Mental Health Day Services
Consultation Report: Community Conversations

Commissioner: Penny Nowell
Date: 5th May 2015.

Background

Dumfries and Galloway Council and NHS are thinking about how they plan and develop services for people with mental health issues for the next few years or so.   As part of this work during February and March we talked to people across Dumfries and Galloway about what sort of community-based services and other supports people with mental health problems value most.

This report is a reflection of the conversations and the completed surveys.   It will help the Council and the organisations that provide services to plan what they need to do over the next few years.

Thank you to everyone who took part.

Methodology

Two methods were used to identify and collate information on the key issues facing people with experience of living with mental health problems:
- Community conversations – a facilitated discussion with groups in Annan, Dumfries, Sanquhar, Castle Douglas, Newton Stewart and Stranraer
- On-line survey

The questions formed a basic format which was not strictly adhered to if people had other things they wished to talk about. The key question was asking what is important to people in their lives with prompts around family, friends, peer support, having things to do, work and volunteering, home, keeping well and dealing with times when things do not go so well (which were not necessarily about ill-health).

Participants

The themes are gathered from the consultation meetings held throughout Dumfries and Galloway in February and March 2015 with 58 service users and Carers, 15 staff and 3 other interested parties taking part. 117 service users, 9 Carers and 10 staff completed the surveys.

Overview

What's important to people

Several key themes emerged as being important to people to help them:

- Keeping in touch with friends and family
- Contact with other people who have mental health problems (peer support)
- Structure and routine
- Having something to do during the day (including building on skills, learning new skills and recognition of achievement)

Keeping in touch with friends and family

Most people said that keeping in touch with family and friends was important to them. However, this was not always an easy relationship and many people said that a lack of understanding about mental illness generally and what that meant for individuals made things difficult. Some people said they used the internet and social media to keep in touch with people.

- ❖ "Being able to talk to them and be understood."
- ❖ "Just having someone there who cares."
- ❖ "My family don't talk about mental health a lot…"
- ❖ "I need help to cope with my family."

Contact with other people who have mental health problems

Many people said that spending time with people with similar lived experiences was important and helpful for their mental wellbeing. Peer support groups and activities were seen as providing a good safe and understanding environment for people with poor mental health.
- ❖ "Speaking with others in the same boat makes you feel less alone."
- ❖ "The mental health groups help you realise you're not alone and drives me towards mental wellness."

Structure and routine

For a number of people volunteer or paid work was an important area. Some people said that they were currently too unwell for volunteering or paid work, some said they would like some support to achieve this and it was something they were aiming for. Some also made the link to it being important for their recovery and ongoing mental wellbeing. Some said that there was very little understanding from employers and benefit agencies for people with poor mental health.

- ❖ *"DWP could be more flexible with the terms of supported employment- I am a window cleaner"*
- ❖ *"I work full time and have a good manager."*
- ❖ *"I was a volunteer but through support I went into part time paid work."*
- ❖ *"I can't work due to my physical problems."*
- ❖ *"I want to volunteer when I am well."*

Some people had just successfully completed an SVQ. It was clear to all the pride they felt at their achievement and they valued the formal recognition of their work

And that ways to celebrate and acknowledge achievements for people helped increase confidence and self-esteem.

Individuals identified that there was a range of practical support that would be useful, such as support to get into full time paid work through regular meetings, help with writing CVs and Advice on how work (paid) affects benefits. In terms of volunteering, it would be useful to have support to provide advice on the options including a list of volunteering opportunities of what is available and a support plan to help the individual.

Having something to do during the day

Many people described the importance of having a structure and routine for the week and for each day, completing tasks and having a sense of achievement.   People also said that it was very important to have fun activities to do; things that interested them and things to look forward to. People also felt that you need a range of activities to choose from, both indoor and outdoor. People also recognised the value of "things that engage your intellect".

