

# THE INDEPENDENT INQUIRY

into Mental Health  
Services in Tayside

**Hearing the voice of people  
with lived experience**

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# Context

An Independent Inquiry into mental health services in Tayside is being conducted. This Inquiry was established following a debate in Scottish Parliament around the prevalence of suicide in Tayside. There have been a number of reviews into specific mental health services within Tayside, including the recent Mental Welfare Commission report on an unannounced visit to Carseview and a review by Healthcare Improvement Scotland (HIS) of the Unit.

This Inquiry has a broader scope than previous reviews and investigations. There is a specific focus on looking at 'end-to-end' services, meaning that it wants to hear, not just about a particular service, but the experiences in accessing the service, availability of alternative services and the journey of support after leaving those services. Further to this there is a forward looking element to the Inquiry which will explore the potential service provision in Tayside. The views of people with experience of services are essential to this.

This report is a summary of workshops held across Tayside that aimed to examine experiences and ask participants to think about how people can be better supported with their mental health.

## National Policy Context

It is important to reflect that this Inquiry is taking place within a wider, national focus on mental health. The 2018/19 Programme for Government commits to having mental health issues 'tackled earlier and where possible in the community, while ensuring speedier access to specialist care for those who need it'.

The 9 August 2018 saw the publication of the Suicide Prevention Action Plan, a document which sets out a vision for a Scotland in which suicide is eradicated. To support this Action Plan a National Suicide Prevention Leadership Group has been convened as a way to ensure that stakeholders can shape the implementation of the Action Plan and strengthen a collective approach to improvement. Further to this, Audit Scotland published a set of recommendations for improving Child and Adolescent Mental

Health Services (CAMHS). This is in support of the Scottish Government focus on CAMHS, especially with regard to access and waiting times.

## Suicide Prevention Action Plan

The Suicide Prevention Action Plan sets out a vision and strategic aims for creating a Scotland where:

- People at risk of suicide feel able to ask for help, and have access to skilled staff and well-coordinated support
- People affected by suicide are not alone
- Suicide is no longer stigmatised
- Better support is provided to those bereaved by suicide
- The risk of suicide is minimised by delivering better services and building stronger, more connected communities.

The Action Plan outlines a number of approaches to achieve its goals. There is a commitment to expand innovative service models such as the Distress Brief Intervention. Similarly, national services such as Breathing Space will be reviewed with a view to improvement. There is a focus on training and ensuring that all staff who require regular training in physical health are also trained in mental health. Such training will also expand to reach a wider audience. Developing new digital ways for people to get support is also discussed in the Action Plan.

## National Suicide Prevention Leadership Group

A key action of the Suicide Prevention Action Plan is to convene a National Suicide Prevention Leadership Group. Membership of this group includes representation from services and stakeholders, including the third sector and people with direct experience of suicide through bereavement or those who have previously experienced suicidal thoughts or attempted suicide.

The National Suicide Prevention Leadership Group will support the creation and delivery of local prevention plans. This will involve engaging with integration authorities, local authorities, public health professionals and other stakeholders

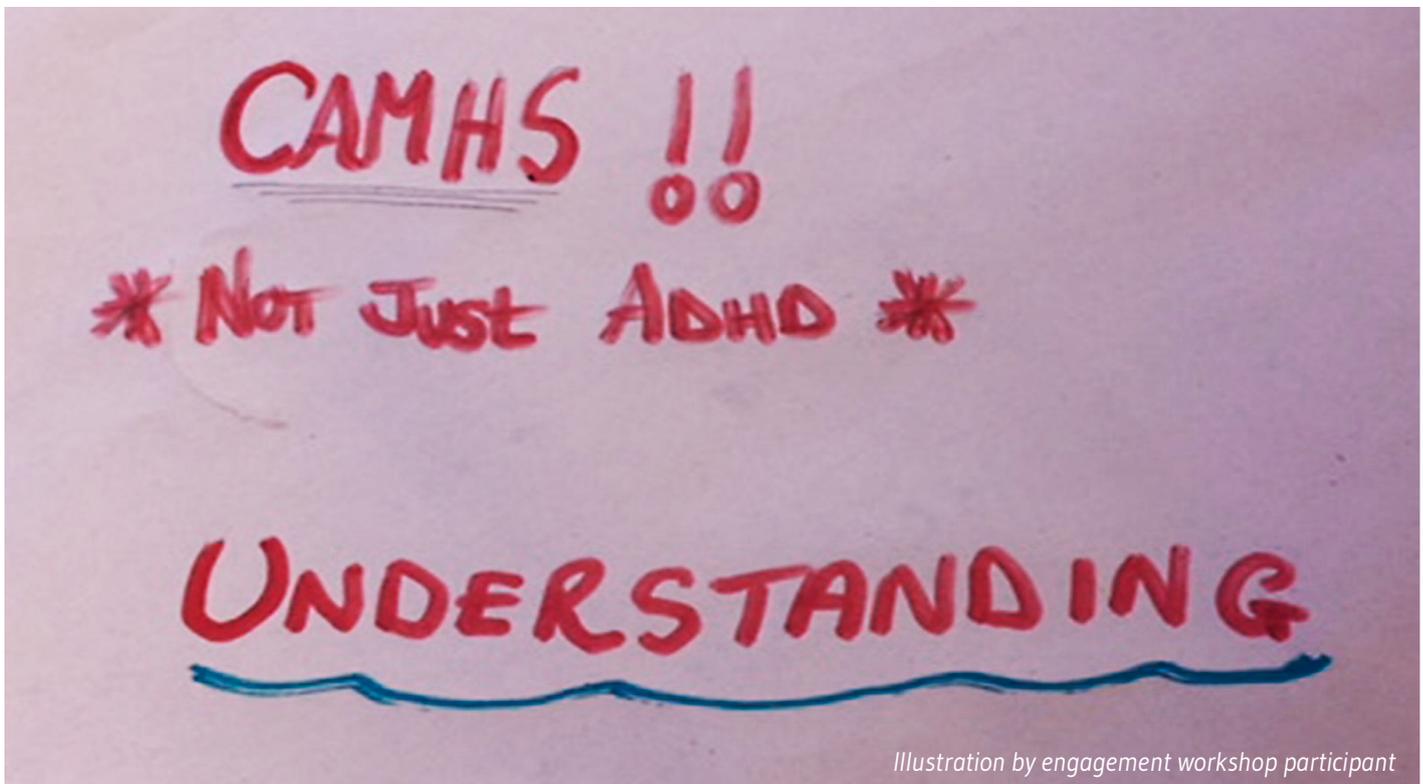
and supporting the development of actions and priorities that will inform local planning and partnerships. The group will be reporting directly to ministers and the Convention of Scottish Local

Authorities (COSLA) in order to harness senior leadership to achieve a coordinated approach to suicide prevention and specific goals.

## CAMHS

Audit Scotland undertook a review of CAMHS that aimed to establish how effectively children and young people's mental health services are delivered and funded across Scotland. This included examining the effectiveness of funding and delivery structures, barriers to delivery of services and the quality of the Scottish Government's strategic leadership around

improvement. Audit Scotland make a number of recommendations for Scottish Government, COSLA and local commissioners with a recognition that it will take a whole system approach to improve CAMHS. The recommendations focus on the need to build an infrastructure around information, financial planning and service mapping to ensure that, along with information on service demand, services are planned strategically.



