to accessing these various opportunities. This included (short term) funding and sustainability of projects. Some people may require support to attend a group. Public transport may not be available, particularly in rural areas or in the evening. The promotion of activities is an on-going issue, to ensure people know what is available and how to access it. People who are unable to use IT or who do not have access to social media may miss out on opportunities. The availability of opportunities vary across locality, as well as the community access to campuses and other facilities. More activities could be developed for young people.

Future Development

There were many suggestions as to the how the approach to social opportunities and meaningful activity should be developed. It was felt it would be important to develop 'cultural wellbeing across life stages' with opportunities for everyone, and a mix of universal availability and targeted initiatives for hard to reach areas or groups. There was a lot of interest in developing a whole family approach where families could learn and have experiences together, as well as intergenerational activities. There was a lot of discussion on how to develop communities' capacity to provide support for an individual's and their community's wellbeing. It was felt that Time Banking can develop social connectedness within a community; and this needs to sit alongside better use and co-ordination of facilities. The development of Participatory Budget also enables a community to decide on and fund what they would like to have in their community. Peer workers, a buddy service or community based facilitators could set up to provide support to people to attend activities, although there would need to be clear boundaries and information on expectations, responsibilities, staffing, training, payment and funding. Stigma needs to be addressed through training and other initiatives, so that everyone feels comfortable accessing what is available – 'make it ok to say'.

It was felt that the Occupational Therapy role in the hospital setting had changed, with more of a focus on independent living skills. Opportunities in the hospital environment for socialising and therapeutic activities need to be part of the programme there.

3. Housing, Welfare Reform, Employability Discussions

Housing

In relation to housing, it was felt that Housing Support Officers can be very supportive. They benefit from working in a small team with a wide ranging role. It is important that they have an understanding of mental health and other issues. Community Wardens can also support people to live independently and safely.

It was felt that the mental health housing supported accommodation available is good, but there needs to be more. There is also a shortage of support to enable people to live independently in their own home. It was felt that the security of tenure if a person is ill in hospital is important. The option of assisting people to move on from supported housing needs to be developed. People need to be in the most appropriate, least restrictive form of housing available (including enabling people to move out of hospital to a community setting). If a person is being discharged from hospital, discussions about housing need to take place before a person is discharged.

In some cases, there is a perception of being judged by staff, with a rigid, slow operating system around them. Temporary accommodation is seen as a challenging environment with the potential of inconsistent support to address the person's holistic needs. Some people said they lost their community supports when they lost their housing through illness. There needs to be accurate, up to date information on the internet and elsewhere – not everyone has a computer. Some people felt that forms were complicated. A person's mental health can be impacted by poor housing or the anti-social behaviour of others and support for issues or obtaining new housing can be difficult.

On the availability of housing, there was acknowledgement of the lack of housing stock, the cost of housing and the quality of housing available. There were queries about the plan for house building in the area, including appropriateness, size, location, and connectedness.

Employability

It was felt that employment can play an important role in a person's mental health in terms of self-esteem, stability and consistency.

There were lots of different areas which were identified as working well in relation to employability, including initiatives such as supported college placements at Perth College, Giraffe, Skills Development Scotland, the Employment Support Team and the Employability Network.

There were some areas identified which could be improved. This includes accessing volunteering opportunities in the rural areas; increasing the capacity of organisations to support volunteers; and opening up meaningful work experiences and modern apprenticeships to everyone, of all ages.

There was some discussion around permitted work. It was mostly cited as a positive experience – but there were issues with moving on from permitted work in terms of losing benefits and being able to live on potential earnings. There was also some discussion on GP Fit Notes – that rather than a person quitting their job because of mental ill health, consideration be given to a reduction in a person's hours.

More work could be done with employers to ensure better support for people who are in employment but who experience mental health issues. This could include the continued roll-out of Healthy Working Lives and training for employers. It was also felt that stigma needs to be address – not all disabilities can be 'seen' and people reported being reluctant to disclose whether they have mental health issues. Some people have felt pressured to go back to work, even though their mental health is still fragile. Others have had to go self-employed after being unsuccessful in applying for jobs, but an unstable income is also stressful.

It was recognised if a person is not 'IT savvy' or does not have a computer they can be locked out of employment opportunities.

In terms of young people, it was felt they needed support into work and to sustain a job. Reducing the drop-out rate from Perth College was highlighted, as well and supporting young people with a 'negative destination' (see more below in section 4).

Welfare Reform

There was a lot of discussion about the impact of Welfare Reform on a person's mental health in relation to the uncertainty, stress and anxiety, in some cases leading to suicidal ideation. These feelings were reinforced by an 'environment of doubt', media coverage and political diatribe. For people with mental health issues, it was felt there is a lack of support and understanding within the system – for example, if a person cannot use a phone or leave the house. The benefit system can be difficult to understand, and people may not understand when or how to apply, and how to appeal a decision. Advocacy and support in this area was felt to be essential, and people need to know where they can go for help (such as a drop-in centre, information in the wards, a one-stop shop).

