



FDAMH
LIGHT IN A DARK PLACE

Falkirk's Mental Health Association Projects' Report

1st April 2014 to 31st March 2015

Falkirk's Mental Health Association (FDAMH)

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All statistics quoted relate to the period 1st April 2014 to 31st March 2015 (2014/15) unless otherwise stated.

FOREWORD

The content of this report covers the period from 1st April 2014 – 31st March 2015. During that time over 2000 people have used the various services offered by FDAMH. In addition, we worked in collaboration with Falkirk Council and The Department of Work and Pensions to try to help those affected by changes to the welfare benefits system⁽¹⁾.

Services provided to over 2000 people

Other developments within FDAMH have included a newly funded post for a Volunteer Co-ordinator. Morag (post holder) is the first point of contact for all prospective volunteers and has responsibility for on-going support and training for them throughout their time with FDAMH. The magnificent contribution that our volunteers make should not be under-estimated and much of this report is a testament to the work they do.

Supported by 24 staff and 98 volunteers

This year we have shifted the focus of our Project's Report. Yes, we will provide the 'sterile' facts and figures but we want the people who use our services to tell you of their experiences. We hope that the personal accounts, comments and case studies contained within the report demonstrate our commitment to a recovery-focused, holistic, person-centred service that allows people to develop at their own pace⁽²⁾.

Services are recovery-focused

⁽¹⁾ The Building Resilience Project which is detailed in this report

⁽²⁾ Many more personal experiences are available on our website at www.fdamh.org.uk by going to Resources/Experience.

CLIENT PROFILE

FDAMH's services are available to anyone aged 16 years and over, living in Falkirk District and experiencing a mental health problem, and their families. Our Third Age Befriending Project is preventative, so includes people at risk from reduced mental wellbeing. Excluding age-targeted projects, there is no upper age limit and people from across all age groups attend.

FDAMH provides services to those aged 16 and over

As a rough rule of thumb most projects' referrals and eventual clients are two-thirds female and one-third male. There are two key exceptions: the Drop-In Centre and the Immediate Help Service, where the gender split is approximately a 50-50 ratio.

Funding agreements mean that most projects are restricted to people living in Falkirk District. However we do help enquirers from outside the area identify possible services in their own area. Our Bereaved by Suicide Group is available across Forth Valley and our training provision can, of course, be delivered to wherever we are able to travel.

Equal opportunities monitoring is routinely conducted. From this we are able to assert that minority groups are represented as much as would be expected based on the profile of Falkirk's population.

PROJECTS

Counselling

A talking therapy that supports individuals to bring about changes that will empower them to make positive choices

Individuals supported: 376

Staffing: 1 F/T service co-ordinator + 21 volunteer counsellors

Counselling, even where it is relatively short-term, is an intervention proven to be effective in the treatment of a wide-range of mental health disorders (Bower, et al. 2011). It recognises the importance of clients making active choices and the therapeutic value of human interaction.

Our counselling service is accredited by COSCA (Counselling and Psychotherapy in Scotland).

Impacts

Counselling can bring about very positive changes in people's lives:

"I didn't know anything about counselling. I didn't want to come into the building. I was very nervous, scared and everything negative I could think of. I didn't know what I was letting myself in for. I thought my counsellor would have given up on me because of my silence each week. At times it felt like torture but I always hoped next week would be a better, so I stuck with it. As the weeks went by being able to open up to my Counsellor helped me to believe in myself. I started to see things differently and for the first time in my life I felt I could trust someone. I learned that I could make my own choices in life and didn't have to rely on other people to make them for me. I now feel hopeful about life. I am about to start my first job and I feel determined to move on." (Female, aged 17)

"When I first was asked by my doctor to go and get counselling, I said no way, I was scared, but in the end I finally agreed. What was I doing? However I came, a 70 year old woman. Anxious, nervous and downright afraid. However when I got to FDAMH the first person I met was the girl at the desk, what a nice smile! At first when I met my counsellor I thought 'nice girl but I don't think I'll be able to talk much to her'. I was so wrong, she made me feel at ease by gently asking me a little about myself. As the weeks went by I started to feel better. At first I always blamed me for what went on, but as the weeks went on in honesty and truth made me realise that I am not to blame for other people, we are all responsible for our own self as everyone is responsible for their self. Darkness to light, that is what I got from my counsellor and FDAMH." (Female, aged 70)

The opportunity to talk things through and not be judged is very valuable:

"I was very nervous when I first came through the door so my counsellor put me at ease. It took a wee while but I got there. I was able to say things to her I wasn't able to say to anyone else."

"Being, able to talk openly to someone who was independent and objective was extremely helpful."

Young Persons' Counselling, funded by The Lottery, is helping us to provide prompt and beneficial support to people aged 16 to 24...

...the process brings a self-awareness allowing people to make positive changes:

One of our counsellors met with a young man feeling out of control and confused as to why things kept going wrong in relationships and in his life in general. Through weekly counselling sessions he slowly unravelled and understood what was happening. One important realisation was that he was responsible for his reactions to others. He could not control how others behaved but he could control how he behaved. Slowly, he changed how he reacted towards others and noticed the positive impact it had on his own self-esteem: he began to like himself. He also noticed how close family and friends seemed more supportive and understanding. Now he feels more positive about himself and his future and is looking for employment. He is continuing to work on his behaviour and realises it will take time and hard work to become the person he wants to be.

... and can help people come to terms with and move on from past trauma:

Anxiety and low self-esteem were the presenting issues of one young woman. It transpired that as a child she had suffered physical and emotional abuse. Being the oldest of her siblings, she felt it was her responsibility to protect them from the worst of the anger and neglect. The client stated that she felt unburdened by talking about the early abuse. She was able to make some significant changes during the period of counselling, both within herself and in her day-to-day life. By the end of counselling she had found a new flat in a different city, started a college course, and decided to focus on *her* future rather than living for others.

Evaluation/Outcomes Data

Client progress is assessed using CORE (Clinical Outcomes in Routine Evaluation). Data from those willing to participate showed all 79 such clients were in the 'clinical population' at the start of counselling - for comparison NHS counselling services benchmark is 88% (Mullin, et al. 2006). 41 were classed as 'severe' (this is 52% compared to 18% last year). This increase in case severity has been anecdotally corroborated in comments made by some of our volunteers' supervisors about the volunteers' caseload. CORE scores evaluated 53% to be 'at risk'.

**Very high
proportion of
clients classed
as 'severe'**

61 clients (77%) showed reliable improvement, 16 (20%) unreliable positive change and 2 (3%) showed small unreliable negative changes.

CORE shows positive outcomes

Only 3 of the 50 people who returned an evaluation form felt that the service was not as helpful as they had hoped.

There is a high degree of satisfaction

Facts and Figures

604 referrals (the list was closed for 10 weeks) during the year. The largest referrer was the NHS (47%, largely via GPs), followed by FDAMH's other services (24%) and self-referrals (17%). There has been an increase in the number of young people referred, with one-third of referrals now for people aged 16 to 25 (compared to one-quarter in the previous year).

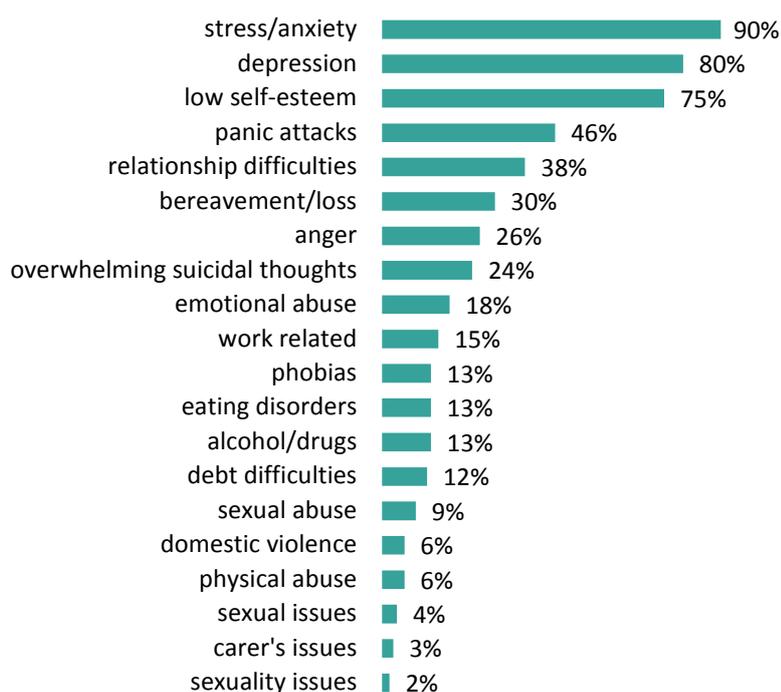
57 sessions offered every week

376 individuals attended counselling this year. 2214 sessions were attended (2829 offered, giving an attendance rate of 78%) - a 31% increase in the appointments provided. This increase is largely accounted for by extra sessions provided via Young Persons' Counselling resulting in 660 attended youth sessions (an increase of 424 on the previous year).

Provision for young people has increased substantially thanks to extra funding

The proportions of issues selected remain very similar to previous years, with stress/anxiety (selected by 9 in every 10 clients), depression and low self-esteem being the most commonly listed issues:

1 in 4 indicate overwhelming suicidal thoughts



Family Support Service

A modern approach to 'Carers Support': we recognise that other members or indeed whole families may need support therefore -

Number of households using the service: 258

Staffing: 1 F/T + 1 P/T staff

Providing family support is recognised to improve outcomes for people with mental health problems and other members of their families (Dixon, et al. 2001). Family members are supported to develop resilience, self-awareness and problem-solving skills and encouraged to take ownership of their situations. This is achieved with a combination of individual, group and peer support; practical, emotional and therapeutic support; the provision of information; co-ordination with and signposting to other services; and education on mental health. It is clear that combining different forms of support, as this project does, is particularly beneficial, helping to find solutions to meet each family's needs (Kuhn and Laird 2014).

Impacts

Family Support responds promptly to support families in crisis: in the following example, understanding, some guidance and reassurance was all that was needed to get things back on track...