*Illustration by engagement workshop participant*

The Children and Young People's Mental Health Taskforce published its ['Preliminary View and Recommendations from the Chair'](#) in September 2018. The report outlines the areas of focus for the Task Force going forward which include:

- Identifying those areas where the Task Force can support immediate changes in specialist CAMHS to implement the recommendations of the rejected referral report and performance.
- Strengthening information systems and gather

good data about how the whole system is working, and about the experience of children and young people

- Supporting the development and expansion of a diverse workforce in education, communities, and in primary care settings.
- Supporting improvements in transparency of decision making to fulfil the expectations and rights of children and young people in relation to mental health and mental wellbeing services

# Breadth and Scope of Engagement Activity

In total the Health and Social Care Alliance Scotland (the ALLIANCE) facilitated eight workshops. There were three geographic workshops, one Dundee, one in Perth and one in Angus. These were open to all and organised in partnership with local third sector organisations.

Along with these the ALLIANCE were invited by three carer organisations to facilitate workshops with their members.

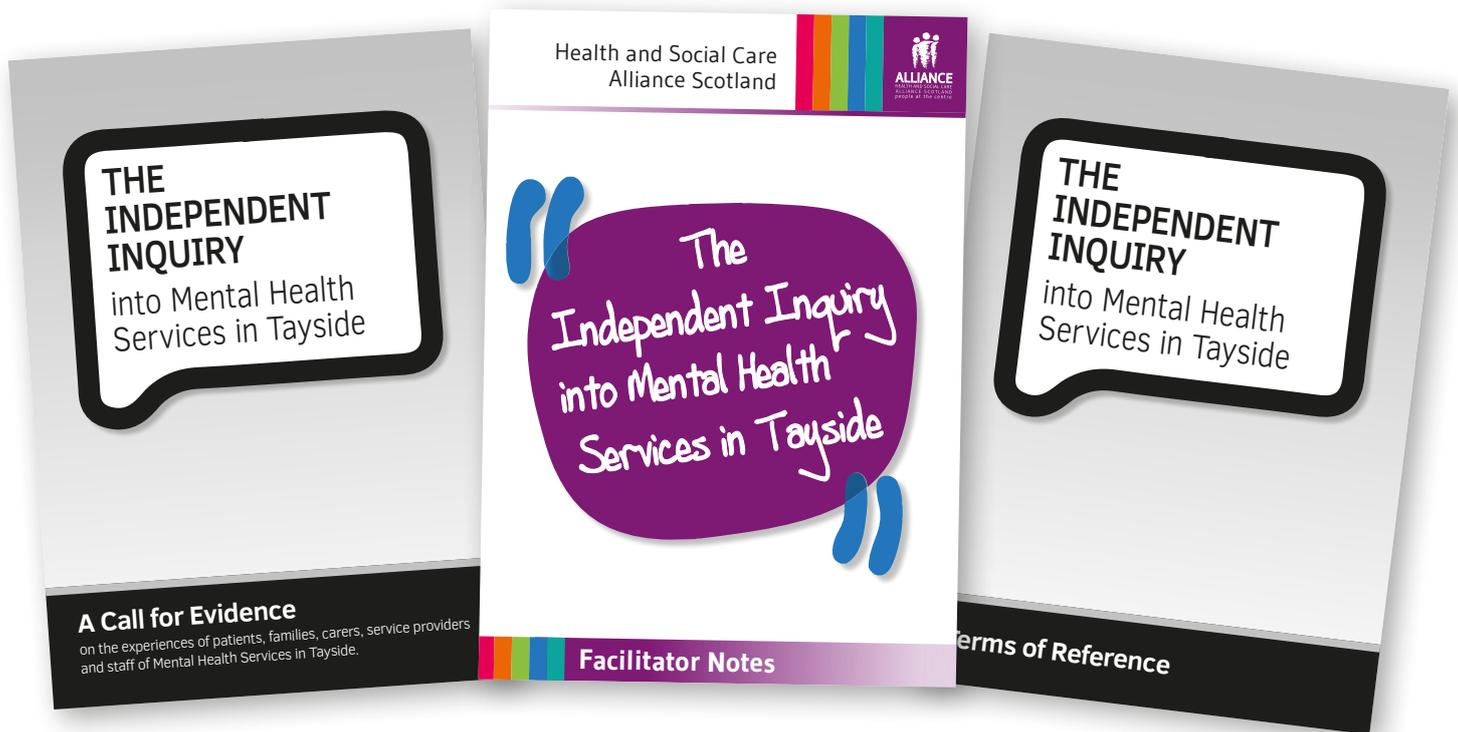
There were facilitated discussions around core questions in small groups, with key points being fed back and further discussed. Note takers in the groups ensured that all points were captured. People were also encouraged to write down any thoughts or observations to be included. A write-up of comments and themes was produced from each workshop. (See Appendix 3)

## Each workshop was centred around three core questions:

1. What are the challenges facing someone trying to access mental health support and what needs to change?
2. What works well, and which services are valued?
3. What kind of support is missing?



# Facilitation Pack



In addition to workshops facilitated by the ALLIANCE, a **'Facilitation Pack'** was designed to send out to community groups who had expressed interest in holding their own discussion events in communities; this pack enabled them to effectively feed into the process. The pack included:

- Facilitation Guide
- Terms of Reference of the Inquiry (*See Appendix 1*)
- Information on the Open Call for Evidence (*See Appendix 2*)
- [Report](#) on innovative mental health service models
- Note taking forms with the core discussion questions

These packs were sent to:

- Dundee Voluntary Action
- Women's Rape and Sexual Abuse Centre – Dundee
- Women's Rape and Sexual Abuse Centre – Perth & Kinross
- Addaction

- Angus Voice
- Aberlour
- LGBT Youth Scotland
- Angus Independent Advocacy

In order to remain flexible to people's needs and preferences there was the option to return comments back to the ALLIANCE to include in the general submission to the Inquiry or to submit directly to the Inquiry.

Notes were returned from:

- Angus Voice
- Dundee Voluntary Action
- Dundee Service User Network
- Stop Mental Health Stigma group
- Angus Health Fair
- Support in Mind Carer support group
- Carenostie Wellbeing Café
- Women's Rape and Sexual Abuse Centre – Perth & Kinross
- Lochee Recovery Social Group

These notes have been incorporated into this report.

# Summary of Recommendations

This work was supported by the views of over 200 people who have experience of mental ill health in Tayside, across 23 workshops.

These are recommendations that have emerged through this engagement activity:

## Prevention

- There needs to be investment in preventative, community assets such as those mentioned in this report that could reduce reliance on formal services.
- Staff employed by statutory agencies should receive mental health awareness training.
  - Particular focus should be placed on training for teachers and school staff to support young people in their mental wellbeing.