Some good work has been taking place, such as joint work between Welfare Rights at community events to raise awareness; the Welfare Rights service provided by Hillcrest Housing and the work conducted by the CAB (Citizen's Advice Bureau) Welfare Rights Officer.

It was felt peer support could be developed further, as well as Wellbeing Groups, where people could work together, and build resilience. There could be mental health training for people working in the Benefits and Welfare system.

4. Early Intervention & Prevention for the Younger Person Discussions

Issues particular to young people

A range of issues were identified by stakeholders which were felt to be particular to young people. It was felt that young people are subjected to constant expectations, stresses and pressures, such as their performance at schools, transitioning to secondary school, and future career options. It was felt that young people may be vulnerable to certain mental health issues, such as eating disorders and self-harming. It was felt that young people would benefit from training on how to recognise the signs and symptoms, and the awareness that mental illness exists even if you cannot see it.

Whole Child Approach

It was felt very important that a 'whole child' approach is taken when supporting young people. Relationship building is central, as well as the application of the GIRFEC principles (Getting it Right for Every Child). Young people should be enabled to see the links between healthy eating, physical activity and mental health.

Family support was felt to be a vital component, and can help a young person to become resilient, especially if they are experiencing mental health issues. A family approach is needed because a young person can be affected (positively or negatively) by their parents' behaviour, and general parenting programmes could assist. It was recognised that in some cases, parents can be the last people a young person may wish to speak to and could be a trigger for mental health issues.

School

The school environment was felt to an extremely important setting with the potential to impact a young person's mental health. Schools are a constant link with young people, and teachers and other stuff members have the opportunity to intervene at an early stage if a young person is experiencing problems. Education on mental health from an early age would ensure that the key messages about mental health get across, using opportunities such as 'Golden Time'. It was recognised that this some work is already taking place from an early age in nurseries, with discussions on issues such as 'hurting feelings' and

Someone should be available at School for pupils to speak to regarding mental health issues, such as a Guidance Teacher or Community Link Worker. Mental Health training should be available for teachers and other key staff members, so that they can provide the support themselves; or they should have clear pathways to signpost or refer a young person for help.

It was felt young people themselves would also benefit from mental health training, such as WRAP facilitation. It was felt that developing peer support from young people with lived experience could be helpful.

There was some discussion about young people who have been excluded from school, and the need to recognise the potential impact that will have on the young person: such as being

removed from their campus based supports; being unable to access the wider facilities and services at the campus; and more likely to being exposed to the behaviours of an older peer group. Some young people with mental health issues did not wish to attend school because of the stigma they felt. Some people do not wish to go to school and/or do not flourish at school, because of mental health issues or bullying, and other options could be considered (such as Navigate).

There was a lot of feedback on transitions for vulnerable young people. Previously, they may have had a high level of support (such as at Navigate), but this may come to an end. A young person may have a job, activity agreements or be attending college, but they need support to make this happen. It was felt that for young people who drop out of school, there should be a commitment to track what happens to them, and keep open the option for them to return should be kept open for a period of time. For some young people, the summer months can be a critical time, and may result in them dropping out of school or college.

Social Media

It was felt that social media could play both a positive or negative role in a young person's life. It was felt there were some very useful Apps and information on the Internet in relation on mental health, and the online support available for some people, for example the LGBT community, could help to protect a young person's mental health and address stigma. Young people could benefit from education on how to safely use social media – not only in terms of their personal safety but also protecting their mental health (from issues such as addiction, limiting their communication, and bulling through social media).

Development of local services for young people

There was considerable discussion on ensuring that services are available and able to respond to young people when they ask for help. It was felt at present, many services can react to crisis only and that the threshold for many services is set at a high level. It was felt that there is a need for services for young people who need more support than their parents/teachers can give them, but that is only available for acute, severe and enduring mental health illnesses. Support needs to be more generalised, responsive, and pathways unblocked and simple. It was felt that there are pros and cons to giving a young person a 'label' – without a diagnosis, personalised support may not be available.

A number of local services were highlighted as being important sources of support for young people, including the YMCA, RASAC, Mindspace and City Base. However, some resources have been cut, such as the Support Worker post at City Base (which means those young people will now have to use Adult Services). It was felt that resource allocation will need to change if support for young people at an early stage is to be available and effective.

There was some discussion on CAMHS (Child and Adolescent Mental Health Services), particularly in relation to the criteria and waiting list for CAMHS, and that it seems 'untouchable'. It feels that the transition from young person to adult services needs to improved, with joint responsibility for a young person's care and transition between Children's Services, CAMHS and Adult Services.