Iona's mum called FDAMH. Iona had told her mum that she was considering harming herself. Her mum did not know what to do. We listened, offered to visit Iona and her mum. We did so 2 days later.

Iona did not really want to talk but with a little encouragement she began to open up. We talked about what was making her feel like hurting herself and we listened without judgement. This helped her to open up about things she had been hiding from her mother. We acknowledged the feelings Iona was having and then helped her to see the positives in her past actions. Iona had helped a friend who had been harming to seek help. Getting Iona to talk about this allowed her to see how she had been able to help someone else when they were at a low point. After an hour or so Iona was relaxed and fully engaging with us. When we left both mum and Iona advised that they were feeling more comfortable.

One week later we telephoned Iona and her mum as promised. Mum reported with relief that Iona had been great and had engaged with a school counsellor. Mum thanked us but admitted she was still worried. Of course she was – Iona needed to work with her counsellor and mum had to give it time. Mum was comforted by the fact that she could contact us at any time should she have any further concerns.

Education is a powerful tool in assisting carers and families; and carers support groups provide on-going support and further self-development opportunities:

"Up until I made contact with FDAMH I was struggling to come to terms with what was happening and unable to find anyone that would help me. Attending the carer's course has,

in the first instance, made it easier for me to cope with what was happening to my family member. Mental health of course has a massive impact on the person with the problems but it also has a huge impact on family members. To see a loved one suffering is very stressful and attending the group has helped me to deal with that in a more positive way. I have a better understanding but also far more tolerance of mental health issues. I have learned how to identify and deal with relapse swiftly before problems escalate and very recently had to put this in to practice.

My own behaviour towards my family member has changed. I understand more but also think that I can offer assistance in our family life as I am better equipped. I can think situations through differently now, can take a step back to be able to think clearly. Since I attended the course and my subsequent monthly (support group) meetings my family member affected is also aware of the impact on me.

Twelve months on I continue to use the tools and techniques that I have learned either from professionals who gave talks at the group or from my monthly meetings with others that attended the carers group. I plan to continue to meet with the group monthly to offer support to them and to also receive much valued support. I don't know how mine and my family member's life would be at now if it wasn't for FDAMH".

On-going attendance at support groups can help to maintain the recovery process:

"Makes me relax and I know I will receive good advice and guidance"

"I get respite from my caring role....."

"I like the group, it gives me the chance to be with people who understand and they don't treat me differently"

Evaluation/Outcomes Data

The project database reveals a wide variety of work being done with families, including: listening and giving reassurance; providing information and self-help guidance; referring and signposting to other supports; action/task-centred planning; one-to-one therapeutic work; and attendance at multi-disciplinary meetings.

A wide variety of interventions are used to meet families' needs

Evaluation of the support groups shows that the following are all important reasons why people attend: to meet others in a similar position and share experiences; to learn about ways of coping; to relax and unwind; to have somewhere to offload; to listen to other people's difficulties and give them support; to socialise; to hear speakers talking about relevant topics of interest; and to get a break from looking after the person they care for.

Carers feel support groups provide a full range of benefits

Facts and Figures

258 households were registered with the project during the year: 64 were new to the project since the last reporting period. 113 households received one or more one-to-one/one-to-family support interactions during the period. All households benefit from routine information provision (newsletter and bulletins) and can access one-to-one or group support at any time.

113 families received direct individual support

Tuesday and Wednesday Evening Support Groups for carers run monthly, with average attendance of 9 and 16 respectively. The Friday 'Coffee Afternoon' runs every fortnight. Between 4 and 12 people attend, with an average of 6.

On average 37 visits to support groups each month

2 specialist 8-week carers courses this year – for more about these course please see the 'Training' section.

24 places on carers training

The project also runs a 'Bereaved by Suicide' group with help from the Pastoral Care Team at NHS Forth Valley. With those bereaved as a result of suicide at increased risk of developing mental health problems and indeed of attempting suicide (Pitman, et al. 2014), support for this group of people is very important. Suicide is a very difficult issue, which can generate potentially damaging emotions, however this group benefits from the expertise and support of a skilled team. 28 people attended, with an average monthly attendance of 9.

28 people were supported by the Bereaved by Suicide Group

Developments

Mindfulness was added to our toolkit of education for carers this year and is proving effective in giving carers new skills to enhance their lives. The project has also worked on developing and implementing a new database to accommodate the new family model of working.

Befriending Project

Providing companionship to adults suffering from isolation and loneliness as a consequence of mental health problems

Individuals supported: 80

Staffing and Volunteers: 1 F/T project co-ordinator, 1 P/T befriender, 2 sessional staff + 28 Volunteers

Social isolation is frequently associated with mental health problems. This is not because people with mental health problems do not wish social interaction....indeed befriending can

be a very welcome opportunity to enjoy the benefits of friendship (Davidson, et al. 2001). These benefits include a positive effect on mental wellbeing and social functioning (Mitchell and Pistrang 2011; Sheridan, et al. 2012).

Impacts

Meeting a befriender can be an anxious experience, but with sensitive handling and encouragement befriending provides a steady approach to building confidence and a brighter future:

“I had no confidence, very low self-esteem and was paranoid with the world it seemed. Stuart saw this in me and suggested a befriender. I wasn't too keen but I agreed to it. On the day I was to meet my befriender, Michelle, I felt sick. I thought ‘why am I putting myself through this just to set myself up for a fall again?’ But Stuart said if I really didn't feel comfortable to just go and get him and that would be that. Anyway, next thing I knew there I am being introduced to Michelle who, I must add, looked just as terrified as I was! We still laugh about that. Stuart settled us down and said he'd pop in and out to check we were ok. We never needed it. Michelle was bouncy, bubbly, friendly, everything I would love to be. But you know I heard myself laughing and meaning it. What a shock. Michelle showed no difference to me than she would any other person. She asked things I would like to do and promised me we would take it slowly. Even though it was just our first meeting I was already putting a little trust into this stranger. For once someone was actually treating me as me.

Don't get me wrong, at the start it was difficult getting to know each other's ways but we soon overcame that. She never pushed me into anything - if I couldn't go into a shop she'd say ‘that's fine, let's try another one’ and on we'd go. The befriending service has been absolutely wonderful for me, my confidence is tenfold. I mix at the Drop-In now. There's no such thing as 'can't'. Without it I wouldn't be this new person ready to take on my next step of my journey and I hope one day with a little more confidence I might even be able to help someone on their way.”

Befriending offers the longer-term one-to-one support some people need to break deep-rooted cycles and change their outlook:

“I had let myself become socially isolated and was spending most of my time in my house not seeing people. I felt unable to break the cycle I had got into by myself and I discussed it with my psychologist who referred me to the service. On the day they (staff from the Befriending Service) were due to come I was really anxious and at one point considered cancelling the appointment, but within five minutes of meeting Stuart and Julie I was put at ease and made to feel extremely comfortable. We discussed the kind of things I would like to do with a befriender. Only a few weeks later I received a letter from Stuart telling me they had found a befriender for me and invited me to meet her. I was worried about meeting her in case she didn't like me, but Stuart stayed with us for a bit and then left us to chat ourselves which I really enjoyed. At that time we made an arrangement to meet in the town for tea and a chat and we just took things from there. The arrangement has finished now, but it has been one of the most uplifting things I have ever done. Just to go out for a cuppa with someone and to

relax and just chat about anything and everything has been such an awesome experience. It has given me a whole different perspective and has made me appreciate the people in my life better. It has been one of the best experiences of my life.”

Befriending aims to give people the skills and confidence to continue their recovery journey independently of FDAMH:

“My befriender helped me quite a lot. She was a very nice lady to meet; very supportive, helpful and very nice to talk to. She was very good at getting me out and back into the community again, meeting people and going swimming etc. It doesn't seem like a year already since I first met my befriender. She has done a great job, to the highest standards and got me back out into the community. And I haven't looked back since.”

Evaluation/Outcomes Data

Clients are assessed using the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS). 33 complete sets of data are available from the past 3 years. The average score for the Scottish population is around 51 and the Scottish Health Survey (Wilson, et al. 2015) uses a cut off of 42 and below to indicate below average mental wellbeing. The group's average score at the start was very low at 34. This increased to 44.5 at the end, demonstrating a very beneficial overall increase in wellbeing. Individually, 31 clients demonstrated positive improvements; 2 showed small decreases in score.

Clients show a strong improvement in mental wellbeing as assessed by WEMWBS

Facts and Figures

85 referrals were received from a variety of sources during the year: NHS – 39, FDAMH's projects – 31, Social Work – 11, Other community organisations – 4. Referral levels are similar to last year (81).

Half of referrals from NHS sources

During the course of the year 80 people used the service: 42 new matches commenced and 45 ended, with the project being delivered to around 37 people at any one time.

Time-limited to approximately 1 year

748 of one-to-one befriending sessions were attended – a strong attendance rate of 87%. The project operates one small contact group growing from 3 to 4 members this year. They meet fortnightly.

19 clients met with each week

Befriending is largely provided by volunteers, meeting their befriendees fortnightly for 2 hours or more each time. There are currently 31 trained befriending volunteers, 28 of whom chose to be active this year. Having a large variety of volunteer befrienders with different personalities and interests increases the likelihood of a compatible match.

28 volunteers
key to
successful
project
outcomes this
year

One part-time and two sessional workers each provide a small number of hours to complement the volunteer team. They are employed to assist in a small number of cases where it is assessed that a higher level of skill or expertise is required.

The project co-ordinator performs the lead role in delivering FDAMH's volunteer training programme – more details are in the 'Volunteer Support and Development' section.

Developments

The success of the matching is crucial to producing positive outcomes for befriendees. The engagement of additional part-time workers who are experienced and particularly skilled at working with people with mental health problems has helped to ensure that no one is left waiting for an appropriate befriender for too long. The new position of Volunteer Co-ordinator is also assisting with recruitment and improving the project's ability to find and train suitable volunteers. To continue to encourage good attendance an automatic text reminder system has been introduced and is used for selected clients who find reminders useful.

Comments

Befriending is one of FDAMH's longest established projects. By providing meaningful volunteer opportunities along with excellent training and support it is mutually beneficial to the people who use it and the volunteers that deliver it.