## Access

- Each area in Tayside should have a crisis intervention centre that is open out of hours. The centre would be staffed predominantly by volunteers and those who have experience with mental ill health.
  - Such a centre should capture, rather than replace, the current on the ground resources across Tayside.
  - This includes Breathing Space, the Samaritans, Spiritual Care and other third sector organisations.
  - There needs to be greater collaboration between these groups to offer a more consistent and joined up approach to people in Tayside
- While respecting confidentiality, the role of family carers should be seen as a valued part of the assessment process with the promotion of advance statements and other tools to assist with anticipatory care planning
  - People should be informed about Advance Statements by clinicians and supported to develop one by someone who has been through the process or a local advocacy group

"PEOPLE  
NOT  
EQUALITY LABELS"

*Illustration by engagement workshop participant*

- The assessment process needs to be reviewed with a view to expanding the information available and examining risk assessment tools
- Digital person held records should be explored as a way to support joining up services and give a better picture of an individual
- Processes around access and referrals need to be person led rather than service led. In order to support this there should be:
  - Routine care planning and medication reviews
  - Link workers attached to GP practices to connect services



*Illustration by engagement workshop participant*

## Building a therapeutic environment

- Where beds have been closed adequate clinical and therapeutic measures should be put in place to mitigate the disruption caused – for example, providing accessible transport.
- Strategic planning around mental health services should take into account the importance of creating a therapeutic environment around services.
- There should be a system for regular structured medication reviews which incorporate best practice on shared decision making and ensure full discussion of alternatives and side effects should take place
- Current policy context on person centred care should be at centre of services

- There needs to be a review of the complaints procedure to support it being reconfigured to ensure that it plays a central role in ongoing improvements to services.
- Services should be engaging with the Scottish Government 'What Matters to You' initiative
- Staff need to receive training in Compassionate Leadership principles and values based reflective practice to shift culture to one that is empowering and enabling for staff.
- Early interventions with people need to focus on recovery and have a holistic approach
- Robust testing of innovative practices described in Good Practice examples could assist in accelerating the pace of change across Tayside and should be given higher prominence.
  - This includes supporting, developing and promoting innovative work happening in Tayside so that the whole region can benefit – for example, the Distress Framework in Dundee.

## A long term recovery approach to services

- There should be discharge planning for all people leaving inpatient services
- A review of staffing levels at acute services, including examining vacancy levels with a view to plan recruitment should take place
- A review of current confidentiality legislation should take place and lead to resources offering clear, legally based guidance to healthcare professionals on involving families and carers in a person's treatment and support
- Parent/carer specific information/training on caring for someone with mental ill health needs to be developed
- There needs to be a greater focus and actions on building community capacity around peer support.
- Carers should be supported to access their right to a Carer Assessment as outlined in the 2016 Carer (Scotland) Act
- There needs to be a formal evaluation of the Third Sector contribution to mental health services in Tayside and the role that they can play in sustainable delivery of joined up services should be given prominence in future mental health strategic planning.



Illustration by engagement workshop participant

# What People Told Us

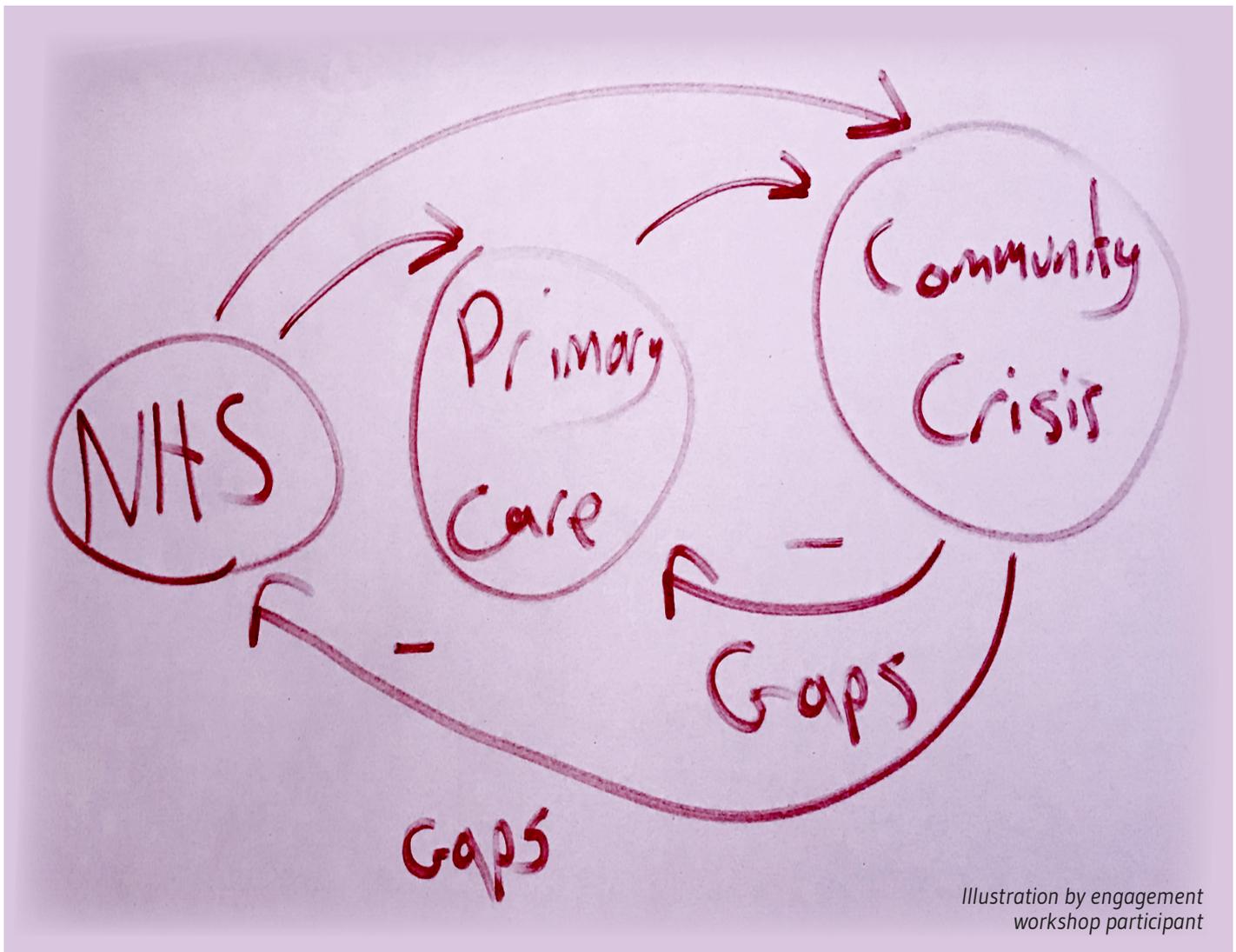
The overarching themes that emerged from the workshops covered most aspects of a person's journey through services.

1. **Prevention** was spoken about as an essential but missing element of support. People spoke of the need to educate at an early age about mental health and to intervene early when some is beginning to struggle.
2. The issue of **accessing services** came up at all of the workshops, with references to the long waiting lists, assessment process and descriptions of a complex, disjointed landscape of services.

3. On accessing services, workshop discussions involved talking about the importance of a **therapeutic environment**. The building of such an environment requires an empathetic approach based on the person rather than services.

