



FDAMH
LIGHT IN A DARK PLACE

Falkirk's Mental Health Association Services' Report

1st April 2015 to 31st March 2016

Falkirk's Mental Health Association (FDAMH)

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All statistics quoted relate to the period 1st April 2015 to 31st March 2016 (2015/16) unless otherwise stated.

FOREWORD

The content of this report covers the period from 1st April 2015 – 31st March 2016. We continue to experience growing demand: over 2,200 people have used the various services offered by FDAMH in the course of the year (excluding training delivery and volunteer services).

Services provided to over 2,200 people

Developments within FDAMH this year have included the recruitment of a dedicated Initial Assessment Practitioner offering an Immediate Help Service to people either personally visiting FDAMH or contacting us by telephone for help and support; funding until October 2016 to ensure the continuation of our community-based Social Prescribing Service; an audit of FDAMH by people who use FDAMH's services using the Scottish Recovery Indicator 2; and growing links and involvement with local schools.

25 staff and 103 volunteers

We are delighted to have received formal recognition for our work by achieving the Quality in Befriending award; COSCA Recognition; a GSK Impact Award; and as a Forth Valley Chambers Charity of the Year Finalist.

Following on from last year's report we have continued to emphasise the outcomes for people who have used our services, wherever possible in their own words. We hope that the personal accounts, comments and case studies contained within this report demonstrate our commitment to a recovery-focused, holistic, person-centred service that allows people to develop at their own pace⁽¹⁾.

Services are recovery-focused

⁽¹⁾ 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 reduced mental wellbeing and because we know that appropriate support from families and friends is vital in aiding recovery, we offer a Family Support Service too. Our Third Age Befriending Service, an early intervention service, seeks to help those deemed at risk of developing reduced mental wellbeing from further deterioration in their mental health and wellbeing and our social prescribing service is available in 2 local GP practices.

FDAMH provides services to those aged 16 and over

As a rough rule of thumb most services' referrals and eventual clients are around 60% female and 40% male. Social Prescribing shows a slightly higher proportion of females (68%). 60% of those who use our Health and Wellbeing Drop-In are male. Although our Family Support Service statistics indicate that the person experiencing mental illness is slightly more likely to be male (56%), 75% of the primary carers supported are female.

Most services are used by 60% females and 40% males

Funding agreements mean that most services are restricted to people living in Falkirk District. However we respond to all enquirers and, where necessary, will help people identify possible services in their own areas. Our Bereaved by Suicide Group is available across Forth Valley. Training, via our dedicated Training Academy, is available upon request, throughout Scotland.

Services are accessed by people from across Falkirk District

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 and Scotland's population and in some cases more so. Our Equal Opportunities report for 2015/16 is available on our website.

Minorities are healthily represented amongst service users

FDAMH offers a broad range of services and irrespective of the nature of a person's reduced mental health, we are confident that we can offer a supportive service to people in our locality. Working in partnership with both voluntary and statutory sector services enhances our own service provision and enables us to offer holistic, person centred services.

Services support people affected by a wide range of issues

SERVICES

Counselling

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

Individuals supported: 397

Staffing: 1 F/T service co-ordinator + 18 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 is a process that helps bring about change in person's life:

"I was experiencing OCD, panic attacks and anxiety. Over the course of my therapy I began to open up and express how scary it was to have all this going on and the negative impact it was having on my daily life. Throughout my sessions I started to make connections and found a greater understanding of what might be causing my problems. I became more curious to try and figure out more about myself. In doing so my issues became less frightening and although not fully gone by the time counselling had ended, I had regained enough self-trust and independence to be able to go out on my own in the knowledge that if a panic attack were to come on I felt more equipped to handle it"

"The Service I have received has been extremely useful to me. I was given the time to address things at my own pace, under no pressure at all to discuss or continue with anything that was uncomfortable. Extremely put at ease weekly, I have felt a huge improvement throughout my sessions and reflecting back to how negative things were. I feel I have achieved and made a lot of progress."

Being accepted and valued helps build trust in the therapeutic relationship:

"I was most satisfied with all aspects of the service. My counsellor was very understanding, non-judgemental and professional. I was able to say things to her I wasn't able to say to anyone else."

"I felt my feelings were listened to and understood. I was encouraged to look at myself and not to take on the responsibilities of others. Thank you for putting me on the road to getting my life back."

“From start to finish I have felt at ease and never felt uncomfortable. The way it has changed me as a person and the way I think is amazing and will always be thankful.”

Young Persons' Counselling, funded by The Lottery, has come to an end. Over the two years of funding it has provided counselling to 288 young people aged 14 to 24:

A young man came to FDAMH suffering with frequent bouts of tearfulness, withdrawal from family and friends and a growing lethargy. He presented as 'unbothered' and detached from his emotions and was resistant to active participation in counselling sessions despite attending regularly and on time.