Third Age Befriending

Offering companionship to help older people who are growing isolated and in danger of developing mental health problems to re-connect with their communities

Individuals supported: 35*

Staffing and Volunteers: 1 staff (F/T 5 months, P/T 7 months)

*Due to funding issues referrals were suspended in August 2014. Service was maintained to client group until funding was awarded in February 2015. Project now open for new referrals.

Social isolation is a problem that particularly affects the elderly (Age Concern 2008). Life changes can have a devastating effect, impacting on people's ability to perform tasks and receive the human contact that they once took for granted. Not only does this transfer the burden of tasks to carers, it also places the older person at real risk of developing mental health problems. Third Age Befriending (TAB) provides one-to-one befriending to help people to regain the confidence they have lost and spark renewed interest in the activities that enrich our everyday lives. The project also provides supported social groups which have been shown to be particularly beneficial amongst older people in tackling isolation (Cattan, White, et al. 2005).

Impacts

M describes the consequences of loneliness and how TAB helped...

"My loneliness caused real health problems. I was full of aches and pains, wasn't sleeping. Worried about everything and that just wasn't me. I used to be a local councillor and was really involved in working with the public. I was strong, could help other people and now I found I couldn't help people at all: I needed help! I work my life around the dates that we go out now. We've tried so many things. The group were friendly and welcomed me in. I'm not lonely anymore."

And later M explains how things have continued to progress:

"You got me signed up with the Older People's Forum (Make It Happen), which means I can use my Councillor skills again. Really make a difference again."

Hugh tells us how he thought he would never get out on his own again and how, thanks to TAB, he's now off out every day:

"I was very shy, didn't go out at all. But the group has helped that. I love the trips, they're really excellent. You making us get a bus together helped too. You picked me up at the door the first time, and then next time I met you a bit nearer; now I just come along to the main pick up point myself.

About 6 months ago, I thought, if I can do it with the Stepping On Group, can I do it myself? That's when I first got the bus myself to Stirling to see my old stomping ground. That was really good! So, I thought, could I get to Kilmarnock by myself to see my team play? I did! I got two buses and two trains to get there and I watched the game. We were gubbed, but I was just standing there at the game thinking "I got here by myself today, so I'm winning!" I never thought for a minute that I could get trains and buses again. I asked for the tickets myself, best trains to get etc., couldn't have spoken to anyone before; just couldn't have. Your organisation did that for me. I don't know how often I'll do that, but the difference is I know I can do it if I wanted to.

I didn't think two years ago that I would ever be able to get out on my own again ever again, thought that I would only ever go outside with a nurse or carer. That's a terrible thought and I was ashamed of myself. The difference in me? You dinnae ken! I'm out, I'm alive again, I'm

laughing, and I'm away up the town every day. You never get 100% back to where you were, but I've learned to handle it better. I'm not looking for sympathy from people. I'm looking for understanding and that's what I get here."

D explains how she too has found freedom, thanks to the support of her befriender:

"At first, my befriender came on the bus, and then slowly we tried me doing it myself. I can do that now and I travel independently to meet her. I go out on my own now, even if I'm not meeting my befriender, just because I want to, or if I need to get something from town myself, or for Andy, I can do it. I never left the house by myself before, never. I can do that now because of my befriender."

Social group members gain pleasure from the variety of venues and this encourages them to be more adventurous:

"I like trying out the new cafés and I've been back to a few of them since. It's nice to see different faces and chatting to them. It's working for me!"

The increase in the group members' confidence is shown in their planning of meetings. The choice of venues has become more adventurous and group members that were reticent about certain trips are now keen to attend. Where initially the Co-ordinator suggested destinations, the group members are now taking this on themselves and come to the monthly meetings with ideas, eager for consideration.



Stepping On group exhilarated after the RSPB Boat trip around the Firth Of Forth.

The project has a strong track record in helping members to move on to use other community supports and opportunities:

"TAB has introduced me to so many things. I'm involved in the World War One Memory Box project at Callendar House Museum. Remember we went there to look at the other memory boxes and I met the Education Officers there? They found out I was ex-service and asked me to be part of this new research team. I'm really looking forward to it starting."

Thanks to this person's input, the WWI Memory Box is now available for use throughout the local area.

A wide range of connections and good professional relationships are very important to the project. We continue to work with the Stroke Association and this year were able to work in partnership to gain financial awards for two TAB members, allowing one to travel independently to visit her son in Nottingham and another to purchase a laptop and

specialist mouse to Skype friends and family in London. A further two group members regularly attend Headway, a local support group for adults with acquired brain injuries. The launch of the Falkirk branch of The U3A (University of the Third Age) has been a very positive development and we have encouraged people to get involved, with three TAB service users now joining U3A groups.

Facts and Figures

As original funding from the Partnership Innovation Fund came to an end in August 2014, FDAMH's Board took the decision to maintain TAB part-time for the rest of the year, confident that new funding could and should be found for such a successful project. During this time the project maintained existing case load but did not accept new referrals as the future of any support offered could not be guaranteed. As a consequence one-to-one befriending sessions are reduced compared to the previous year.

8 new people joined the project and 11 completed. At the end of the period there were 8 one-to-one befriending sessions and 16 people attending contact groups.

Three-quarters of clients are female and most clients (78%) were in the over 65 age group.

287 one-to-one meetings were planned and 268 kept, showing an excellent attendance rate of 93%. Two social groups were in operation:

The Stepping On Group met on 13 occasions throughout the year, with trips ranging from a bird spotting trip on the RSPB's Maid O' the Forth boat to the Safari Park, which was a real favourite.

The Theatre Group met on 8 occasions attending a wide variety of shows ranging from classical music to Broadway musicals.

Contact groups are very popular with many opting for these in preference to one-to-one befriending

268 individual befriending sessions

21 group outings

Developments



After an extensive application process to establish new support for the project, we were awarded funds by the Big Lottery, securing the project for a further 3 years. This funding commenced in March 2015 and will allow the expansion and development of the project in response to client needs. This includes the creation of the new post of Assistant Co-ordinator, commencing April 2015, to increase capacity and support planned developments.



Celebrating new funding: volunteer Jim Farquhar, service user Jacquie Needham, FDAMH staff members Morag Fullard & Neil Sowerby, service user Mags Storrey and Co-ordinator Julie Law

The success of the Stepping On Group means that we have up to 12 adults at a time attending a monthly meet up. We plan to create two smaller groups to reduce the groups to a more comfortable size, allowing the volunteer or Co-ordinator the opportunity to provide full on-going support and attention to everyone attending. Having an additional assistant co-ordinator will enable us to expand the programme for the Theatre Group.

In response to demand, we also have plans to develop and introduce a Telephone Befriending Service. Such services have been proven to be effective in helping older people to gain confidence, self-respect and re-engage with the community (Cattan, Kine and Bagnall 2011). This will be taken forward by the project's assistant co-ordinator with support from a volunteer who has expressed a keen interest in manning this new service.

Finally, the recruitment of a dedicated Volunteer Development Worker at FDAMH means that we can focus on sourcing volunteers for specific tasks such as drivers for the Dial-A-Journey buses we use for our day trips and some peer volunteers to support clients.

Comments

This is still a relatively new project and it has listened keenly to the people referred to it. The original project model has been gradually adapted and changed since inception to meet the stated needs and desires of the referred clients. This has been successful in engaging more adults in a way that suits them and delivers the sorts of outcomes they wish to achieve.

Mental Health and Wellbeing Drop-In

Providing a safe and supportive environment to tackle isolation, nurture and maintain wellbeing and promote recovery

Individuals supported: 210

Staffing and Volunteers: 2 P/T staff + 4 volunteers

Whilst engagement in social and community life is recognised as an extremely important factor in mental wellbeing and recovery (Tew, et al. 2011; SCIE 2007), stigma and discrimination, and fear of these, are often major barriers, with resultant withdrawal reducing mental health (Ilic, et al. 2014). Accepting environments where individuals are empowered and can support each other enables people with reduced mental wellbeing to develop more positive identities and pursue recovery (Tew, et al. 2011). Drop-In provides such an environment. For some, Drop-In is about maintaining wellbeing, but for most the aim is to build a strong foundation from which people can move back out into meaningful participation within their social circles (new or re-discovered) and communities. Nevertheless, moving on should not mean losing support when it is needed (Scottish Recovery Network 2011), and the open-access nature of Drop-In prevents this.

Impacts

The Drop-In centre is an effective way of dealing with the isolation experienced by many people with mental health problems...

...C explains how acceptance within Drop-In allowed him to bring an end to isolation and find new hope for the future:

"I was struggling with severe depression and anxiety when I first heard about the Drop-In, having barely left my house for six months. It took me some courage to actually come down to Drop-In, but I'm glad that I did. What I found was somewhere that was willing to accept me as I was, a refuge from the world, where there were people who understood things that I was dealing with. Having somewhere where I can go where there is no pressure, a chance to get a cup of tea, a game of pool or just a chat was incredibly important to me. At one point I felt like I was on the verge of completely losing my ability to talk to people at all, and that I couldn't see any kind of future. The Drop-In and its very real and welcoming sense of community has made me realise that I am not alone, whatever I am going through, and that my life is going to go on and move forward in positive ways I wouldn't have expected back when I first started attending.

Through Drop-In I joined the Branching Out Project. The course also gave me chance to learn new skills. At a time when I was doubting whether I was capable of learning anything that came as a real boost to my damaged self-esteem."*

*The Branching Out project is an outdoor activity scheme designed for people experiencing mental health problems. It is provided by the Forestry Commission and NHS Forth Valley and is supported by Forth Valley College.

...This gentleman explains that Drop-In has stopped his partner's isolation and helped her build confidence:

"Before being referred to Drop-In she would always be in the house, hardly seeing anyone from one day to another, but now having a goal to get up for on a morning has given her extra confidence that she didn't have before."

Drop-In provides a secure base from which staff encourage people to grasp all manner of opportunities...