4. An individual needs to be supported with **recovery**. Pillars of recovery are carers, peer support and the work of the third sector, the foundation of which is a move away from the medical model of care. It also requires a focus on **long term personal goals** rather than **symptom management**, and is underpinned by a **motivated staff team**; which people reported as variable across Tayside.

This report outlines these four key parts of a journey, based on the lived experience of people in Tayside and suggestions on how to improve this experience.



# A Focus on Prevention

Prevention was discussed as an essential element of a quality mental health service environment and one that was perceived to be missing in Tayside. Within the workshops, preventative

## Community resilience

There has been a recognised rise in people experiencing mental ill health, resulting in a national agenda around **awareness**. However, people said that there is a need to develop the conversation around mental health and wellbeing in our communities. In order for there to be **positive action and impact** in communities, there should be a greater awareness of what people are experiencing, the challenges being faced, and the ways that people cope. Particularly important is an understanding of **new challenges that young people** face with regards to social connections, housing and employment. Such an understanding within a community can help inform the type of

methods were understood as those which build and support a person's **wellbeing** as well as avoiding mental ill health escalating into a crisis. There was discussion around the role of community resilience and how communities can support wellbeing. A common experience shared within the workshops was the frustration in seeing a person struggle with mental ill health without feeling equipped to help.

preventative approach taken to help support people through different challenges throughout their lives.

Participants highlighted the **centrality of networks** in building community resilience. People spoke of the support offered by strong and varied networks between individuals, between organisations and across demographics and geographies. Connections such as these offer informal support and advice that can support wellbeing. Many connections will emerge organically through everyday interaction; however, people emphasised the need to support and develop networks.

### Good Practice

The Men's Sheds movement takes a preventative approach to tackling social isolation and loneliness in a way that brings people with similar interests together where the focus is not overtly on 'supporting your mental health'. Similarly, Angus Voice run social inclusion groups that offer activities such as walking, cinema trips and pool which allow people to come together and develop connections with people through shared interests. Within these there is a strong peer led approach which participants cite as "extremely valuable". However, there is a challenge in getting these recognised and adequately supported as they do not necessarily offer 'care' or 'support' in any formal way.

### Recommendation

It was suggested that the lack of preventative and early intervention services is indicative of the service focussed model of mental health in Tayside.

Investment in preventative, community assets such as those best practice examples above could reduce reliance on formal services.



# Understanding mental health

It is widely acknowledged that for most people mental health like physical health can fluctuate between being in good health and ill health. It is important that people are able to understand their own patterns of health. With this understanding and awareness of their own mental health, people can begin to reach out for support when needed. Such awareness, it was heard, needs to begin at a young age. When discussing the role of schools in educating the young in mental health, two themes emerged.

Firstly, schools need to **partner with local support organisations** to reduce stigma, open the conversation about mental health and encourage young people to be aware of and address issues sooner. This might include talking about self harm, self esteem, confidence and anxiety.

Secondly, people suggested that schools need to have more of a role in **teaching young people life skills such as budgeting, cooking and healthy living**; this approach will help support wellbeing and contribute to a preventative approach.

**Mental health stigma** was cited as a big barrier to people not addressing their mental ill health early. While there is an awareness of national anti-stigma campaigns, there is a feeling that this has not filtered down into communities and non-mental health services. Participants saw a need for work to be done with community leaders, organisations, employers and non-mental health services (such as housing officers) to support them to recognise the signs of deteriorating mental health.



## Examples of Training Resources

A number of training courses have been designed to support people with different aspects of working with people with mental ill health. These include:

- See Me Caring Conversations
- Mind Yer Heid training
- Peer2Peer training (for developing peer support skills)

There are other specific training resources aimed at addressing suicide and promoting conversations around suicide in a safe way:

- Scottish Mental Health First Aid
- Applied Suicide Intervention Training
- SafeTalk

## Recommendation

It is recommended that those employed by statutory agencies receive mental health awareness training.

Particular focus should be placed on training for teachers and school staff to support young people in their mental wellbeing.



## Early intervention services

When discussing **the gaps in services** there was consensus that there were not enough early intervention services. People spoke about having to wait until reaching a crisis point before they were offered help; those that did reach out early were put on long waiting lists. Within this landscape there is a need for support that offers a less medicalised service and helps people address some of the more immediate issues that people are facing that are beginning to impact their mental health.

Building on these themes around early intervention it was suggested that **drop in services** need to be developed and expanded. These services could be peer led and offer support that ranged from a listening service, community connectors offering ideas for social, peer support activities and advice navigating the welfare/housing system. Such services would be able to support **those approaching crisis**, offering quick, peer led interventions; along with being able to offer longer term support, addressing some of the underlying causes of mental ill health. Participants were of the view that if these were based in local communities and open for drop-ins out of hours then people would be less likely to need crisis support and it would reduce the negative impact of the anxiety surrounding referrals, access and clinical care.

For the development of person centred, flexible services that offer early intervention with a focus on prevention, people highlighted the importance of the Third Sector. Organisations such as [Penumbra](#), [Aberlour](#) and [Addaction](#) were commended for being accessible and offering quality relationships where people are able to explore different methods for achieving personal outcomes. There is significant expertise within Third Sector organisations that needs to be better utilised and supported.

### Experience

Services such as NHS24 **Breathing Space** can offer early intervention support, however, this offers a very specific service that does not suit everyone. One criticism of Breathing Space was that they 'try and treat you rather than just listen', which people cited as leaving them 'feeling judged'. The **Spiritual Care team** was cited as an example of a service available from the NHS that is a good alternative to Breathing Space as it is a non-judgemental, independent listening service. The Samaritans were also cited as an example of good telephone counselling and people commented that they 'listened'



*Illustration by engagement workshop participant*

## Good Practice - Distress Brief Intervention

The overarching aim of the [Distress Brief Intervention \(DBI\) programme](#) is to provide a framework for improved inter-agency co-ordination, collaboration and co-operation across a wide range of care settings, interventions and community supports, towards the shared goal of providing a compassionate and effective response to people in distress. Such an approach will make it more likely that these individuals will engage with and stay connected to services or support that may benefit them over time.

A Distress Brief Intervention is a time limited and supportive problem solving contact with an individual in distress. It is a two-level approach. DBI level 1 is provided by front line staff and involves a compassionate response, signposting and offer of referral to a DBI level 2 service. DBI level 2 is provided by commissioned and trained third sector staff who would contact the person within 24-hours of referral and provide compassionate community-based problem solving support, wellness and distress management planning, supported connections and signposting for a period of up to 14 days.

The Scottish Government has established a pilot DBI programme, which is initially being piloted over 53-months (November 2016 to March 2021) in four sites across Scotland, led by Penumbra in Aberdeen, Support in Mind in Inverness, NHS Borders Joint Mental Health Service and North & South Lanarkshire.



## Recommendation

Each area in Tayside should have a crisis intervention centre that is open out of hours. Such a centre would be staffed predominantly by volunteers and those who have experience with mental ill health.

Such a centre should capture, rather than replace, the current on the ground resources across Tayside. This includes Breathing Space, the Samaritans, Spiritual Care and other third sector organisations. There needs to be greater collaboration between these groups to offer a more consistent and joined up approach to people in Tayside.