Working over the weeks in his sessions, he began to realise that he had a space and a value within the counselling room which was not afforded to him within his family home, where he was frequently interrupted when speaking and belittled in favour of siblings whose thoughts and opinions fitted in with the 'family ethos'.

Through this realisation and the congruence of the counsellor, he began to value his own voice and used the sessions to open up and share the great deal of frustration, sadness and despair his situation was instilling in him. Over time his confidence seemed to grow: he became more animated and engaged during sessions. There also grew a sense of anger in injustice.

In the latter stages of this therapy he was able to assert himself in conversations when interrupted or belittled at home or at school. He was able to challenge the difficulties in his relationships with others with insight and understanding, and find the courage to ask for his needs to be met, to be valued as the person he has become.

Evaluation/Outcomes Data

Client progress is assessed using CORE (Clinical Outcomes in Routine Evaluation). 75 evaluations were completed, 95% of whom were in the 'clinical population' at the start of counselling - for comparison NHS counselling services benchmark is 88% (Mullin, et al. 2006). 25% were classed as 'severe' at commencement, a reduction on last year which favours an increased 'recovery' rate of 52%, plus a further 23% showing reliable positive change. Although the proportion evaluated showed a lower number classed as 'severe', CORE scores evaluated an increased proportion of participants to be 'at risk' (57%) compared to previous years.

Three quarters demonstrate reliable recovery or improvement

Our outcomes, showing 75% reliable improvement, are in line with what is expected for counselling interventions (Mellor-Clark, et al. 2001)

92 clients returned evaluation forms this year. Reported satisfaction with the welcome, premises and counselling sessions continues to be high. All but one of the respondents were extremely or very satisfied with the service overall.

There is a high degree of satisfaction

Facts and Figures

843 referrals during the year. The largest referrer was the NHS (46%, largely via GPs), followed by FDAMH's other services (33%) and self-referrals (22%). There has been a continued increase in the number of young people referred, now at 36%.

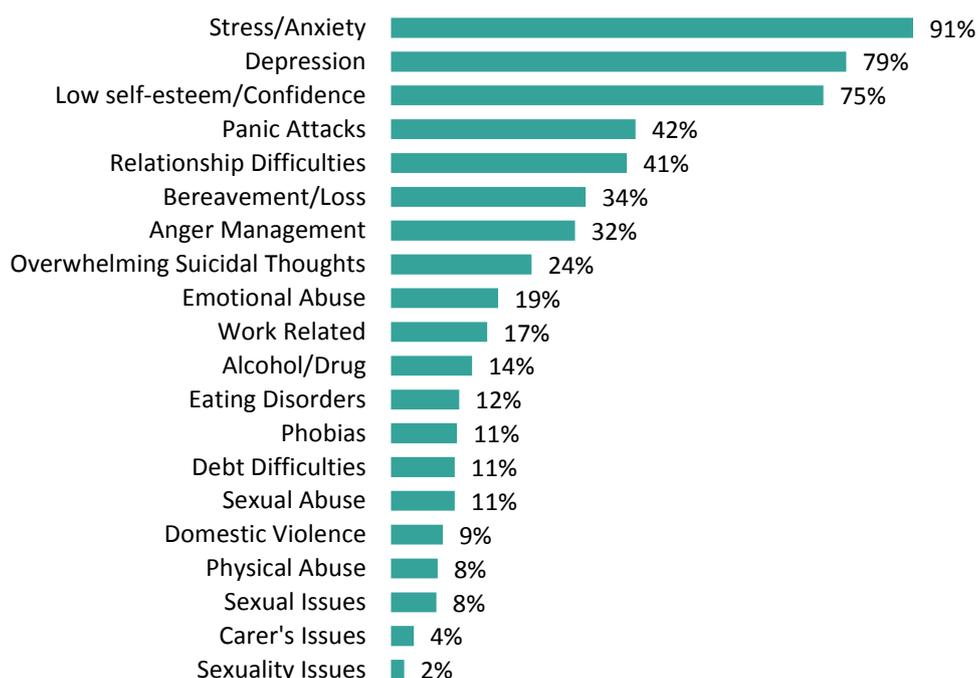
Over one-third of referrals for young people

397 individuals attended counselling this year. 2285 sessions were attended (2939 offered, giving an attendance rate of 78%).

59 sessions offered a week

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



Developments

The service has continued to experience a high volume of referrals which has resulted in a lengthy waiting list. Fortunately, we have received supplementary funding to allow us to employ a part-time counsellor, due to commence in May 2016, which will help reduce waiting times for our clients. Young Person's Counselling has been in high-demand and it has been hugely beneficial for individuals that funding has enabled us to engage with them promptly. Although the original funding for this has now come to an end we are actively seeking alternative sources.