...Opportunities may be further support from other services, such as in A's case:

"I had had an abusive partner for years and was isolating myself in the house due to my depression. Julie introduced me to the Women's Group and Drop-In where I began attending and gradually my confidence started to grow. Staff put me in touch with Women's Aid where I also receive counselling. They also welcomed me into the Card Group which I find very relaxing. I joined the college through the Women's Group and enjoyed attending a class each week. I was also referred to Selena (Social Prescribing at FDAMH) once a week, she has been helping me with my anxiety and I have found this very beneficial. I still have more steps to take in my recovery. However FDAMH has made a massive difference to my life and I am very thankful for coming down that first day in January."

...Or ways to pursue interests and activities outside FDAMH, in this case creating opportunities for others to do the same!

“When I started coming to Drop-In I joined the tournaments afternoon on Wednesdays which I really enjoyed. After a year of attending I gained the confidence to start organising a pool afternoon at the snooker hall and then later at the Creamery. I organise these for the odd weekend and bank holidays so I continue to get out of the house these days. We have around ten members plus who take part and really enjoy it.”

A also reveals how outings, such as the type that many of us take for granted, can be hugely rewarding:

“I recently went on a trip to Livingston with Drop In and until this point I had never really been outside of Falkirk. Attending The Drop-In Centre gave me the confidence to do this. It was a big step for me.”

People attending the centre are not obliged to participate in any activities, however activities provide additional opportunities for enjoyment and a way of encouraging people to get more involved. Such interventions may seem simple, but handled well, they are crucial steps in helping to build social skills, a willingness to engage, confidence and self-esteem, all so important in the recovery process. They also provide the opportunity to store up good experiences to draw on in times of difficulty.

The friendly atmosphere and enjoyable activities help to build trust and engage people:

“Since I was recommended to come to the Drop-In Centre by my GP I have found the support given has helped me cope with the stress I was under. The staff and volunteers are relaxed, easily approachable and make you feel that anything said is in strict confidence. The fact that you can have a chat with others when you come along is another benefit. Games not only pass the time but a wee bit of competition and a laugh is another bonus. The Drop-In staff arranged for me to go on two stress-related courses that have been of great benefit to me. All in all I can only be grateful to the staff and other members for their support in building my confidence.”

Much of the work in Drop-In involves maintaining a balance, both for the individuals themselves and the whole group in attendance at any particular time. Staff must build constructive, trusting relationships based on mutual respect to achieve this. Providing a safe, supportive place in which people can relax and find space away from their troubles is very important and demonstrates to people the possibilities beyond the struggles they face.

“The film group is a nice quiet new group Drop-In has started. It is a nice peaceful group which I find very relaxing, as Drop-In can get busy at points. John (the volunteer) who takes the group makes everyone feel welcome. I really enjoy it.”

The project deliberately does not add new pressures on people’s lives, instead allowing their involvement to progress at a pace they are comfortable with. Staff support this process by

engaging with service users and using gentle encouragement, helping people explore their own potential and learn what is achievable.

When Phil first came to us he was extremely distressed...

"I was originally sent to FDAMH by my GP and Headway for help with my depression. I was really low at this point and was both distressed and suicidal. I felt like I had nowhere to go and that I was on my own in life. I was met by a member of staff who spent time with me as I was very nervous and scared about coming into the building. As I began to visit more and along with the support I was given my confidence started to grow. I have now joined the Branching Out project through Drop-In where I am enjoying learning new things about the outdoors. Through this I am about to get my John Muir Award as well which I am looking forward too. FDAMH has helped me build my confidence back up and taught me new life skills as well."*

Evaluation/Outcomes Data

The open-ended and self-determined attendance at Drop-In has made the implementation of formal monitoring systems difficult, the emphasis is instead on the constant informal monitoring of individual progress. Use of the Warwick-Edinburgh Mental Wellbeing Scale was introduced during the year, however currently there is not sufficient data to report.

Progress is monitored day-to-day

Facts and Figures

210 people used the Drop-In Centre this year, generating 8425 visits - an average of 162 visits per week (an increase of 5% on last year).

Use of Drop-In continues to increase

Project workers estimate that, on average, they spend around 4 hours each day in one-to-one work with Drop-In members. This can be for a variety of reasons, usually in helping people to deal with situations that have arisen in their lives and working with them to help maintain and improve their mental wellbeing.

A significant amount of time is spent giving one-to-one support to service users

Weekly tournament and games afternoons take place and are largely run by the Drop-In members themselves. Additional volunteer-led activity groups are provided. Currently we are running a yoga class, film group, and women's group (see below).

The project provides a variety of different activities

*The John Muir Award is an environmental award scheme

We have been working closely with the Branching Out project to provide opportunities for Drop-In's members. 7 Drop-In members completed the scheme this year, with 4 achieving their John Muir Awards. Another group is planned for August 2015. Eight people from Drop-In have attended Forth Valley College Next Steps Course this year.

The project has close links with external training

Developments

Attendance at the centre has continued to increase, however we have managed to sustain this without having to place any limits on access. This year we are delighted to have supplemented activities with the Film Group thanks to the support of a new volunteer. While the Film Group provides interest for those who enjoy watching and discussing film, we are also looking forward to working with Adobe in the summer, who will be providing us with a photography class.

Comments

The principle of open access is something we are strongly committed to. It means that people do not have to wait for access to some form of support. Similarly, they are not forced or expected to attend when they don't want to – there is no risk of losing their 'space' or being cast adrift, which frees people up to be involved in other areas of community life with the confidence gained from knowing they can pop back in whenever they need to.

Mental Health and Wellbeing Drop-In: Women's Group

The weekly Women's Group provides a supportive environment and engaging activities for women to build confidence, interests and new friendships

Individuals supported: 66 (+ 4 carers)

Staffing and Volunteers: 1P/T staff + 1 volunteer

Our Women's Group provides opportunities for social gain that otherwise would not have been available to those uncomfortable with our normal mixed Drop-In service. The Women's Group runs for a few hours each week, offering a variety of fun structured activities which provide a framework through which women can develop social skills, friendships, confidence and self-respect.

Impacts

The group helps people to enjoy new friendships, learn new skills and have some fun:

“I really enjoy going out for our lunch and the many social activities that happen not only in the Women’s Group but through FDAMH.”

“I enjoy coming to the Women’s Group I have made lots of friends!”

“I enjoy the variety of activities, each week we do something different and we are always looking to introduce new activities.”

Finding confidence within the group helps women to move on:

“I am now involved with the Service User Involvement Group within FDAMH and attend meetings and conferences.”

“Through the Women’s Group I learned about a jewellery class at Forth Valley College. I enrolled and have enjoyed the course”

Evaluation/Outcomes Data

By providing information, encouragement and support the group helps members to take up other opportunities at FDAMH and in the community. 11 women have accessed external activities including: a jewellery class at Forth Valley College; a computer class at the Salvation Army; a local gym; the Stepping On Course at Forth Valley College. 1 woman has joined FDAMH’s Card Group.

Crafts done within the group have inspired many of the women to take them up at home: jewellery making, crochet, cross stitch and card making.

The group provides a springboard to other activities and opportunities inside and outside FDAMH

Facts and Figures

71 different women attended the group, with an average attendance of 19 each week. 25 new women came along this year, with half going on to attend regularly.

19 Women attend every week

Members help to decide on activities. This year the group particularly enjoyed expanding on food-based activities and have also further developed their enterprise project ‘Bonnie Buttons’ raising £230 this year through sales. There has also been a great response to meals out, which provide excellent opportunities to help members become more comfortable in external social situations.

Activities are wide and varied

Developments

To comfortably accommodate everyone attending and to ensure there is sufficient support, we have had to introduce a waiting list this year. The group has been able to develop its activities this year due to funding received from the Bank of Scotland's Community Fund, which was won through a public vote.

Our 'enterprise scheme' 'Bonnie Buttons' continues to go down very well with group members. By seeking materials for their group, designing new pieces, learning how to present and market their wares and then finally to have someone buy and wear what they have made has had a huge impact on people's confidence and self-esteem.



Comments

One staff member devotes around 4 hours per week to running this group. Two students from Forth Valley College have also supported the group at various times this year. Work with group members can be quite intensive, with considerable amounts of one-to-one support work going on during group time, therefore additional support from volunteers and students is essential to ensure that the group continues to provide an environment in which all women can have equal access to support. Our waiting list for this group is currently 14. Ideally, we would like to run a second group but lack of funding and limited space prevents us from doing so.

Social Prescribing Service

Providing understanding, support and expertise to enable people with reduced mental wellbeing find new ways to deal positively with issues in their lives and grasp new opportunities

Individuals supported: 350

Staffing and Volunteers: 3 F/T staff + 2 peer support volunteers

Developing self-awareness, knowledge and skills, and taking part in activities are key to helping people to deal successfully with mental wellbeing issues in the long-term (Scottish Recovery Network 2011). Our Social Prescribing Service provides all of these aids to recovery, operating a holistic model which is recognised to provide better outcomes than simple signposting services (Kimberlee 2013). The service offers patients with reduced mental wellbeing an intervention that has the time to get to the root of their issues and

then works with them to identify preferred and achievable ways forward, for example developing coping skills and self-esteem and accessing community activities or supports.

Impacts

People can be anxious about attending a 'mental health' service, but our staff are sensitive and compassionate, taking the time to build trust and listen:

"Having never suffered from mental health issues previously I must admit I was very sceptical about the services of FDAMH. I was of the strong opinion that I was just burnt out. I was given medication from my GP which I initially refused to take and initially refused all help as I was so wrongly of the opinion mental health problems had a stigma. However, after two sessions with the fantastic Lorna I realised how wrong I was and she made me re-evaluate my thoughts and made suggestions without being pushy on how to cope best with my illness. I was grateful of Lorna's help at the time, but it is only now that I am approaching a return to full time health that I truly appreciate the help and support that Lorna provided during my illness. She was kind and considerate and is blessed with that rare commodity of listening. I found her help invaluable and feel it has made me a better person"

Different clients want and need different outcomes, but ultimately it's about discovering how to help themselves:

"This service was invaluable as it was local and the weekly prescribed activities helped me build my confidence for getting out and about and reduced my anxiety enough to attend counselling. I also feel I now have lots of new tools/reading I can keep and read over that will continue to help me get better."