# Quicker access to support

**Access** was a common issue across all workshops. People pointed to the **long waiting times**, the **problematic assessment processes** and the **difficulties navigating a complex health system**.

## Assessments

Assessments were described as **process driven** and influenced by **service capacity** rather than the **situation and needs of the person**. People reported that the focus of assessments seemed to be on whether a person fits the criteria for a very narrow range of services rather than their needs. Questions were asked as to the validity of mental health assessments as they were often conducted over the phone and prone to be skewed by other factors. For example, people spoke of the impact of stigma on how those carrying out the assessment interpreted the lifestyle and background of the person. Many people spoke about being told to 'get some physical exercise' or 'practice mindfulness' after an assessment which made people feel judged and as if their mental ill health was the result of idleness.

Reports from people were that much of this advice was seen as too generic; while it might be recognised that **physical exercise can improve mental ill health, for some it can place further pressure on them at a difficult time**.

A key element of the assessment process is the **risk assessment** to determine if a person is likely to harm themselves. It has been reported that in many cases such assessments are not robust enough; participants cited the number of lives lost after an assessment was made that they are not a risk to themselves as evidence of this. There are a number of risk assessment tools that are used across health and social care that are available.

It was suggested that there needs to be an **increase in carer/family involvement** in the

Within these themes some underlying concerns emerged that touched on a perceived lack of empathy within services, a lack of services to support people waiting on a first appointment and a **disjointed** landscape of service offerings. People feel that the appropriate support is not available at the right time and that the system does not offer a person centred approach to access, rather, it is highly process driven.

assessment process in order to ensure that it is robust and person centred. Mental health assessments need to be set in a wider context than is available if a healthcare professional is just asking set questions at a single moment in time. It is the carers and family members that can add context to behaviour, letting a professional know if such behaviour is out of the ordinary or part of a downward trajectory. This information is vital in carrying out a quality assessment and is currently missing. Furthermore, in the context of disjointed IT systems, families and carers usually have the best overview of a person's medical and treatment history. Within this there is the issue of confidentiality. A person's privacy needs to remain a primary consideration. Advance Statements are a way of ensuring that a person is able to legally consent to the involvement of a carer or family member.

### Recommendation

While respecting confidentiality, the role of family carers should be seen as a valued part of the assessment process with the promotion of advance statements and other tools to assist with anticipatory care planning.

People should be informed about Advance Statements by clinicians and supported to develop one by someone who has been through the process or a local advocacy group.

The assessment process needs to be reviewed with a view to expanding the information available and examining risk assessment tools.

## Waiting Times

People expressed concern about the length of waiting times. Reports of 12 and 18 week waits were common. These are waiting times for clinical support from psychiatric services and Child and Adolescent Mental Health Services (CAMHS) as well as Occupational Therapy (OT) services and social work.

Exacerbating these waiting times is the **lack of other therapies** and services available to support people while they are waiting. When asked about the services that people valued, people spoke of how important **listening services** and talking therapies were while waiting for clinical support.

Where these services exist, they are largely provided by Third Sector and charitable organisations and are not routinely signposted to. Part of this problem, as outlined by workshop participants across Tayside, was **an absence of information** about support services that are available to people seeking smaller interventions while waiting to see, or having already seen and been discharged from, clinical services. Such interventions can include **social groups, peer**

**support or a listening service. Counselling services emerged as an important form of non-psychiatric care** that supported people while waiting for appointments.

### Good Practice

There are already resources that can help GPs and other healthcare professionals to find information on community support for people waiting for a clinical appointment. The ALLIANCE host the ALISS programme which is a national directory of health and wellbeing information that supports signposting. There is also a 'Recovery Map' of Dundee that shows different community centres and drop-in groups that can support people in the community. Such examples were highlighted as positive developments that could be promoted or utilised more by services.



# Navigating a complex system

For quality care, a wide range of services need to be involved, however, participants felt that the complexity of the relationships between the services hinders access. **Services need to work together in an integrated way** – in particular mental health, substance abuse and suicide prevention. The system was described by one participant as looking like ‘a plate of spaghetti’ with no clear entry point or pathway through it.

There were experiences of people being **referred to a service only to be rejected from it**.

It was suggested that Community Link Practitioners or Community Connectors, based in local GP practices or other service could act as a central contact point and help people navigate services.

## Experience

People with addictions reported a reduced level of access to mental health services. Assessments do not take into account a person being on an addiction recovery programme. One participant was stuck in a cycle between addiction services and mental health services whereby they would go through addiction services but then go back to self medicating for their mental ill health while waiting for mental health services.

There were positive examples of staff from Perth and Kinross Association of Voluntary Services (PKAVS), Dundee Voluntary Action (DVA) and Voluntary Action Angus (VAA) who perform such a role along with motivated social workers and Occupational Therapists. However, the capacity of these roles and organisations are limited.

The first point of contact for people is often the GP where the expectation is that they will be able to offer support from a wide range of services. People experienced varied support from GPs. Some were pleased that the GP offered a referral to a service along with information on third sector community support.

However, many people had experiences with GPs whom they felt were just interested in symptoms and medication rather than the person.

The idea of **care plans and care planning** is well established in physical health services, however, they are not as well understood with regards to mental health services. People are unaware that they should have a care plan. Where people do know about care plans they find them inadequate. A common experience was being told to call back if the crisis escalated.

The issue of **transitions** was raised in this context. A number of participants had been moved from CAMHS to adult services and were given no support to re-access adult support equivalent to the CAMHS services that had been taken away from them. Mental ill health is very common at times of change and 18 year olds facing new educational and welfare environments are vulnerable. People who had experienced this described a ‘cliff edge’ in services that exacerbated their mental ill health and reversed much of the progress made in CAMHS.

Even when services are able to join up people have to **repeat their stories and their trauma** – even just having to keep telling people your medical history can be hard and wastes valuable time with health professionals. The prevalence of locum psychiatrists was cited as a barrier to recovery and continuity of care as people were unable to develop relationships with healthcare professionals. Therefore, important information around trends in mood, life experiences and events are unable to be used to inform treatments.

Currently, IT systems are not joined up so that records of medications and adverse events are not shared between services or professionals. Similarly, they do not contain the important information for quality psychiatric treatment.

## Good Practice – Community Links Practitioner

Community Links Practitioners are situated in GP practices and work with individuals from the practice list populations on a one-to-one basis to help identify and address issues that negatively impact their health. Central to the approach is identifying and supporting individuals to access suitable resources within the community that can benefit their health and increase health competence. Being co-located with GPs is significant as participants had varied experiences with GPs but they were often where people would turn to first.

Community Links Practitioners also network with local community resources to support the development of their own capacity and identify any gaps in local service provision.

## Tayside Good Practice – Supported Referrals

Dundee Association for Mental Health support people through referrals and have noted higher access and continuation rates. Supported referral involves working with someone to ensure that they are involved in completing the information in the referral form, explaining more comprehensively the reason for the referral and following up with them after the referral.

This approach increases a person's motivation to access a service and engagement with the process. An evaluation of this process shows that people who are supported through a referral are much more likely to stay with the service and report better personal outcomes.