It was felt that young people with autism could be vulnerable to mental health problems – but that early referral, early response, early intervention makes such a difference to the mental health of young people with autism.

5. Physical & Mental Wellbeing Discussions

What is Wellbeing?
There was a general discussion on what wellbeing means to people. A holistic view of wellbeing was felt to be helpful, and that "physical and mental can go hand in hand – one impacts the other". For some, wellbeing means wellbeing means ' keeping/feeling safe, accepting/not ashamed', and on a similar theme is means "doing what is right for me – accepting yourself and your limitations".

Current Good Practice
A whole range of activities which contribute to a person's wellbeing were discussed, and there were many examples of good practice highlighted which is currently available.

- For some people, being active outdoors is important. Some people enjoy walking, and Walking Groups in Auchterarder and Crieff were accessed by some. Gardening was also enjoyed by many, with projects such as the Walled Garden creating opportunities for people to be active. Good messages out there
- It was recognised that sport and fitness classes can play an important social and supportive role, and the COMPASS membership was a useful initiative for some people.
- Groups including the Kinross Recovery Café, Springwell and Meditation classed provide people the opportunity to come together to learn about and enhance their wellbeing and recovery, and provide support to one another.
- The link between food and mental health was recognised, including learning about the benefits of good nutrition, and cooking classes being an opportunity to develop their skills further.

Some people highlighted more personal approaches to wellbeing, including listening to music, purpose and company which owning a pet brings and practising mindfulness.

Barriers to improving mental and physical health

There was a lot of discussion on how a person's lack of confidence can impact on feeling that they can participate in physical activities. This included feelings of hopelessness, not wanting to fail, not wanting to feel exposed and being scared of feeling judged. A person's internal struggle to take the first step to start physical activity can be a significant barrier.

It was felt that information and advice at the right time is not always available. The GP service is not always flexible enough to support someone with poor mental and physical health. Health Practitioners do not always know what is available in an area. It was felt that staff attitudes could either help or hinder the process.

For some people, there are practical barriers to accessing physical activities, including public transport and cost.

Improving Physical and Mental Health in the future

It is felt essential that a person's physical and mental health is addressed holistically, with a joined up care pathway plan. Activities should be driven be the client's needs rather than the services, with services focusing on the shared outcomes they can achieve for the person accessing the service. There need to be good referral pathways between different services. It was felt that there should be specific targeting and funding of programmes to improve the health of people who use mental health services, including the smoking cessation programme, health screening programmes and routine health checks, and COMPASS membership.

There were many suggestions on addressing the internal barriers and lack of confidence a person may have. Sustainable peer support or a buddying programme to encourage a person to attend, focusing on

achievable goals at each step. It was suggested that activities should start out as something social – having a coffee or lunch together either individually or in a group, before building up to something more. Staff and community based training on mental health awareness and interventions were also seen as important.

6. Interventions and Recovery Discussions

Relationships and attitudes

Much of the discussion in these workshops focused on the need to develop more of an equitable relationship between people who use and those who deliver services. Trusting relationships make interventions more effective, and agencies need to be able to listen to and hear the lived experience a person may have of mental ill health. They need to value the input and expertise a person can develop, and they can recognise when they need help. They need to be part of the decision making process. Services also need to value the power of peer support. It was felt that while a lot of information can be made available online, and that this is helpful, there is value in the direct interaction and learning between individuals and groups.

It was felt there had to be a cultural change and that ingrained attitudes and stigma needs to be challenged. Talking about feelings, emotions and mental health needs to be normalised.

Personal development

There was some discussion about the word “Recovery” – that this can sound like there is an end point. “Journey” may be a better term leading to increased shared understanding. It was also felt the label “intervention” may not be helpful, rather, to ask a person, “what keeps me going”?

In terms of what contributes to a person’s recovery, much of the discussion was about the development of their personal skills and knowledge of their illness and coping mechanisms (such as the courses run at Fairfield Learning Centre and Mindspace). Using practical tools such as creating a Safe Plan was also highlighted. Activities which enhance a person’s sense of wellbeing, such as complimentary therapies are also felt to be helpful by some people.

Access to services

There is a feeling that when a person does try to access services, the system in place can make this difficult. There is a feeling that there is not enough investment at lower level interventions – access can be denied until a person reaches crisis point. There are long waiting times for some services which can prevent a person perpetually hitting crisis point (such as DBT). It was queried why, in some cases, GPs have to start the process, when other professionals/agencies are more familiar with a person’s story and support needs. Even if a person has used services before, they have to ‘start at the beginning again’ – mental health services do not always reflect the fact that a person’s mental health can fluctuate. There is a feeling that there could be a system of ‘warning lights’ to enable a person to flag up if they are becoming unwell.

It was felt that there needs to be up to date information on the services available – including information beyond talking therapies.