"I think she showed me a good path and excellent skills to help me in my journey towards recovery."

"I would not be here today if it was not for Selena and FDAMH. Selena has helped me tremendously with my anxiety, depression, panic attacks and ways of coping."

"I found the service extremely helpful in both identifying and helping me deal with the issues I was dealing. It has been made a huge difference and I hope I can continue putting the tools and strategies to good use in the days and years to come."

Referring GPs report extremely positive feedback about the service from patients and can see for themselves the beneficial impacts on wellbeing in these patients:

"They (patients referred by GP) talk very highly of the Social Prescribing and feel that their lives have been changed around by the time that you spent with them and the advice that you have given to them. I feel that your service has been invaluable to the practice since you started and hope that you are able to continue as I feel that there is a real need for this clinically for the people of Stenhousemuir and I feel that their physical, mental and psychological health has been improved by having your service as another tool in our armoury." (GP)

“Massive impact on patients’ health. Improved outcomes. Excellent feedback from patients and made a significant positive impact on mental health/wellbeing.” (GP)

“Patients I have sent have been very positive about it. Not too long to wait, seen locally and given advice and information about where to go and what to do once sessions are completed. Particularly helpful for patients who don't want to take regular prescribed medication etc.” (GP)

“The fact that patients are contacted soon after referral is a significant improvement over other services where they may have to wait for months to speak to someone.” (GP)

GPs report the project is helping to reduce the use of medication:

“Patients have preferred this to taking antidepressants.” (GP)

“Has helped a lot of people come off the medication.” (GP)

“Input and help from service has reduced need for prescribing antidepressants and anxiolytics.” (GP)

“Less likely to prescribe as now have viable and timely alternative.” (GP)

And is also freeing-up GP time:

“I think this is a very valuable service. The quick access, immediate help for patients in some cases and invaluable knowledge and access to other local services is very helpful and although I don't think it reduces GP appointments I do think it saves some of their time outside of appointments.” (GP)

Evaluation/Outcomes Data

Clients’ wellbeing is assessed at the start and end of the service using the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS). There were 105 complete data sets available for the year. The average score for the Scottish population is around 51 and a cut off of 42 and below is used to indicate below average mental wellbeing (Wilson, et al. 2015). The average score for clients at the start was very low at 31.2 and post-intervention was substantially improved to 43.9. 90 people showed positive improvements, the remainder showing no change or a slight negative shift.

The project produces a large measurable positive shift in mental wellbeing among the client group

91 clients returned evaluation forms. Feedback is very positive. 96% felt the service has been a useful source of information on activities and local services. 95% felt the service had been a useful source of information and techniques on managing anxiety. 81% were confident that they would continue to use the community supports that they had been introduced to. 75% reported feeling better about themselves and their lives.

Client feedback confirms positive changes

Overall satisfaction with how the service operates is high. Over 90% of respondents strongly agreed or agreed that the service was explained to them properly, appointments were arranged to suit them, their views were taken into account, they were given time and support to think through options, they were given the support they needed to try out activities, and they were adequately prepared for the end of the service.

4 out of 5 people will continue to use new supports accessed as a result of using the service

14 GPs have replied to our modified Referrer Survey which replaced the original survey in January 2015. All would refer to the service again. 9 of 14 respondents felt that the service had reduced GP appointments and had an impact on prescribing practice.

GPs report a positive impact on prescribing practice and reducing GP appointments

Facts and Figures

468 referrals this year. As the project is provided to GP surgeries 408 referrals were from GPs. A small number of additional clients are taken on from other established sources, largely divided between referrals from FDAMH and other NHS staff.

468 referrals

350 unique individuals have been clients this year – 96 people declined the offer of service.

350 clients

Each individual had between one and five one-hour sessions depending on need. A small caseload of 44 clients requiring extended support were given additional sessions. There is an overall attendance rate of around 70%.

Most attend 1 to 5 sessions

Work with clients resulted in:

551 episodes of one-to-one therapeutic work: the top three were teaching anxiety/stress management techniques, using CBT interventions and teaching techniques to cope with depression.

One-to-one therapeutic work is a key element

817 instances of information provision: the top three topics were anxiety/stress management, relaxation and depression.

Most clients are referred on to additional community supports

295 referrals on to other services (153 within FDAMH, 142 with other organisations). The top three referrals on were for counselling services, additional anxiety/stress management support, and finance related support.

20 buddy sessions provided by a volunteer to support people to attend new community groups and activities.

Anxiety, stress and depression are the biggest issues, but there are many others.

The project offers a weekly mindfulness card group, supported by a volunteer, providing a safe and calm environment for those in particular need of a gentle re-introduction to mixing with other people. It is normally attended by 5 or 6 people.

The project has also developed and continues to take a lead in FDAMH's Anxiety Management and Mindfulness Courses. More can be found out about these under the 'Training' Section.

Developments

Staff continue to build positive working relationships with referrers, community organisations and organisations across Scotland providing similar services. Respect for the service has grown as people have seen for themselves the project's benefits, and these positive relationships make it easier for staff to meet the needs of their clients.

Evaluating the impact of the service has been paramount since the outset, and the different strands of evidence show a service operating very well for all concerned. A new referrer survey was introduced this year to evidence the impacts that the service is having on reducing prescriptions for medication and reducing GP workload, creating a strong economic case for the project's continuation.

Comments

This project is providing a short-term intervention that is providing very positive benefits for the whole community and in economic terms too. The original funding for the project will run out in October 2015, so regardless of its huge successes, the project faces an uncertain future.

Welfare Benefits Worker

Partnership working with Grangemouth Citizen's Advice Bureau (CAB) and funding thanks to The Big Lottery saw us with a Welfare Benefits Worker based at the centre since October 2013. With recent and on-going upheavals to the benefits system this provided a hugely beneficial service to very many of our clients, helping people to deal with what was often a major source of stress and anxiety. Staff and volunteers from across the organisation noted the positive difference in the mental health of clients that used the service. Our advisor was with us four-days per week, receiving 60 to 70 benefits enquiries each month.

Sadly our much treasured worker, John Niblo, has been on long-term sick leave since October 2014. However, thanks to our continued partnership with CAB we will be able welcoming a new worker to the centre in May 2015 to cover for John's absence, and this will be particularly beneficial to lend assistance during the local roll out of Personal Independence Payments (PIP).

Immediate Help Service

No appointment required – this service is unique, providing prompt access to an experienced worker during office hours for any adults seeking help

Individuals supported: 505

Staffing and Volunteers: 0 dedicated (shared by all qualified staff)

Local support for mental health issues directly at the time of need is not always available within statutory services or the third sector, often leaving people feeling like there is nowhere to turn and hampering their attempts to get assistance. Delays and lack of support can cause harm, so FDAMH's Immediate Help Service (IHS) provides what we consider to be a vital service, allowing individuals to seek support when they need it or are ready and able to do so.

Impacts

Staff often have to deal with people who are in extreme distress, but they use their skills to reassure and calm people so that ways forward can be identified:

"I was covering the IHS when J called at the centre. He was extremely distraught and tearful with the result that he was relating his various problems in a jumbled and confusing way. However the word suicide was cropping up in his conversation. His presentation was such that on a subjective scale we use to record distress, I rated him 5 out of 5.

I allowed him time to work through his frustration and anger and then started to gently ask some questions to try to make sense of his story. After about an hour he had calmed down

quite significantly and I had ascertained that he had relationship problems, problems at home and a recent bereavement. We were able to talk about these issues and some potential resolutions. However I was concerned about his references to suicide and, using techniques from ASIST (Applied Suicide Intervention Skills Training which all staff members of FDAMH have taken), I established that although he had suicidal ideation, he had no plan in place.

Although IHS is normally a single appointment or it would become unmanageable, I was concerned enough to ask J to put into place some of the strategies we had discussed, and to return the following week, when I would be on cover again. He did this and subsequently began to use our Drop-In on a regular basis as he needs a supportive atmosphere to keep his various problems in perspective.” Staff member

People attending IHS are often feeling overwhelmed by what is happening to them and require support to start dealing with this:

“I recently supported a very distressed young lady in her 20’s whose mum had told her to attend IHS. She was struggling to cope with feeling so low and without anyone to talk to. She described feeling like she had become intolerant to the people around her, and lacked motivation and energy. This young lady was aware that she had become oversensitive but just didn’t know how to cope with her emotions. She also had problems with eating food regularly, but all physical tests have proved inconclusive. Although she had spent some time researching Depression, Anxiety and Eating Disorders she had felt overwhelmed with the amount of information and didn’t know where to begin trying to cope with what she was experiencing. The Immediate Help Service was there to offer emotional support by validating all of the feelings both physical and mental that she was facing on a daily basis.

We were able to talk over some coping strategies that might be useful to put into place. I explained that even if she didn’t manage some of them she could still try to use them again. This was a great relief to her, knowing that she didn’t have to try and use everything at once and give up when something didn’t work. By reassuring this young lady that the steps to recovery can be small and slow, she said that she felt better able to manage knowing that she wasn’t failing. She said that being able to talk to someone had been more useful to her than reading about self-help on her own.

Since this young lady was attached to one of the GP surgeries that we provide a Social Prescribing service to, she has subsequently been referred to the service by her GP and we will be able to work with her further. For this client, it meant she was able to go away with a sense of hope, feeling that working together would be more beneficial to her Recovery than continuing alone.” Staff member

For many people the simple opportunity to discuss issues with an understanding professional can be a huge relief and provide a spur to move forward:

“I'd like to say thank you for Friday, I needed the chance you provided to be able to freely discuss everything and to hopefully go forwards without all this anxiety and stress”.

Evaluation/Outcomes Data

Staff asserted that they had been able to provide constructive support in 498 of the 505 cases during the year. In a handful of cases people had to be turned away due to being under the influence of alcohol or other substances. Two-thirds (342) received emotional support. Around half (257) were given information that would help them start to tackle the issues they were dealing with. 272 people were referred to FDAMH's projects and 175 were signposted to other appropriate services. Clearly, some people needed referral to several agencies to help with presenting issues. This holistic approach is at the core of the success of this service.