## Recommendation

Digital person held records could be developed as a way to join up services and give a better picture of an individual

Processes around access and referrals need to be person led rather than service led. In order to support this there should be:

- Routine care planning and medication reviews
- Link workers attached to GP practices to connect services

# Building a therapeutic environment

Building a therapeutic environment within and around services was highlighted by participants as essential if people are to thrive with the support of mental health services. A therapeutic environment refers to a cultural and/or physical landscape that supports a person centred recovery.

## Crisis Support

There were few people who reported that they had received **adequate crisis support**. It was suggested by participants that “a high bar has been set to get access to services” due to a lack of available inpatient beds and a lack of psychiatrists. People spoke of being told that their crisis was not severe enough to warrant intervention, being referred to a service that was far away or having to wait several days for an appointment. The result of this is an environment in which people’s immediate needs have to fit into a narrow service model or they are ignored. A common experience was being told to call back if the crisis escalated. It was felt that neither response contributes to an environment where somebody can begin a therapeutic journey and can worsen feelings of worthlessness and isolation.

There were several experiences whereby people in crisis or supporting someone with a crisis were told to call the police or felt as if their only choice was to call the police. It was widely agreed that this is not an appropriate way of dealing with mental ill health, however, it is often the only option. In looking at improving crisis support there needs to be an assessment as to the current use of the police and analysis of their potential role in an improved environment for crisis support. There is a partnership between NHS24, the Scottish Ambulance Service and Police Scotland to explore ways that they can collaborate in supporting people in crisis. Tests

This is in contrast to what was reported by workshop participants as a clinical environment where the focus is on process and crisis management. Comments and suggestions revolved around experiences in trying to access crisis support that was unhelpful and exacerbated an already difficult situation; similarly, the **role of medication** was emphasised as needing to be seen as part of a wider context of therapy. Finally, staff within services were spoken of as a **decisive factor** in building a positive environment.

of change within this area are likely to include a mental health practitioner telephone triage service, Distress Brief Interventions in Clinical Hubs and a referral pyramid that includes Distress Brief Interventions, mental health response vehicles and psychiatric referral pathway tests. Organisations and commissioners in Tayside should be pro-actively engaging with and learning from innovative work such as this happening across Scotland.

### Experience

A staff member in Perth described their experience trying to support somebody to get to a crisis service.

They managed to get an appointment for a person in need. However, there was no transport available. The staff member was advised to send the person in a taxi, however, they were not comfortable leaving them on their own in a taxi. The staff member was then advised to accompany the person, which was not possible as they were the only staff member on duty; at which point they were advised to call for back fill, which, in a stretched services, was not possible. When later, a GP tried to refer the person to the service this was rejected, citing a previous missed appointment.

## Out of hours services

Out of hours services were described as being inadequate. Workshops in Perth reported that core services hours for mental health were Monday until Friday 8am until 3pm. Outwith these hours people are referred to services in Dundee. Similar accounts were heard regarding the absence of crisis support in Angus. The result of this is the need to travel long distances, often on public transport to a potentially unfamiliar setting. Workshop participants in Angus spoke of the difficulty in navigating an urban and unfamiliar environment while in a state of high anxiety.

### Carseview Environment

We heard from people with experience of Carseview. Comments referred to criticism of both the physical environment as well as the poor treatment by staff. One participant described it as 'just a place they put you while you wait for a doctor'. People reported that outside of interactions with healthcare professionals, there was nothing in place that promoted activity or recovery. Participants noted that this had not always been the case; previously there had been visits to day centres for activities and support to do gardening and cooking on-site. These activities were valued by those who did them, however, it was commented that they are no longer available.

Further contributing to a poor environment, people spoke of the staff not developing good relationships with inpatients. People described experiences with dismissive staff who were not responsive to needs and seemed intent just on keeping people quiet; reports of over medication were common. Along with this, people felt unsafe in Carseview and spoke of living in a heightened state of anxiety. A number of participants commented on the mix of people on the same wards. People with schizophrenia and those who were hearing voices were put on the same wards as those with severe anxiety and depression.

Underlying this is a lack of understanding of the lived experience of mental ill health. Carers spoke about **the significance of calling for crisis support**. There is often a very small window in which someone allows a carer to call crisis support or is willing to call themselves, and this window can be the result of weeks of deterioration.

Therefore, when someone calls crisis support it is the last resort for them and the need is immediate. Being denied this support or having to wait for support was described as such a negative experience that in the future people refuse to or are unwilling to ask for help. People spoke of how important it is for services that recognise the impact that they have on people, rather than just working as part of a rigid process.

### Child and Adolescent Mental Health Services

There is an acute lack of out of hours support with regards to children and young people. This is both with regards to services available within CAMHS but also in signposting parents or carers to other services that maybe useful or information/ advice on how they can support their child.

There is a big focus on CAMHS with a number of pieces of work being carried out (see p4). It is important that services in Tayside stay informed around the progress of this work.



# Medication Reviews

Part of building a therapeutic environment is ensuring that there is a better understanding of the role of medication in recovery. Some participants spoke of the importance of medication in symptom management. However, where medication was offered people were rarely offered an alternative and not fully informed as to any side-effects.

Furthermore, irregular medication reviews mean that people have been left on medications inappropriate to them for a long time; this was reported as harming long term recovery and reducing the impact of other interventions.

## Experience

A number of participants spoke of the difficulty in engaging with talking therapies while on mood stabilisers as they were unable to address some of their more challenging feelings. Similarly, carers reported finding it very difficult to motivate the person they care for to do activities or attend peer support groups when they are highly medicated.

## Recommendation

Where beds have been closed adequate clinical and therapeutic measures should be put in place to mitigate the disruption caused – for example, providing accessible transport.

Strategic planning around mental health services should take into account the importance of creating a therapeutic environment around services.

Regular structured medication reviews which incorporate best practice on shared decision making and ensure full discussion of alternatives and side effects.



## Empowering Staff

One of the biggest influences on the environment is staff. There were very varied experiences of interactions with staff. There are continued reports of unacceptable treatment by staff at inpatient services as well as dismissive behaviour from a number of gatekeepers.

Within these stories there are examples of staff who have been helpful and made a big difference for people. A number of explanations were offered as to why staff are seen as being unhelpful. People reported that staff felt devalued and disempowered, they want to help but are not given the tools to do so. Another suggestion was that services are **extremely risk averse** in a system where accountability is devolved downward to frontline staff rather than management, therefore, this risk aversion infects frontline staff.

**Cultural change** is required but is difficult to achieve. Participants agreed that staff need the correct skill set to do their jobs but that this needs to take into account some of the person facing elements too. Managers need to ensure that their staff are equipped with the skills and confidence to work with people in very difficult situations. Adopting a values based recruitment approach can support this.

## Change and Innovation

Across all workshops there was comment that it was not evident to participants that there had been any improvement in services across Tayside as a result of previous reviews or decisions upheld. Participants spoke of a lack of visible improvements resulting from complaints. There needs to be strong leadership across Tayside to ensure that lessons from the past are learned and contribute to improving services.