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: 289

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). We therefore work with people who use our service to help them develop resilience, improve their self-awareness and problem-solving skills and support them 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; working in conjunction with other agencies, where necessary, and signposting to other services and providing education on mental health and wellbeing. It is clear that combining and offering different forms of support is particularly beneficial, helping to find solutions to meet each family's needs (Kuhn and Laird 2014). Evidence suggests that where a whole family is able to access support, should it be needed, then the outcome for all is greatly improved (Kuhn and Laird 2014).

Impacts

Family Support responds promptly to support families in crisis: in the following example, understanding, guidance, reassurance and a multi-agency approach helped this client regain her hope and confidence:

'Carla' has enduring mental health difficulties and was referred to FDAMH after a period of illness left her house-bound whilst raising a young child. The original remit was to support Carla to re-engage with NHS services. Work progressed positively until the family was struck by a bereavement which took the situation to crisis point. Carla became suicidal and, using clinical measures, we established that her risk level was severe. No further progress could be made until this risk was reduced. The service worked with Carla using an intervention model of recovery particularly suited to her needs – the 'ladder of change'. The wellbeing of Carla's child was an important concern and SHANARRI wellbeing indicators were employed to ensure all aspects of her child's needs were identified and met.

Over the next weeks, our mental health practitioner, Susan, built up a relationship of trust. Carla gained confidence and her demeanour changed. With Susan's support and encouragement she was also making headway with her child – shared creative activities helped develop more affection and outward appreciation of love being shared. After only 4 weeks, assessment with CORE 10 showed Carla's clinical score had dropped 20 points, from 'severe' to 'moderate'.

At a subsequent Team Around the Child (TAC) meeting, with Susan by her side, Carla was very articulate about her situation and was able to speak clearly about how her illness affected her resulting in the educational psychologist offering support. Carla left the meeting full of hope for the future. She thanked Susan for being there and stated that she couldn't have said any of the things she did if she had been on her own. Most of all, she

found the confidence to speak in her own words, in her own way and has hope for the future.

Using a team approach, encouraging multi-agency working, a network of professionals are now in place to support the family. Carla is now positively engaged in receiving therapeutic support to increase confidence, learn new skills and build resilience which will have a long-term positive impact on the function of the family unit.

In some cases, short-term interventions can quickly provide families with better ways to communicate, bringing much needed understanding and positive change...

...soothing a family's troubles:

"At the beginning of this year I was in a bad place with family members. I was feeling overwhelmed and at a loss about how I could help them. I went along to FDAMH and met with Jane (Immediate Help Service) who put me in touch with a family worker, Neil.

Neil phoned and went over my difficulties with me. I instantly felt he knew and understood our scene. He listened so carefully and empathetically to my problems. Neil managed to suggest a different way of handling things without being at all judgmental or appearing to criticise me in any way. When I came off the phone I felt so much more positive with a new way to speak to the individuals involved. It was instantly effective. By following Neil's advice that same evening, I managed to diffuse anger and open communications again. After a few more sessions with Neil I was told by a family member that I had changed. Lines of communication, happily, were fully open once more.

The problems are still there and will bubble up periodically but they seem so much less than before. I plan to attend the carer's courses which I feel would further benefit me and thus my family. Two of my family members are currently attending a course at FDAMH and finding it very interesting, helpful and informative."

...and preventing a situation from spiralling further out of control:

Sue was referred to the service by Children and Families Social Services. The family was struggling with the mental health and challenging behaviour of their eldest child Joe, aged 17. Preparations for initial contact were important in establishing the best approach. It was of concern that Joe's current path was establishing a negative identity that could have long-term emotional, health and economic implications. Considerations around risk were crucial as his age, situation and condition suggest he was statistically more vulnerable to suicide.

Neil, our Family Support Service Manager, saw his role was to engender hope and stimulate motivation to learn and to change. The key was creating a safe enough space for collaborative movement and investment in a shared vision for their future.

Sue writes: "We both felt able to speak frankly to Neil and were able to say how we felt. This gave both of us the opportunity to see the other's perspective. With Neil's help we agreed to bear each of our feelings in mind when speaking to each other and respect them. Since then our communication has been more effective and the volatility has stopped. We are both grateful for Neil's help and feel it has had a very positive impact on our relationship."

With support, Sue and Joe negotiated themselves through their barriers to learning about each other and found a “different” way to communicate - a step to building family resilience and a step forward in their development.