Over half were offered further support from one of FDAMH's projects

Facts and Figures

IHS continues to be increasingly busy. There were 505 supports provided this year, up by 24% on the 408 IHS supports last year. The service now offers immediate access to a mental health professional to an average of 10 people each week. Two-thirds of supports that take place are face-to-face with the remainder by phone. To respond appropriately to need, workers are flexible in the time given to each person, however the average duration is 40 minutes.

24% increase on last year

10 people supported each week

There was a proportional increase in the number of young people (those estimated to be under 25 years) seeking help this year, totalling 78 in all (41 in 2013/14).

Demand from young people doubled

People accessing IHS are not normally currently using FDAMH's services and 71% had never used FDAMH's services before. By far the largest single source of referrals to the service was the NHS - approximately 175 people were sent by NHS staff, largely GPs but also mental health professionals.

Most are first-time users of FDAMH

One-third sent by NHS staff

Emotional assessment showed at least 208 people (around 40%) to be in considerable distress when they sought support from IHS. 194 people indicated that they were considering suicide or self-harm (88 in previous year). New data shows around 110 people accessing the service this year have history of a previous suicide attempt(s) (extrapolated from data collected over 9 months).

4 people asking for help each week are thinking of causing harm to themselves

13% of supports were for people concerned about someone else. Workers picked out the main causes people identified as being at the core of their problems (multiple options can be selected): relationship difficulties (35%), problems at home (27%), problems at work (13%), bereavement (13%), financial difficulty (11%), physical health (9%), substance abuse (8%), unemployment (7%), victims of crime (5%), other issues (11%).

Financial difficulty was a key factor for 1 in 10 people

Developments

FDAMH has continued to search for funding for this service not just to ensure it continues but to allow it to develop. We are delighted that funding has now been confirmed and look forward to having a dedicated worker for the coming year. This will not only increase provision but relieve time pressures on other staff members dealing with continued increases in demand for their own projects.

Comments

Over the years that we have run this service we have had to consider its future purely due to time constraints, particularly as numbers increase across all projects and indeed this one. However FDAMH's staff consider it to be such a vital intervention for so many people that they have elected to sacrifice their time to ensure that the project can continue.

Service User and Carer Involvement

Making sure the views of people who use mental health services are heard

Individuals supported: 12 group members + community consultations

Staffing and Volunteers: 1 P/T staff

In order to make real, sustainable changes to mental health services that work for service users and their families it is essential that the experts in mental health care are heard. These experts are the service users and families themselves - they know exactly what they need, what works well, how things should be delivered and what improvements need to be made.

Impacts

The 'Facts and Figures' section below reveals that the project has enabled people to be involved in a wide variety of consultations, ensuring that the voice of service users are heard by the people planning and providing services. Added to this main focus of the work, the project has the bonus of providing personal benefits, such as self-development opportunities, to the people who participate.

The project gives a voice to people who would otherwise find it difficult to participate independently:

"I like to be heard as much as the next person, especially when it concerns my health and wellbeing. I have always been a believer that if you want change, you have to stand up and be counted, but when your confidence has taken a kicking, it's not easy. Being involved in the group has certainly given me a bit of the old confidence back and I always feel welcome and a worthy member of the group."

And helps people to see the importance and validity of their experiences in service development:

"I was a bit uncertain at first about getting involved, in truth I wasn't sure whether I really had anything to offer. But what I came to realise at the first meeting was not only that I had something to contribute, but also that everybody does. We all have experiences, and because of that we all have our different viewpoints, and all of them are valid. We all have something to say about what works well and what could be improved in Mental Health Services provision, and it is important that we take the opportunities to have our voices heard. There is a lot of change coming in terms of how services are provided, so there'll be plenty of opportunities to get involved and I think it is a challenge I am going to enjoy."

One of the most difficult aspects of involvement is getting people to believe they can make valuable contributions:

A Mental Welfare Commission event involved commenting on new information booklets they were hoping to publish. Feedback about the booklets from those assembled was not very positive and our group members felt overwhelmed, especially as some people seemed to be dominating the discussion. However, after offering some encouragement during a break, members felt more confident to put forward their thoughts and ideas how things could be worded and done differently. This very positive contribution continued throughout the day and one of the participants went on to mention how her contribution had made her feel better about herself and that she had learned she did have a contribution to make.

Involvement brings personal benefits too:

"Being involved in the group has certainly given me a bit of the old confidence back and I always feel welcome and a worthy member of the group."

Facts and Figures

The Falkirk Mental Health Involvement Group has 12 members, with experience of nearly all of the mental health services in the Falkirk area. The group meets on a monthly basis, covering a wide range of mental health issues. The group has formal links and representation with:

Falkirk Mental Health Partnership Group
Forth Valley Users and Carers Involvement Forum
UNITY (Stirling University Department of Social Work Service Users Group)
Public Partnership Forum
Scottish Patients Safety Programme
Joint Advisory Group

The project fosters strong links with relevant forums...

People have been involved in the following specific consultations:

Mental Health Services Review
Review of Falkirk Integrated Mental Health Services Questionnaire
World Café Event for Falkirk Integrated Mental Health Services
Falkirk Council Future Housing Needs for over 50's
Community Care and Health Forum Integration Event
Clinical Services Review NHS Forth Valley Services
Local Mental Health Services Review

... and has contributed to 7 specific consultations...

The project has also been involved in:

Carers Conference
Relaunch of See Me Campaign
Scottish Association for Mental Health Hustings
Over 50's Forum (Make it Happen)
Mental Welfare Commission
Scottish Older Peoples Assembly
Scottish Parliament Cross Party Reference Group
Informal Interview Panel Falkirk Integrated Community Mental Health Team (social work)
Scottish Recovery Indicator 2 (SRI 2)

...plus a variety of additional events and requests for their input

Developments

A key challenge for the year was to develop service user and carer involvement differently to what it had been previously, to make it more inclusive of all service users and carers across the Falkirk area. With a strong engagement group and good networks established this work will continue to develop. The focus of these efforts in the coming year will be to create opportunities for more service users to get involved, for example, people being discharged from Ward 3 of Forth Valley Royal Hospital Mental Health Unit. Added to this we want to look at how we identify new carers and make sure that all carers are given involvement opportunities. We will also continue the development of a "toolkit" of involvement methods to ensure that consultation is involving as broad a selection of relevant voices as possible.

Pink 2:2 Arts and Media Group

This group is a great example of how the Arts can be a valuable aid to recovery

Individuals supported: 13

Staffing and Volunteers: 0 - FDAMH staff manage group



The Arts are widely used to support recovery and have been shown to be beneficial for improving wellbeing and social inclusion (Margrove, et al. 2013).

Impacts

The Media Group is fantastic at helping people make friends, find new interests or re-discover old ones and build the confidence to pursue these to the full:

“I’ve found an outlet in writing and have joined the Media Group, made new friends and shared great moments. Six months on and I’m learning slowly to accept an anxious mind-set and to cherish myself as I cherish those around me.” JC

“I joined the group in late August, and really felt welcomed. I quickly got involved in helping with the technical side of producing a play, which re-sparked my interests again. My main passion is photography and, since joining the group, I’ve rediscovered my love. I’ve had some fantastic shoots with wonderful people and I’m starting to find a purpose again at last.” GF

GF has also been volunteering as an events photographer for FDAMH, alongside another member of the group. This is something he excels at. When the group attended Glasgow’s CCA Scottish Screenwriters workshops, it was GF’s first time travelling on a train and entering a busy social venue in more than 10 years. This has allowed him to become much more confident about going out locally.

These are typical of the sort of transformations the group sees. The group is particularly supportive of each other, mutually celebrating achievements.

Evaluation/Outcomes Data

Thanks to confidence and encouragement gained within the group, individual group members have gone on to further achievements out with the group, including:

Four group members regularly attend local “Spoken Word” events, performing their creative writing pieces. One has auditioned for Falkirk Operatic Society and participated in recent performances of “The Slipper And The Rose”. One is now a regular feature writer in e-magazines “The Quail Bell” and “Review Review”. One member who paints regularly has since sold four of his paintings.

The group is building the confidence members need to flourish outside the group

Facts and Figures

The group began the year with nine members. Three left and four new members joined, giving ten members at the end of the year.

10 members

The key piece of work this year is the production of a new drama called 'Being Frank' which will be performed to student nurses and mental health professionals in Forth Valley College and Stirling University. Funding has allowed us to engage scriptwriter Katie White and drama tutor Andy Corelli to lend their considerable expertise and guidance to the production. The production aims to increase understanding of mental health issues and encourage conversation through a question and answer session.

'Being Frank' is the group's next big production

In addition to weekly meetings, the group have also:

The group has given 4 performances this year



Attended at Glasgow's CCA "Scottish Scriptwriters Forum" twice, taking part in an improv comedy workshop and a group critique of the script of our play 'Being Frank'.

Given four performances of sketches, comedy and poetry readings: at For Falkirk's Sake 2014; FDAMH's AGM; Department of the Welfare Division, Glasgow; and Central Equalities celebratory event.

Provided art for two exhibitions: at For Falkirk's Sake 2014; and in FDAMH's gallery.

Attended productions by other companies.

Developments

One significant development is the group's change of name and creation of a group logo. Both the name choice - The Pink 2:2 Media Group – and the accompanying logo were devised by the group themselves giving them a distinctive and recognisable identity.

The Questions and Answers session is a new post-performance format that we have tested out this year. This proved extremely powerful and people approached us after the session to let us know just what a big impact this had on them – in one case a passing worker was 'rooted to the doorway' as she listened in and couldn't move on until the end! It is commendable that our group members have engaged so positively and frankly with people and we feel this will be a fantastic opportunity to tackle stigma and ignorance and foster a

better knowledge of how people can lend support to friends, family, customers and colleagues with mental health problems.

Comments

The Media group have made quite considerable progress this year, with some phenomenal achievements made by both the group as a whole and by individual members. What has been very evident is the way in which the group can have an extremely positive effect on mental health understanding among the wider population and indeed, we hope to achieve funding to create an Arts Worker post to keep moving this project forward and to allow more people to benefit from what it has to offer.