- ❖ "There's always plenty to do but I don't always have the motivation."
- ❖ "Setting up groups that are fun and creative and that develop someone's talents and passions are essential. You have to see that people have greatness within them. Concentrate on their talents and passions; what makes their heart sing."
- ❖ "I am not the best at keeping myself well or dealing with preventing bad spells. I would like to have more support with my outreach worker but resources dictate once a week for 2 hours."
- ❖ "Opportunities to reduce social isolation."

A number of opportunities were identified such as art groups, sport through to practical, learning opportunities, volunteering and studying. People provided practical, helpful solutions such as help to develop hobbies, support to get to groups (travelling is difficult), encouragement and assistance join groups and help with initial introductions, smaller group sizes to make it easier for people to participate. Confidence building sessions would also help. List of activities with times and places and someone to go with was also seen as helpful.

- ❖ "It would be nice to have somewhere to call in more casually, to call in and sit down and have a cup of tea, rather than the office situation."

Things to do at evenings and weekend was less important to people. Some people said they were too tired for activities in the evening and weekends, or that transport was difficult at this time. But others said the weekends could be lonely and empty.

- ❖ *"I do yoga at weekends but would like someone to talk to at weekends."*
- ❖ *"Be nice to meet up for walks at the weekend."*
- ❖ *"Be good to meet new friends at weekends"*

People said that they would like more opportunities to meet up in a place that was safe and positive. This could provide a place for people to get together, meet new people, attend

groups but also provide a place for interaction with other people was important to have someone to share worries, ideas and to make plans with. Mental health support being available and someone to talk to was also recognised as helpful.

- Cinema club – or people to go to the cinema with
- A group meeting or individual counselling

Leisure and sports appeared to be less important to many people. For some it was important because it made them feel more positive and others because they struggle with their physical health. Having support and someone to go to sessions and activities with was seen as helpful.

- ❖ *"I struggle with physical health."*
- ❖ *"Just do things; I walk a lot."*
- ❖ *"Local office are doing a walking group once a week- love this as its social and healthy."*

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A nice safe home environment was seen as important. People talked about keeping their home as they want it. One person said they have someone come in to help with housework as it means they can do things they prefer and that help keep them well. Some people said they do need support with learning the skills to look after the house and for dealing with tradesmen – all the skills needed to maintain a home:

- ❖ *"To keep my outreach worker to go shopping, to keep to budget, and learn to do everyday tasks such as cooking."*
- ❖ *"To keep up support with shopping"*
- ❖ *"My husband would like more help."*

Keeping well and dealing with times when things do not go so well

People said that it was important to maintain current levels of support when they were not feeling well. This includes ensuring regular contact with people who know them well and can spot and help when things are not so good.

- ❖ *"It takes all my energy to maintain my wellbeing myself. It is a daily process."*
- ❖ *"To keep my outreach support as it would be a dark day for me without it."*
- ❖ *"Someone to talk to who is trained and knowledgeable who won't dismiss my problems or not know what to do."*

Services

Access to services is an important aspect to the recovery of individuals. A number of areas were identified that could be improved to ensure a better response. This includes:

- Explaining how time limited inventions by CMHT work and giving the patient notice that the time is coming to an end and referring to other support services.
- Somebody who could link service/ supports together - offer information but also know what is on offer and available to families and individuals and to explain how things work.
- Professionals to work across physical and mental health - there are so many triggers for mental health issues.
- Having support and information when coming out of hospital/ being discharged and being in the community.

Carers

Carers said that they need support and information about a range of issues:
- Understanding about mental illness
- Ideas about how to cope with difficult situations that can arise
- Understanding how the mental health system process works and who does what
- Being told at an earlier stage about where to get help and support as Carers.

- ❖ *"I knew something wasn't right with my husband, but there was no one to turn to and because I wasn't the patient no one would tell me anything. I felt very isolated"*
- ❖ *"You don't know where to get help"*

Support

Getting help when it is needed such as, when in crisis, being discharged from hospital or self-

referral to community based services was identified as very important to people.