Education is a powerful tool in assisting carers and families; over the year we have offered our Carers Education Course and Mindfulness-based Cognitive Therapy:

“I have a greater knowledge of different ways to think about and respond to situations. This has given rise to an increased awareness in less helpful thinking styles. This knowledge allows me to make choices about my responses far more so than was the case previously. Rather than stepping back from a situation I feel that I am simply viewing it from a slightly different perspective – not engaging with it any less, just in a way that is better for me. Physically, I feel less stressed and more resilient which would seem to be reflected in my pace, urgency and approach to things within my home and work life.” (Male: University Lecturer).

“I never wanted to join any groups in the past as I didn’t think there was any benefit. I also didn’t want to reveal personal info about me or my son, I was extremely guarded. I now know that if I had joined a group, I would have gained the tools needed to understand mental illness from different perspectives. It also relieves’ a lot of stress to share problems and listen to other carer’s experiences, good and bad” (Female: Medical Administrator).

This person did not disclose any information about her son’s mental health condition until the last week of the Carers Education Course. She asserted that she had been scared of the stigma around mental ill health and had never told anyone outside family. The group course has helped this person to open up and begin to accept and understand what her son has been going through and learn how to support him in a positive fashion.

Evaluation/Outcomes Data

Evaluation of the support groups continues to show that they provide a range of supportive, social and educational benefits.

Carers value support groups

Group education provided by the service for family members demonstrates excellent results. In the Carers Mindfulness Courses 74% of clinically distressed people ‘recover’ and a further 16% reliably improve (using CORE-10 which all completing students participate in).

Carers Mindfulness removes 3/4 from clinical distress

Facts and Figures

289 households were registered with the service during the year: 64 were new to the service since the last reporting period. 104 households received one or more one-to-one/one-to-family support interactions during the period of which there were 207 face-to-face meetings. All households benefit from routine information provision (newsletter and bulletins) and can access one-to-one or group support at any time.

104 families received direct individual support

Tuesday and Wednesday Evening Support Groups for carers run monthly, with average attendance of 7 and 16 respectively. The Friday 'Coffee Afternoon' runs every fortnight. Between 4 and 11 people attend, with an average of 5.

On average 29 visits to support groups each month

3 Mindfulness-based Cognitive Therapy courses ran, each 8 weeks over 2 hours, with an average attendance of 9 people. 1 specialist 8-week carer's course took place with 10 participants.

37 places on carers training

The service 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. 17 people attended, with an average monthly attendance of 6. 4 members of the group gave their personal experience of being bereaved by suicide at a ceremony within NHS Forth Valley Royal Hospital to commemorate lost loved ones and everyone in attendance was moved by their testimony and courage they had displayed. Individual support is part of this service if the person is unable to attend the group.

22 people were supported by the Bereaved by Suicide Group

Developments

With Funding from Shared Care Scotland, Creative Breaks, the service will be running additional art groups, alternative therapy workshops and cognitive based mindfulness training courses for carers over the coming year. These have been designed to give carers respite from the demands of their role and to enhance the range of supports offered to carers and their families. We look forward to working with local therapists to alleviate the stresses carers experience.

Befriending Service

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

Individuals supported: 68

Staffing and Volunteers: 1 F/T service co-ordinator, 1 P/T befriender, 2 sessional staff + 25 Volunteers

“It is not only possible for one human being to make a real and lasting difference to another, it is often the only thing that ever does.” Council on Social Action, 2008

Befriending can improve overall social functioning specifically for individuals with mental health problems in terms of social activity, confidence in social situations and energy and interest in going out (Andrews, et al. 2003). There is a strong link between the recovery process and social inclusion. The Befriending Service is aimed at helping people to engage with their local communities therefore it plays an important role in the recovery journey.

Impacts

As everyone who engages with the service is in a different stage of his or her recovery journey, what they gain from it varies considerably from person to person.

Befriending can be life-changing for someone who has clear goals and is able to use befriending to achieve them:

“I have always been an outgoing adventure seeker; I travelled all over and never had a care. In 2004, aged 18, I was walking my dog when, for no reason, a man started yelling at me. He was angry and verbally abusive: I was badly shaken. A few days later I collapsed in a supermarket. Unknown to me I was pregnant. I awoke to a sea of strangers all crowded around me; it was the most horrific experience of my life and I was absolutely terrified. I have never felt so helpless. I passed out two more times trying to get out of the store.

Both situations together in a short space of time knocked my confidence to the ground and I spent four years too terrified to leave the house. I couldn't make it out my front door without having a full blown panic attack. When I had my baby I tried hard to force myself to go out. I found that I could travel in a car with family although I still had panic attacks and could only walk very short distances with family by my side. It was still nerve-racking but I managed to overcome the panic attacks and control them somewhat with my safety nets, a bottle of water, sugary sweets, rubbing the sharp end of a key down my thumb, just to keep myself in control.