Volunteer Support and Development

Volunteers are integral to many of FDAMH's services and they provide a mutually beneficial role that deserves proper support and recognition

Individuals supported: 98 Volunteers

Staffing and Volunteers: 1 F/T staff (in post since August 2014)

Volunteering brings massive benefits to society, not only in terms of assistance for organisations and the people who use services but also for the individuals who volunteer. Benefits for volunteers include: better health and wellbeing; improved self-esteem and social engagement; a greater sense of community; and learning new skills which can have a positive impact on career progression (Mundle et al. 2012). Added to this, volunteering also works in the heart of the community to reduce stigma and improve understanding, encouraging social connections between people with experience of mental health problems and those without (Tew, et al. 2011).

Impacts

Our volunteers find their roles life-enriching:

"Donating time to FDAMH not only provides opportunities for the volunteer to engage with active citizenship, gain education, skills and experience, it enables the service to reach out to many more people who require support in their recovery. By volunteering with FDAMH you make a significant positive difference to the lives of those who use the service."

"(Our befriending meetings) are the highlight of my week"

"I feel valued, useful and I get a lot of satisfaction from volunteering"

"I feel my role as a volunteer is appreciated and I enjoy it immensely"

"Volunteering for FDAMH is an exceptional experience allowing my skills to mature and expand with each new client"

Our volunteers all undergo our volunteer training programme to prepare them for their roles and are given further training opportunities as they arise:

"The training is relevant and prepares one for volunteering in any capacity."

"I have found the training offered to be most appropriate and extremely useful as well as being delivered to a very high standard."

"The training gave me more insight into the challenges faced by the service user, and how volunteers help them."

"I have learned a number of new life/social skills I can apply to my volunteering and everyday situations."

Our volunteers feel supported and able to get help when they need it:

"I enjoy my volunteering role and get very good support from Stuart and I know that I can get more help/advice if I ask for it."

FDAMH's first ever 'volunteer extravaganza' took place in January and helped us to show our volunteers just how much their community values their input:

"Makes volunteers feel part of the organisation" "Everything perfect"

"A memorable event" "Hope we do it again next year!"

"Wonderful time" "A really nice gesture for volunteers"

"Thank you for inviting me tonight, I feel truly valued as a volunteer"

Our volunteers are highly valued by everyone at FDAMH. Without them we would not be able to offer the services that we do.

Having a dedicated Volunteer Development Officer has been a huge help to our staff:

"I can advise the volunteer development officer the type of volunteers I require based on my waiting list and she can concentrate her recruitment efforts in these directions."

"Although only been in post for a few months there are more volunteers coming forward. This will result in more clients receiving a service more quickly which is what FDAMH constantly strives to do."

"It has been of great help to me as she not only recruits volunteers but provides an excellent volunteer induction training programme."

“She is able to spend time getting to know volunteers and which project they would benefit most.”

“Having Morag in post has been invaluable to TAB project. Not only does it free up a substantial amount of my time, she suggests solutions to potential volunteering problems”

“Prior to Morag joining us staff had to undertake all aspects of volunteer recruitment. This took precious time away from their work with clients. Morag has, in effect, given them back that time thereby increasing capacity.”

Evaluation/Outcomes Data

A new online volunteer survey has been introduced which takes a comprehensive look at many aspects of volunteering, such as recognition, involvement and training provision. To date 29 volunteers have responded to the survey providing valuable information that will help us develop the service we provide to our volunteers to ensure that volunteering is delivering a great package of benefits for all the people who do it.

100% would recommend volunteering with FDAMH

Facts and Figures

Currently we have 98 volunteers. During the year 15 left the service. 27 people commenced the induction process, with 17 successfully completing. There is a high level of volunteer retention, many of whom have been volunteering with FDAMH for over 10 years.

98 volunteers

To allow each project to continue to grow and meet the needs of the people who use the various services, there is an on-going recruitment campaign. We have actively promoted opportunities within the community by attending recruitment fayres, and engaging with colleges, the local authority, local media and the regional third sector interface.

A wide variety of recruitment opportunities are exploited

Training is an integral part of volunteer development. All volunteers attend our 6-week volunteer induction course. The course teaches areas such as: Boundaries, Confidentiality, Information Handling, Listening Skills and Communication and Protection of Vulnerable People/Children. People seeking to become volunteers with FDAMH must successfully complete the course before they are allowed to commence volunteering work directly with service users. 4 such courses were delivered this year, with 17 people successfully completing the course.

17 volunteers successfully through initial training this year

Further training courses offered this year include: an Art Therapy course, governance training for board members, Introduction to Mental Health (a full day course) and Scottish Mental Health First Aid. Working in partnership with external agencies has provided us with the opportunity to offer additional training to volunteers in the form of ASIST (advanced suicide prevention training) and Safe Talk (a three-hour training which gives the skills to recognise when someone may have thoughts of suicide).

6 additional training courses offered to volunteers

Wherever possible, provision is made for volunteers on other training we deliver if it may prove beneficial to them, whether in their volunteering role or out with FDAMH. Three volunteers participated in one of our Mindfulness courses and two volunteers have participated in our Anxiety Management courses.

Volunteers also have access to mental wellbeing training

93 volunteers receive our weekly emailed volunteer bulletin, which keeps people up-to-date with pertinent matters. On average this is read by 35 people each week.

Volunteers are kept well informed with a weekly bulletin

Developments

The recruitment of a dedicated volunteer worker in August 2014 relieves workload for project workers and allows us to develop recruitment processes and volunteer support. New procedures have been implemented to provide a more streamlined and consistent approach: from the initial advertising of volunteer vacancies through to the final stages of induction, the Volunteer Development Officer is now the main point of contact, providing continuity for the volunteer. Our volunteer handbook has had a makeover and has new and updated information included in it providing important reference material for volunteers during and after their training.

Keeping volunteers informed of what is happening, finding out how they are and making sure that important information is reaching them is paramount. We have recently augmented communications with a new text message service which will allow us to send group messages to our volunteers and ensure they are aware of upcoming events.

Building Resilience Project

This partnership project was developed to equip council employees and key third sector partners with the skills to support benefit claimants with complex needs more effectively

Individuals supported: 466 people trained by FDAMH; 168 people referred to MAST (see below)

Staffing and Volunteers: FDAMH's input - 1 F/T project co-ordinator + 1 sessional trainer

The Building Resilience Pilot Project (BRP) was developed to mitigate the effects of welfare reforms for Department for Work and Pensions (DWP) clients and assist DWP to manage those vulnerable clients affected by benefits changes. FDAMH was funded to employ a Project Co-ordinator for the project which had two key strands. The first was the provision of mental health training to frontline staff within the Council, the DWP and other key partners. The second was the implementation of a specialist needs assessment service with an initial focus on supporting customers to maintain their benefits commitments (the Multi Agency Support Team - MAST).

BRP: Mental Health Training

The Mental Health Training, organised, provided and evaluated by FDAMH, came in two forms: a one-day Introduction to Mental Health Awareness course and a more in-depth two-day Scottish Mental Health First Aid. When designing the format of the training, several small focus groups were conducted by the Project Co-ordinator in order to highlight any gaps in their training. As a consequence a bespoke element was added to the one-day training course.

Ensuring staff attending the training had a mix of job designations and came from different organisations, enabled them to appreciate the issues and concerns faced by frontline staff within the partnership, developing stronger partnership networks and sharing best practice.

Impacts

Immediately after training staff could already see how they could apply their learning...

...through greater confidence:

"Confident now to approach someone who may be distressed"

"Confidence to be able to speak with my staff about their wellbeing"

"Confidence – previously I may have walked away from a situation!"

...understanding:

"A better insight to how people can be ill when I thought they were rude / angry"

“Greater understanding and acceptance that mental health illness can affect anyone”

“Increased awareness & knowledge of mental health issues & how important this is to everyone. I wish I'd known this as a teenager”

“An awareness of the difficulties faced by those with mental health problems in the community”

...and learning skills to help support people:

“Learned how to support people who are upset or angry, made me think about real life issues”

“Coping strategies to deal with stress and anxiety for my customers as well as myself”

“It made me aware of the different strategies I can use to help a customer more effectively”

Follow-up evaluation shows that the project has empowered staff to better understand issues experienced by customers with mental ill-health and identify and support customers with complex/multiple needs:

“I assisted client with strong suicidal feelings. Felt confident discussing options available supporting him to work through his feelings.”

“I had a troubled client on the phone who advised he felt like using a strong rope to end it all. I felt comfortable talking to him to establish if this was a real threat.”

“Interviewed a client with suicidal thoughts, arranged GP appointment and signposted to external support organisation, prior to training I could never have dealt with this situation.”

“The course made me more aware of vulnerable customers and I now think “in their shoes” and treat customers how I would like to be treated myself.”

People have also been able to draw the learning into their personal lives:

“Training made me reflect on my own mental health and how I can keep healthy when dealing with stressful situations also increased my confidence to deal with staff mental health issues.”

Evaluation/Outcomes Data

279 training course evaluations, demonstrating extremely high approval for the course content and the trainer. In addition, 97% agreed the course had increased their knowledge of mental health and wellbeing and 98% expressed an interest in receiving more training on dealing with vulnerable clients.

Students increased their knowledge of mental health and wellbeing

Facts and Figures

The project aimed to deliver training to 210 staff, this was exceeded, providing training to 466 frontline staff, including 9 Falkirk Elected Members.

Training
reached 466
frontline staff

BRP: Multi-Agency Support Team (MAST)

The Multi Agency Support Team (MAST) was formed consisting of partnership staff from Falkirk Council Housing Department and Scottish Welfare Team, FDAMH and FAWBASU (Falkirk Area Welfare Benefits Advice Support Unit). FDAMH's role was to provide support for the team from the Project Co-ordinator. The team provided immediate help to DWP clients thought to be 'at risk'. The co-location of the MAST team in the DWP building proved very successful, permitting vulnerable claimants the opportunity to meet with a MAST member immediately upon request, and receive the specialist advice and support required.