The Dundee Mental Health Planning Group is developing a Mental Health Strategy and are beginning to outline a Distress Framework to support those in distress. The framework will offer a 'single door pathway for those in distress' through a 24hr telephone line or online chat space. People will be offered a listening service or signposted to an appropriate community service. However, there will also be the option for escalating interactions to get an assessment or access a mobile response team. The framework is also allowing for the availability of a small number of short stay beds for those that need it.

The Distress Framework is being designed to cater for all those who need support. If a person presents and is assessed as not having a mental health issue or is not a risk to themselves or others, they will still be offered emotional support and signposted with the aim of de-escalation.

The Framework is still in development with a co-ordinator being appointed in early 2019.



## Transformational Change

The Health and Social Care Academy developed a framework of 'Five Provocations' that aims support organisations to make innovative and transformational change. In order to deliver change, organisations involved in the design and delivery of mental health services need to embody these principles.

The five provocations are:

**Courageous leadership** – Ambitious, focused and inspiring leadership to transform and develop support and services and create the conditions for everyone to thrive.

**Nurturing transformation** – Transformation requires patience: it takes time to forge relationships, to embed change and to realise long term benefits.

**Emphasising humanity** – We need to emphasise the humanity and human rights of the people accessing and providing support and services, to create relationships that enable people to flourish.

**Target culture** – The meaning of this is two-fold: we need to challenge the target culture in health and social care and we need to foster a cultural shift across society towards more active engagement in health and wellbeing.

**Ceding power** – Statutory bodies need to cede power to the community, individuals and the third sector and embrace cross-sector collaboration.

## Good Practice – Compassionate Leadership

Individuals who are motivated and provide quality care need more support to grow professionally and share their ideas. Reflective practice can support the sharing of good ideas within teams and build morale within wards. The King's Fund has a paper on [Compassionate Leadership](#) that outlines how organisations can instil the values empathising and understanding within NHS organisations; it lists a number of case studies and shares learning.

## Good Practice – What Matters to You

The 'What Matters to You' platform is a way to encourage services to develop a person centred approach by changing the conversation from 'What's the matter with you?' to 'What matters to you?'. Based around What Matters to You Day in June, services can register to take part and receive tools to support meaningful conversations.

This approach is used as a way to improve services through gathering feedback but also to impact culture by beginning to shift interactions between individuals and healthcare professionals.



## Recommendation

Current policy context on person centred care needs to be centre of services.

Staff training in Compassionate Leadership principles and values based reflective practice to shift culture to one that is empowering and enabling for staff.

Robust testing of innovative practices described in Good Practice examples could assist in accelerating the pace of change across Tayside and should be given higher prominence.

This includes supporting, developing and promoting innovative work happening in Tayside so that the whole region can benefit – for example, the Distress Framework in Dundee.

Services engage with the Scottish Government 'What Matters to You' initiative.

The complaints procedure is reviewed and reconfigured to ensure that it plays a central role in ongoing improvements to services.

# A long term recovery approach to services

A common theme discussed in many of the workshops was that of **recovery**. This approach is one that focusses care on building the resilience of people who experience mental ill health and equip them with the tools to lead the life they want to. Key to recovery is the centrality of

## Shifting the balance of care

In order to develop a recovery focussed mental health landscape in Tayside there needs to be a big shift in the balance of care. Many participants underlined the importance of inpatient services. This was highlighted through anxiety around the reduction of local mental health beds and the high level of psychiatry vacancies across Tayside. Perceived deficiencies in the level of inpatient support are said to be exacerbated by a reliance on these medical services that aren't considered in a wider context of support. Therefore, there needs to be an examination as to the balance of

personal outcomes rather than the treatment and management of symptoms. There is no prescriptive approach to recovery but it has a guiding principle that it is possible for someone to lead a meaningful life despite serious mental illness. In some regards, this is linked with preventative approaches as it is about developing connections and mental health literacy. However, recovery based services need to be clearly linked with clinical services and psychiatry. From the experiences of participants in the engagement workshops it is evident that there needs to be an expansion of the recovery model across Tayside.

care, ensuring that acute, inpatient services are fit for purpose along with a recognition of the importance of community support.

The primacy of a perceived medical model and its drawbacks were highlighted by participants in discussing the lack of discharge planning from inpatient services. From those who had experiences with the discharge process from inpatient units such as Carseview, there was frustration that very little support was given to ensure that a person was going home to a suitable environment. This was seen as indicative of the medical model whereby clinicians

### Alternative Model – Step-Up Step-Down service

Step-Up Step-Down services are services that offer intermediary support between care in their own homes or the community and in a hospital setting. The model originated in Australia and is being used in a number of NHS services in England, including Cumbria, Staffordshire and Norfolk.

These services provide vital support for people with mental health issues, aiming to support people safely in the community and close to their personal supports from family and friends. This provides another service option for people to help them along their recovery journey and offers continuity of care as it can keep people in touch with the Community Mental Health Team; an important relationship that is often lost.

The services provide short term, residential support and individualised care for people following discharge from hospital, or those who are in the community experiencing a change in their mental health to avoid a possible hospitalisation. Services include a combination of psychosocial and clinical support programs and activities. The community mental health step up/step down services provide:

**Step Up services:** which allow people to step up from the community, and provide additional support for a person to manage a deterioration in their mental health, but where an admission to an inpatient facility (such as a hospital) is not warranted; and

**Step Down services:** which allow people to step down from a stay in an inpatient facility, and provide additional support to a person who no longer requires acute inpatient care but does require assistance in re-establishing themselves in the community

assess somebody as being okay and therefore 'cured', requiring no further help. A comparison was made with the discharge process in elderly care where there needs to be an assessment and potentially a package of care in place before a person can be discharged. Stories were told of people being discharged and left to take public transport home to a cold, empty house. The quick shift from institutional care and support to receiving nothing at home led many to relapse and quickly end up back trying to access crisis support.

In order for there to be a move towards **more holistic, person centred care across** Tayside, there needs to be a breaking down of barriers, not just across health and social care services but across all services that support people - including housing, education and social security. Recovery journeys entail removing or addressing the issues or triggers underlying mental ill health. This is very stark in relation to addictions whereby people are unable to access support with mental health, something that is a huge barrier to long term recovery and ignores the

lived experience of a person in recovery.

Participants also reported that such issues and triggers were often environmental and non-medical. There were discussions of poor housing that stood in the way of recovery, sometimes resulting in the removal of a person from their neighbourhood and support networks. People being refused or having significant trouble accessing welfare benefits was cited as a common trigger of a downward trajectory to crisis.

Therefore, in developing a recovery approach, silos need to be deconstructed, not just between health and social care but between health, housing and welfare – in such a way that supports holistic care plans for people. Within this there is a clear role for an active and sustainable Third Sector. The benefits of such an approach were described as supporting people through a journey of recovery so that they would not require clinical interventions and are able to achieve personal outcomes to stay well.

### Alternative Model – Open Dialogue

Open Dialogue is a model of mental health care researched and pioneered in Finland and subsequently delivered in countries around the world. It emphasises the inclusion of the person's family or social network in decision making alongside a consistent team of staff who are trained in family therapy, mindfulness and related psychological skills.