I eventually lost all my friends due to my refusal to socialise. All I had was my family who lived a half-hour drive from me. I was not able to pluck up the courage to get on a bus or take a taxi so I had no way to get to my family whenever I wanted or on my bad days when I felt I needed them most. After seeing many therapists over many years I regained some control over my life although I still could not go anywhere without a family member. In July 2014 my doctor referred me to the Befriending Service at FDAMH. After an initial chat we

decided it might be best if I got some therapy first through FDAMH's Social Prescribing Service. This helped immensely. I found the therapist actually listened to me, helped me with coping strategies and helped me to control the fear and not let it rule my life anymore.

Then I went back to the Befriending Service which really turned my life around. At first it was completely nerve-wracking; the thought alone of going on a bus with a stranger terrified me so much it gave me panic attacks sitting at home thinking about it ... but meeting with Natalie, I found her so relaxed and friendly and completely understanding of my situation, never judging me, only encouraging and helping me to see the positives in every situation. She also reminded me to always be proud of my achievements no matter how small they are, and by taking baby steps she encouraged me to do what I felt comfortable with and never pushed me to do anything I felt would be too much. She showed me that there was so very much in life that I have been missing out on, even day-to-day things like going for a cuppa or going shopping. It's truly exhilarating to be in a position where I now have found the confidence to get up and go whenever I feel like it without having to worry or panic.

I never in my life thought I would do even half the things I do now. I go on the bus by myself, I can go to my child's school plays, I never blink an eye at the thought of panicking now because I have learned through FDAMH that I can control my fears and I have and will continue to do so .

Without FDAMH I guarantee I would not be in the position I am just now, of enjoying life to the full and I will be eternally grateful to everyone at FDAMH who has helped me on my journey. It has been difficult and sometimes very challenging but I could not be more proud of myself for facing those fears and not letting them rule me and I will be forever thankful to the team at FDAMH for everything they have done. FDAMH has given me my life back."

For others Befriending re-introduces social experiences and provides a valuable step along the way to recovery:

"This was my second experience of Befriending. The first time didn't work too well due to my lifestyle at that time. However having been re-housed and making a fresh start, befriending was suggested again. I'm glad I went for it again as I found it extremely helpful. It's a simple idea but it does help to get you out of the house - meeting people and doing things. I feel it did benefit my mental health. I enjoyed the year."

Evaluation/Outcomes Data

Clients are assessed using the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS). 47 complete sets of data are available from the past 4 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 at the end, demonstrating a very beneficial overall increase in wellbeing for those completing befriending.

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

Facts and Figures

82 referrals were received during the year: NHS – 45, FDAMH’s services – 15, Social Work – 14, Other community organisations – 8. Referral levels are similar to last year (85).

Half of referrals from NHS sources

During the course of the year 68 people used the service: 33 new matches commenced and 36 ended, with the service being delivered to around 32 people at any one time.

Time-limited to approximately 1 year

796 of one-to-one befriending sessions were attended – a good attendance rate of 82%. In addition, the service operates one small contact group with 4 members meeting fortnightly and additional supporting appointments with the service manager.

Befriending is largely provided by volunteers, meeting their befriendees weekly or fortnightly for 2 hours or more each time. There are currently 25 trained befriending volunteers, although 36 volunteers were active during the year. Having a large variety of volunteer befrienders with different personalities and interests increases the likelihood of a compatible match.

36 volunteers key to successful service 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.

Developments

Due to the retirement of the Service Manager, Stuart Aitken, referrals were closed for the final few weeks of the period. We look forward to continuing the successful work of the service with our new Service Manager, Sandra Walsh.

Comments

Befriending is one of FDAMH’s longest established services. 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: 85

Staffing and Volunteers: 2 F/T staff, 23 volunteers



Throughout this last year, an increasing number of articles and reports have highlighted the growing “epidemic” of isolation and loneliness in older people in our communities. A recent Scottish Government paper stated: “Ten per cent of older people are often or always lonely, and these feelings of loneliness are linked to poor health, including depression, high blood pressure and weakened immune system, and an increased risk of developing dementia.”

What is equally clear is that services such as Befriending can act as a positive counterbalance to the effects of loneliness. Alex Neil, Cabinet Secretary for Social Justice, Communities and Pensioners’ Rights, said “I think befriending is going to be a growth industry in the years to come”.

Third Age Befriending (TAB) was developed to begin to address this problem throughout the Falkirk area by providing 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 service 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

C describes the consequences of loneliness and how support from staff and TAB’s social groups have helped:

“Social work told me about Third Age Befriending originally. I was really struggling, wasn’t getting out of the house at all and wasn’t speaking to anyone else other than my husband and my son. That’s the only people I really saw. I was getting very down and low. Remember you came out to visit me? (question to Julie Law, TAB Service Manager) We chatted for ages and it was good to talk to a woman again, just blether away. It was magic, a wee lifeline to me.