Various support options were identified dependent on the individual as being useful and it was recognised that support could come in various forms:

- Opportunities for social support, places where mutual interests or activities could be undertaken
- Social care outreach support – this provides contact for people who are either geographically or socially isolated. It is a valued service given the rurality of the region and should be seen as a stepping stone to links with local communities and other supports
- Practical support – access to information, the opportunity to explore options available on issues and support to access mainstream and universal services – particularly those available when specialist support not
- Peer support – this is a way of valuing and using the experience of others who have been in similar situations. The benefits of being a peer supporter are well documented in the current national Mental Health Strategy for Scotland and at the Scottish Recovery Network (www.**scottishrecovery**.net) as a way to build confidence, resilience and social skills.
- Opportunities for self-development through learning new skills, volunteering and work

Support does not need to be face to face with a professional mental health worker all the time. Not only is there value in peer support, but also through access to alternative methods. It was noteworthy that most people who attended the consultation meetings had a mobile with them. It was also interesting that younger people attending the sessions were more vocal about the use of social media (with safety nets), the use of social networking - using private, closed, facebook pages and communication through text messaging. Some people suggested this would be a good way for the mental health services to communicate with them – especially where appointment reminders were needed.

Other supports identified by people included:

- An accessible information resource accessible through a website or other method where internet unavailable with information about mental health, services, community activities and community information.
- Out of hours phone line and flexible support using texting. An 'alive and well' desk or phone call to check in with people.
- Peer support to create a Buddy System to help people go to new activities, do new things or activities out of hours and at weekends.
- Peer support/ friendship using social media/ facebook to chat and support people.

When people talked about the kind of support they needed it was recognised that this was more about the skill base, capabilities and approach of support staff in relation to the following:

- The ability to empathise, understand and provide a "listening ear" was highly valued

by people who use mental health services and their families and Carers.
- Encouragement and motivation
- Understanding situations and providing opportunities to work through solutions (for example: weekend activities and when mental health services are unavailable)
- Knowledge on the availability of a wide range of local community based and national resources should difficult situations arise (such as national helplines)
- Being a liaison / advocate between services whether they are mainstream, local services or between statutory sector providers (for example: GP / CMHT and Social Work)

Support requirements from the wider community that were identified

From the conversations a number of key issues were identified that had an impact on individuals. These included
- Stigma and lack of understanding of mental health from many people including medical professionals, police and bus drivers has a real impact on how people live their lives.
- Education about mental health in schools.
- Transport and travel caused difficulties for many, due to remoteness, bus timetables, the scheduling of hospital appointments, anxiety and lack of confidence.
- Accessible information about mental illnesses, recovery and service provision for people with mental health problems and Carers.
- Open access to more mainstream activities and groups for preventative and early intervention support.
- Increased information about opportunities for work and or volunteering – and more information and support about micro-enterprises.
- Lack of activities and groups and options especially in more rural parts of the region (a recent survey has identified this as a problem for older people too).

Conclusion

From the range of conversations held throughout the region, actions that need development include:
- Building on people's own lived experience, skills and knowledge to create peer support that could successfully deliver on a number of services (activities at weekend, the Buddy System and the 'Alive and Well Check' idea)
- Building on the social outreach support, to develop networks of support that reach out to people living in the less well populated areas of the region and finding alternative ways to sustaining that support.
- Building on the valuable support already offered, a greater emphasis on the principles of recovery and self-management would be helpful to all
- Recognising what people said about how being involved in meaningful activities and being recognised for achievements such as gaining an SVQ increased their sense of self-worth: to build on, and create, further opportunities for learning and self-development.

Further information

Again, many thanks to all who gave their opinions either by attending the sessions or through responding to the on-line survey. Many thanks, too, to Outside the Box (www.otbds.org) for coordinating and leading the conversations and providing an overview of information and key findings.

The information will be shared with the Integration Locality Teams. We will also present the information to DG Health and Well-being Team who are developing a Community Mental Health Action Plan (NB: this is not service-based provision) and with Health and Social Work Mental Health services.