Impacts

Having the MAST team in-house encourages customers to accept help:

"I have used this service on numerous occasions and my customers have accepted the offer of further help and support with external agencies. The MAST service based within DWP is what made that happen and more focus needs to be placed on this to develop this area of support" Work Coach DWP

And customers have responded well to input from the team:

"Customers have commented on how helpful the Mast team are and how they have listened sympathetically to their concerns and treated them as an individual." ESA Adviser

"Thanks for putting me on the right road to getting my life back on track" Customer

The MAST team have the time and skills to build up a clear picture of issues facing those referred by DWP staff...

...this better understanding can help to prevent benefits sanctions:

A young mother was allocated a homeless tenancy outside of her home area, however she was sanctioned due to her lack of job search – a situation caused her housing problems. MAST staff supported the client in applying for secure tenancy in her home area and requested the reason for the recent sanction to be investigated - this had been due to issues around notifying the correct authorities about her new homeless address. With MAST's intervention Job Seekers Allowance was reinstated. The client has since moved into her own tenancy near her son's school and has found employment.

...and allow staff to act quickly to stop situations deteriorating:

A gentleman with learning disabilities and very wary of strangers was referred to MAST after his DWP Advisor became concerned that he was developing a problem with alcohol due to stressful personal situations. MAST arranged appointment with ASC (Addictions Support & Counselling). During the intervention it also transpired that the client was worried about moving out of his temporary accommodation into a permanent home, therefore MAST arranged for the client to be fully supported throughout the transition.

Evaluation/Outcomes Data

Sharing resources and experience within the MAST partnership resulted in customers receiving an improved, joined-up service. The recorded financial gains of customers referred to the MAST service during the first few months and whose cases have now been concluded, was in excess of £61,000.

Clients gain financially and have better access to support services

A robust referral system was put in place for DWP and MAST staff to refer vulnerable customers experiencing mental health issues direct to FDAMH. However a number were unable to follow through with the referral due to their condition at the time or lack of confidence. This therefore highlighted a demand for immediate support from a trained mental health practitioner located within the Jobcentre building helping to reduce the risk of crisis for some customers. Irrespective of this gap, 14 customers referred to FDAMH successfully engaged and have continued to receive appropriate support.

Demonstrates clear need for a dedicated mental health practitioner in the job centre

Facts and Figures

Referrals from DWP staff for the period Oct 2014 – Mar 2015:

168 clients seen by MAST

80 instances of MAST providing advice to DWP staff

Specialist support for 168 clients

Comments

The Building Resilience pilot project was developed in order to test change resulting in better outcomes for DWP claimants and it has clearly demonstrated the beneficial impacts of the strategies employed and good partnership working.

Timescales for the project were very tight therefore FDAMH took the lead role by employing a Project Co-ordinator in August 2014 with responsibility for developing, monitoring and evaluating the project. The mental health training roll out started swiftly in September 2014 and was due to finish in March 2015. However due to demand an additional 2 day Scottish Mental Health First Aid course was commissioned. The multi-agency support team service (MAST) was launched mid-October 2014 and finished in its current format at the end of March 2015. Due to the strong working partnerships forged and the on-going demand, the FAWBASU element of the team have offered to provide an on-going service until June 2015.

Initially developing a strong, trusting, working relationship within the partnership proved challenging. However ensuring that frontline staff were involved in the consultation and development stages was deemed essential and has proven to help reduce some of the barriers in partnership working. The value of this collaboration should not be underestimated in the success of the pilot.

Quarterly evaluation reports have been very well received by Scottish Government who commented that the project was one of their “star” projects and produced evidence of “exactly what we were looking for”. They acknowledge they are impressed by what has been achieved within a short space of time and the legacy that has been created in terms of up-skilled staff, positive working relationships and a vast amount of learning which is being applied to future service design. The final report on the project will detail all of the learning from the pilot project and will inform Falkirk Council’s plans for future delivery of their frontline support services.

Training

Training is important in all areas of FDAMH’s work, whether it be to improve self-management, reduce ignorance and stigma, increase understanding or educate our volunteers, our training reaches far and wide across the community

Individuals supported: 235 students in total

Staffing and Volunteers: 0 dedicated; all qualified staff and a team of sessional workers work together to deliver our training programme

Training is hugely beneficial to our service users, indeed many mental health services are adopting an educational approach to helping people learn to manage mental health problems. In addition training helps to increase understanding of mental health issues in the wider community, building resilience, reducing stigma and making it easier for people affected to seek help.

Training: Anxiety Management

Individuals supported: 11 students

The Anxiety Management Course is a well-established 8-week programme. It provides a supportive, small-group setting, often more manageable for people struggling with anxiety than larger groups. The course helps people to learn about anxiety and try out a variety of techniques they can use to cope with anxiety and stress, finding what works best for them.

Impacts

The small group and calm setting provides a supportive environment, helping people to engage with learning:

“Everything was made for the students which made things easy for me to take in and anything was explained in a way everyone could understand and I was able to ask things easily even in a group.”

Students find what they have learned can make positive differences to their lives:

“Everyone who knows me has noticed a big change in me for the better.”

“One of the best things I have done so far for my anxiety.”

“The course helped me to evaluate what I needed to concentrate on, to help towards recovery.”

Evaluation/Outcomes Data

Students are asked to participate in evaluation by completing the Generalised Anxiety Disorder – 7 point scale (GAD-7) at the start and end of the course. This year there are 11 complete sets of data. 7 commenced with a score indicating severe anxiety, 2 with moderate and 2 with mild. At the end this had shown a large improvement with only 1 person still indicating severe anxiety, 1 moderate, 6 mild and 3 none: 10 people had reduced their anxiety and 6 people to the extent that they had achieved ‘recovery’ (a large reduction in score of 50% or more).

Most evaluated students show a reduction in anxiety and at least half achieve ‘recovery’

All participants agreed that the course had increased their knowledge and understanding of anxiety/stress. 9 people felt the course was extremely helpful in managing their recovery, 2 moderately so.

Facts and Figures

Two Anxiety Management Courses were run this year, with 11 students successfully completing the course.

Training: Mindfulness

Individuals supported: 12 students

Provided by Mindfulness trainer, John Dunbar, this course provides progression for people that have completed our Anxiety Management Course. A small number of spaces are also made available, where possible, for staff and volunteers.

Impacts

Students on this course report many gains, in particular in learning better ways to cope:

"I discovered that being aware and knowing has helped me prevent panic attacks."

"Am now aware of my emotions and what thoughts trigger these and how my previous responses to emotions was not as positive as it could be."

"Discoveries for me have been learning about the inner me, to cope better with work, how to relax and be calm within myself."

"If my thoughts have been scattered and I have a lot to do and don't know where to start, doing the practices I have felt more alert and able to cope with the situation."

Evaluation/Outcomes Data

11 of the 12 students felt the course had lasting value for them (one was unsure). 10 students stated they would continue using what they had learned (2 were unsure).

The course has lasting impact

Facts and Figures

One Mindfulness course was delivered this year to 12 students. Space and availability of the tutor restricted the number of courses that could be delivered this year. Level of interest in attending highlighted the need to offer additional courses. We hope to be able to do so by having a member of staff undertake practitioner training (funding permitting) thereby allowing us to meet demand.

Training: Carers Education & Mindfulness

Individuals supported: 24 students

This year we have again received funding from the National Carers Organisation for the delivery of training to carers. To add another "tool" to the carer's tool box, Mindfulness-Based Cognitive Therapy (MBCT) was selected. This training has been very well received as course quotes confirm.

Impacts

A relaxing and supportive group and great training are generating life-changing benefits for participants, helping them to deal more effectively with the stresses and strains of their situations:

“Initially I was not too sure if this course would be beneficial, however the group was from the outset very relaxing. I found that my attitude changed and I could cope with my anxiety once the exercises and sessions for each week were completed. I find it also reduced my stress levels. I realise this is a tool which I can use when I feel low, which I do, sometimes only for 3 or 4 minutes but I find it helps to take me out of the dark place I find myself in. I also find that this meditation helps me to relax especially when I have difficulty sleeping. I thoroughly enjoyed the course and now I have the ability to recognise my inner feelings some of the time and ease the situation through mindfulness meditation.”

“This has simply been the best course I have been part of for many years. I am already embracing many of the aspects of it, and am benefiting from this on a daily basis. It is an enriching experience which I would highly recommend. I am already enjoying the difference in my approach to the little difficulties that crop up in everyday life. I would highly recommend this course.”

“I went from being an emotional mess to someone who could enjoy life and relax and not feel guilty by the way other people treated me. I was so low I was off work for seven months, I had tried everything and nothing worked. I started the course doubtful and walked away positive and less stressed. I was amazed. I am so glad I did it. It is now part of my daily life and my only regret is I didn’t do it sooner.”

Facts and Figures

Two courses were run this year, attended by 24 people

Training: Work within Education

Individuals supported: 165 students

We are delighted this year to have been invited into a local high school and Forth Valley College to speak to students.

Facts and Figures

Exam stress classes delivered to approximately 150 senior pupils at Grangemouth High over a 5 week period.

Talk about counselling delivered to 15 students at Forth Valley College.

Training: COSCA Certificate in Counselling Skills Course

Individuals supported: 23 students

The Certificate in Counselling Skills is for anyone who wants to improve their understanding of other people as well as themselves. This course is useful and practical for people wishing to enhance their personal or work life, and provides a platform into further study. The course is accredited by COSCA (Counselling and Psychotherapy in Scotland). Students pay to attend this course and take part in a year of part-time study.

Evaluation/Outcomes Data

Each module is evaluated at the mid and end points. All completed modules so far have evaluated highly in terms of student satisfaction with all aspects of the course.

The course is receiving excellent feedback

Facts and Figures

Our first course commenced in August 2014 and a second course commenced this year in response to demand, providing training to 23 students in total.

2 courses this year

Developments in Training

Thanks to new funding we are delighted to have been able to recruit a Training Academy Development Officer, with the aim to develop a formal Training Academy that will offer training to external organisations.

Comments on Training

FDAMH also delivered Introductory Mental Health Awareness and Scottish Mental Health First Aid this year, largely as part of the Building Resilience Project reported on above.

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