Then I joined your group (Stepping On Group) and we went out and went on day trips. I just loved it. It got me out of the house and chatting to people. I didn’t feel so isolated and that was a real Godsend to me. I loved the trips, especially the ones when we went on the boats.

I really don’t think you could improve the service; you have come out to visit me when my health has been really bad and I couldn’t leave the house. That was wonderful, just having a woman to chat to about the things on my mind. I know I can phone you whenever I need to as well and that’s a real comfort. I’ve been back in hospital again and the specialists have said that there’s nothing more they can do for me, that I am on borrowed time. That’s why you’re such a Godsend to me, you don’t concentrate on the fact that I’m dying, you just

make sure I get out. I am really looking forward to the next RSPB boat trip out, just anything by the water. I do love that. And it's looking forward to stuff that's important."

And C's husband and son explain how the service has helped them:

"The service gives us real peace of mind. C wasn't going out at all before she met you and it was really bringing her down. She was very low. It (the Stepping On Group) gets C out and gives her so much pleasure. I know she is safe and secure and it has really stopped us worrying too much about her. We have the security and she's tried some great things. We think the service is great for us as well as C."

John tells us about the joy of sharing interests and discovering new activities in his community:

"The initial assessment was thorough but non-threatening and the input from the volunteer has been significantly helpful. He was not fazed by my outbursts of tears or my repeated complaints about my illness and the situation it has left me in. He was always positive and optimistic and as I have become less unwell our conversation is less focused on my illness and is more "normal". He has introduced me to other activities e.g. U3A, and I've been encouraged to go outside and take exercise. We share a number of interests and it is good to focus on these. The choice of volunteer was inspired and I feel that my befriender has contributed significantly to the improvement in my mental health."

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

"I now go to a 50+ Group on a Monday morning and a knitting class on a Tuesday afternoon, I also attend an art class on a Friday morning every week. Both the one-to-one befriending and the Stepping On groups have given me the confidence to do these new activities."

Evaluation/Outcomes Data

Assessment of clients using the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) has been introduced. To date 24 complete sets of data are available. 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 showed a large increase to 51 at the end, demonstrating a very beneficial overall increase in wellbeing for those engaging with the service, with all 24 participants demonstrating positive improvements.

WEMWBS demonstrates substantial improvements in wellbeing for engaged clients

Facts and Figures

Original funding came to an end in 2014 but the service was maintained albeit at a much reduced capacity from funding from FDAMH reserves until new funding was awarded by The

Lottery in 2015. As such, the start of this year saw a phase of re-building, re-connecting with referrers and developing service capacity.

59 referrals were received during the year: NHS 66%, FDAMH's services 15%, Social Work 10% and 9% from other voluntary sector agencies.

44 new people joined the service to access either telephone befriending, one-to-one befriending or contact groups. Whilst some remain with one service area, others shift, for example, from one-to-one befriending to contact groups. At the end of the period there were 20 one-to-one befriendings, 10 telephone befriendings and 37 people attending contact groups.

**New:
telephone
befriending**

303 one-to-one meetings were planned and 271 kept, showing an excellent attendance rate of 90%. Additional client support meetings were delivered by staff.

**27 group
outings**

The Stepping On Group met on 19 occasions throughout the year, alternating lunches with days out and the Theatre Group 'met' 8 times.

As well as making community links, clients are encouraged to access additional supports from FDAMH where appropriate: 8 accessed activity groups, 4 regularly use Drop-In, 4 used our CAB service and/or counselling, 2 attended our Anxiety Management course and 5 joined in with additional social events.

**Good use of
FDAMH's other
services**

We also provided support and advice to 17 carers associated with our befriendees.

**17 carers also
supported**

Substantial work has been undertaken this year, with the assistance of the Volunteer Coordinator, to recruit and train a new cohort of volunteers to support the re-growth and development of the service. Of our 23 volunteers, 11 are peer befrienders. We are fortunate to include among these two dedicated drivers supporting our much-loved group outings.

**Nearly half of
volunteers are
peer
befrienders**

Developments

We successfully attained Befriending Network Scotland's Quality In Befriending award, with the BNS commenting: "Your submission was an absolute joy to work through. Congratulations to you and the team. The quality of this service shone out of your submission and in the just under five years that we've been operating this award, yours is only the second service to achieve it at first go." Following Befriending Network's recommendation we are in the process of completing the Excellence in Befriending Award.