Basic principles of Open Dialogue

- Immediate support offered within 24 hours of the first call made to services
- All treatment carried out via regular network meetings which include the person accessing services, their family and extended social circle
- A diverse, multidisciplinary team of trained healthcare practitioners working flexibly to meet the needs of the person
- The same team of staff remaining constant through an individual's contact with the service
- Tolerating uncertainty, and avoiding the temptation to make premature decisions about next steps
- Valuing and responding to every voice in the group
- Embedded mindfulness training for professions and peers.

You can access the Health and Social Care Academy Insight paper at [https://www.alliance-scotland.org.uk/wp-content/uploads/2018/02/Open\\_Dialogue\\_Report\\_Final\\_WEB-compressed.pdf](https://www.alliance-scotland.org.uk/wp-content/uploads/2018/02/Open_Dialogue_Report_Final_WEB-compressed.pdf)

### Recommendation

Discharge planning for all people leaving inpatient services

Review staffing levels at acute services and examining vacancy levels with a view to plan recruitment

## Role of Carers

Not everyone will have a family structure or have a carer. However, where there is support from a family or carer, they face barriers due to a lack of communication with healthcare professionals and lack of support around how they can best care for someone. Carers are important for long term recovery as they support people on a day-to-day basis. Therefore, it is essential that they work alongside healthcare professionals to ensure quality, ongoing support is available. However, there were few examples of carers being able to work collaboratively with healthcare professionals. People spoke of experiences whereby the person they were caring for has regular sessions with a psychiatrist but were given no indication of progress, changes to medication or even how to support the person between sessions. In these situations privacy and confidentiality were cited as the reason for the lack of communication, however, this was perceived as an unhelpful barrier, the result of risk aversion rather than person centred conversations about care. While Advanced Statements, as mentioned above, would benefit this situation, the legislation surrounding confidentiality is very complex and can lead to the default position of not sharing anything.

Linked with this is the need for more information for carers on how to support someone with mental ill health. This includes information on support groups and local resources, but also, how to talk to someone in crisis and how to mitigate extreme experiences of mental ill health. While there are resources that can build capacity in this area, they are mostly aimed at professionals rather than carers. Such support is needed particularly in the case of parents of young children experiencing mental ill health as many of the support services available are geared towards adults and teenagers. Younger children are more reliant on

their parents for support as they have less independence to access services themselves. There needs to be a mechanism for supporting carers, including parents and family members, to have the capacity to provide adequate support to people accessing both adult services and CAMHS.

As a key element of a person's care network, carers need supporting themselves. Many carers will experience mental ill health themselves. The 2016 Carers (Scotland) Act gives carers the right to an assessment that includes looking at their wellbeing needs. Implementation of this assessment process has been mixed due to lack of awareness. Carers should be given an assessment to ensure that they are able to receive the support they need to stay well and continue caring. Carers suggested that support for carers could be co-located with mental health services. With the example of different drop-in services, people said that it would be useful to have somebody on hand to speak with carers about their wellbeing needs while they wait for the person they care for who might be attending a group or a listening service.



## Peer Support

When asked about services that people value, most responses involved services with some element of peer support. This comes back to the importance of connections and information. Peer support brings people together through shared interests or shared experiences – meetings can be cinema trips or meals out; or they can be supported sessions to discuss specific issues. The flexibility of peer support sessions mean that the atmosphere is often more informal and therefore more accessible to people who are just beginning recovery or who have had a bad experience with formal services. Further benefits of peer support include being able to ask for advice and get information from people who have experience accessing services or are further down their recovery journey. Similarly, people report being able to speak more freely about experiences,

allowing for more honest and non-judgemental conversations. These positive environments would benefit from the inclusion of healthcare professional.

The examples of peer support groups that were given during workshops are either led by Third Sector organisations or provided on a voluntary basis. Therefore, they are often neglected by healthcare professionals as a resource that people might find useful. It was suggested that if groups were given some funding, they could conduct outreach and expand their membership and activities. People commonly stressed that 'the importance of peer support cannot be understated'. Such a valued approach to mental health recovery needs to be woven into the service offering across Tayside.

### Tayside Good Practice – Cairn Fowk; Peer Support

Cairn Fowk are a self organised peer support group that offer friendship groups and drop ins for people caring for someone with a mental illness.

Along with regular groups where relationships can develop, they offer outreach to people just starting the caring journey. This includes producing information for people that has coping mechanisms and signposting information. They also publish stories from carers to offer hope to people.

Cairn Fowk have developed a relationship with Carseview, having a carers group that meets with staff, enabling communication. Carers have reported positive outcomes with regards to developing positive relationships with the staff.

This has been done on a voluntary basis and with no financial support other than funds they raise themselves.

### Recommendation

Review current confidentiality legislation and offer clear, legally based guidance to healthcare professionals on involving families and carers in a person's treatment and support

The importance of peer support was continually referenced. Greater attention should be given to building community capacity around peer support.

Carers should be supported to access their right to a Carer Assessment as outlined in the 2016 Carer (Scotland) Act

## Role of the Third Sector

Discussions around valued services and gaps in provision highlighted the importance of the Third Sector, particularly with regards to long term support. Participants favourably compared the recovery approach which is engrained within Third Sector services, with the crisis, symptom management approach of clinical, statutory support. Third sector services that people accessed were seen as much more focussed on personal outcomes and supporting people with the underlying causes of or triggers for mental ill health.

One consequence of this approach is the development of Third Sector staff as de facto link workers. Third Sector organisations work holistically with people and therefore offer continuity while supporting them to access a number of different services – including NHS services, Local Authority services and community led services. This perspective is hugely valuable for people.

Despite the benefits described of Third Sector organisations, they are still seen as **add on**

### Tayside Good Practice – Third Sector Approach

Many third sector organisations were named by participants who had accessed them and found them very useful. The common characteristics of these services that were valued include:

- Self referral
- Flexible appointments (in time and location)
- Availability of one-to-one support
- Holistic support
- Well informed about a number of useful initiatives
- Practical help with forms, calling people etc.
- Building ongoing, supporting relationships

**services.** Short term funding from varied sources result in a fluctuating landscape of provision that makes strategic partnerships difficult. Consequently, people spoke of a reluctance to join up and make links between statutory services and third sector services, meaning that important services are under used. Examples of good work done by third sector organisations developed a picture of Tayside that has valuable assets, however, they are not joined up sufficiently to maximise their impact.

### Tayside Good Practice – Cross pollination of staff and skills

Support in Mind has taken a step further than 'partnership working' and has experienced an integration of staff. A new member of staff is a registered mental health nurse and is therefore able to carry out mental health assessments. This means that the flexible, person centred approach of the Third Sector, in this case, is complimented by the clinical competency and authority of statutory services. Thinking about the skill mix within organisations is as important as thinking about partnerships.

### Recommendation

Formal evaluation of the Third Sector contribution to mental health services in Tayside and the role that they can play in sustainable delivery of joined up services should be given prominence in future mental health strategic planning.

# Appendices

**Appendix 1 – [Terms of Reference](#)**

**Appendix 2 – [Open Call for Evidence](#)**

**Appendix 3 – [Individual workshop reports and Facilitation Pack submissions](#)**

**Appendix 4 – [Report on innovative mental health service models](#)**

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