A new Telephone Befriending service was launched during the period, with a dedicated staff member and two volunteers and 10 recipients to date. This new service provides valuable

weekly telephone contact for adults who are, at present, unable to leave their homes. Whilst slow to begin, this service is gathering momentum and we are now actively seeking more volunteers to support growing demand.

A wide range of connections and professional relationships are vital to supplementing the service. We continue to seek out potential partnerships and networking opportunities. This year we became a core member of Forth Valley's Loneliness Network, a collective of both statutory and third sector organisations whose aim was to help reduce the negative impact of loneliness. In addition, we helped promote the new ALFY service for older adults in Falkirk, developed by NHS Forth Valley; participated in 'Living Life to the Full' events; and were invited to address people attending the 'Make It Happen' AGM.

Comments

Partnership working provides valuable benefits to our service helping us to ensure we are providing high quality support to our befriendees and our volunteers. For example, when a befriender was recently given a terminal diagnosis, we were able to source the volunteer excellent training in Palliative Befriending from Strathcarron Hospice. Similarly, our partnership with the local LGBT group provided access to an experienced LGBT Health & Wellbeing Advisor to a volunteer working with a transgender befriender, ensuring any additional considerations the volunteer and befriender may have had were attended to.

Mental Health and Wellbeing Drop-In

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

Individuals supported: 220

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 effective at tackling isolation, a common problem for many experiencing mental health difficulties:

“I was feeling worthless and couldn’t really see tomorrow before attending the Drop-In Service. It gives me somewhere to go where I can have a laugh by taking part in the tournaments and groups that go on. I have now got my name down for a meal out and a trip with Drop-In which are things I wouldn’t have done before and it gives me something to look forward to.”

People are encouraged to take up opportunities

... to build their confidence:

“Since attending Drop-In I feel I have a lot more confidence around strangers and groups of people. It gives me somewhere to go as I was staying in the house for weeks on end. I have been out socially with Drop-In for a meal which I would never have done before and it has helped take my mind off things when I am struggling. I attend the felt making group which has given me a great feeling of achievement and my parents and friends have seen a big difference in me since I started coming.”

“I have attended Drop-In for some time now and my confidence has flourished. Olivia has now put me in charge of a dominoes league, bingo and tournaments. These extra responsibilities increase my confidence and I have organised numerous fundraising events now to raise funds for Drop-In. My confidence has grown even more since taking on these responsibilities and I don’t know where I would be if it wasn’t for the Drop-In centre.”

...and move on to mainstream activities:

“I used to feel very low and depressed and only went out of the house at night times due to my anxiety. I then came along to the Drop-In centre one day and began using the service. It has helped me gain my confidence back and begin living my life again. The staff are awesome and I am now enrolled at college and looking forward to the future.”

Partnership working helps people to access valuable services while attending Drop-In, improving physical and mental wellbeing:

“When I first went for my health check with Claire Dickson (nurse) my lung capacity was at 62% as I smoked at the time. Claire put the thought in my head about stopping and I have now stopped smoking for almost two years. It’s a great service.” (Claire is our Wellbeing Nurse, available for appointments once a month)

“Faith has given me great tenancy support and advice in the past. These issues had been causing me great stress and Faith has done her best to help me on each matter I have gone to her with. She is easy to speak to and makes you feel comfortable. A great service.” (Faith Gallagher is from Y People and does a Drop-In once a month for service users who require tenancy support and advice)

Evaluation/Outcomes Data

The open-ended and self-determined attendance at Drop-In means that the evaluation of people’s experience is based on the constant informal monitoring of individual progress.

Progress is monitored day-to-day

Facts and Figures

220 people used the Drop-In Centre this year, generating 8050 visits - an average of 152 visits per week.

220 people supported

Service staff 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. Weekly Yoga is provided by a Drop-In volunteer. Additional activity groups are provided by the Group Worker and are accessed by many people using Drop-In.

Service users can access a variety of different activities

Six members attended a cookery master class at the Larder in Livingston where they learnt to cook a variety of healthy meals. Three members also passed their Food Hygiene Course and have been occasionally using their cookery skills in Drop-In by cooking healthy meals for other members.

The service uses links with external training

Developments

The centre continues to be extremely busy and staff have experienced an increase in the number of people attending who require more significant levels of staff and volunteer input. The recruitment of the Group Worker has therefore been extremely valuable in helping to provide additional activities, lessening the pressure on Drop-In centre staff and allowing people to pursue their interests and continue to build their confidence.

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: 68

Staffing and Volunteers: 1P/T staff + 4 volunteers

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

For this woman the group was a starting point that gave her the space she needed to progress at her own pace and achieve long-term goals:

"When I first started with the group I only came down once in a while, I couldn't come down every week as this was just too much for me. Too many people, too busy: just too much. But Michele said that I should persevere and I did, and I am so glad.

I have made more new friends than I could ever have imagined. I not only go along now every week to the Women's Group, but I meet up with some of the women and go for lunch or out for dinner when it is someone's birthday. I also go out to the bingo once in a while. If I hadn't joined the group I would just be sitting in the house not getting out and feeling really fed up.

I now attend Forth Valley College on a jewellery course as a helper, showing others how to make things. I have also taken part in a creative writing group and art group within FDAMH.

The Women's Group was the starting point for everything else to fall into place. I feel happier now I have made friends, joined groups and made a difference to not only myself but to others."

Evaluation/Outcomes Data

By providing information, encouragement and support the group helps members to take up other opportunities at FDAMH and in the community. 6 of the group now attend a jewellery class at Forth Valley College, 2 attend the Salvation Army computer class and 4 attend other craft groups at FDAMH and in the wider community.

The group is a springboard to other activities

Facts and Figures

68 different women attended the group. 18 new women have joined the group on a regular basis this year. 22 people are currently on the waiting list.

17 women attend every week

Members help to decide on activities. The group have continued having a varied programme: from Bonnie Buttons to Bingo, ceramic marbling to arm knitting, pamper days to card making. The variety of activities ensures that everyone gets to do something they really enjoy.

Activities are wide and varied

Developments

Continuing growth in demand for this group forced a difficult decision: with limited space available, and wanting to ensure a positive and personal experience for all who attended, in January 2016 we developed two groups rather than one. Each group of women now meet fortnightly which has allowed us to reduce the waiting list for spaces on the group (although there remains a considerable waiting list). An unforeseen positive consequence of this action is that some group members meet up independently on their week 'off'. In a further attempt to ensure that all who want access to the group have the opportunity to do so, we have introduced a 6-month time limit to membership although women will be permitted to re-join the waiting list and come back to the group when a space is available.

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: 355

Staffing and Volunteers: 3 F/T staff

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).

Developing a person's ability to self-manage is paramount to delivering long-term impacts. It is important to identify the issues someone is dealing with but trust needs to be established before these can be revealed. Building trust, identifying preferred, achievable ways forward and teaching people self-management skills can take several sessions and FDAMH's Social Prescribing model has been developed to take all of these considerations into account whilst making the intervention itself as short-term as possible.

Two of our practitioners are currently based at two surgeries receiving referrals from partner GPs. Our third practitioner is based in FDAMH receiving referrals primarily from the Immediate Help Service although other service areas can refer to the service.

Impacts

Different clients want and need different outcomes but ultimately it's about them discovering how to help themselves. Our practitioners' goal is to arm people with the attributes, skills and information they need so they can do this for the long-term:

"The support I was given has been a lot, very much since the day I came and struggled to express my thoughts and emotions as well as the physical aspect of how I felt. The first thing she did was to acknowledge that the service could understand me and what I said I could not do was eventually used as a guide to help me cope. The help with thinking strategies, the worry tree and stress has allowed me to broaden my mind and combat anxiety. Not only has it helped me to build up experience in the things I thought I could not do but it has allowed me to cope and not have a fear of fear." Young person aged 16 years

"After using this service I learned the value of finding time for myself. Not only have I learned practical tools to help me e.g. sleep, I have also used strategies to help me cope in stressful situations. This is a life changing service – thank you"

"I have found the service very helpful. I have used techniques that were suggested and they have benefitted me greatly. I have managed to control and stop panic attacks which were

debilitating me. I am feeling far more relaxed and optimistic about the future than I was two months ago. I was so debilitated when I first started these sessions that I thought I would struggle to go back to work. I am now looking forward to it. I have had a fantastic experience and results from the service.”

“I was in a difficult period in my life where I was ‘stuck’ and unable to decide or come to terms with any form of direction. These sessions effectively opened the door to realise where I needed to head next and accept the challenges ahead. I would say that self-realisation and awareness are very hard to find: the service gave me the confidence to take on my issues and begin the process of moving on.”

GPs find having the service in their surgeries very beneficial and see for themselves the positive impacts on their patients:

“We feel social prescribing is helping a large majority of our population who value its service. Lorna has helped a large number of our patients with a wide variety of problems and we will continue to use the service”

“I have found this service excellent: I will be very disappointed I can no longer refer to it”

“I think it’s been a wonderful service the patients have really benefitted from it”

GPs agree that the service reduces prescriptions of anti-depressants:

“We are reducing our prescribing of ADs (anti-depressants) due to the social prescribing practitioner. We find the peace of mind and one-to-one sessions offered are of more use to this clientele than medication”

GPs report that Social Prescribing Service has reduced referrals to NHS Psychology services:

“I have definitely used FDAMH Social Prescribing Service for patients who may have been referred to psychology in the past but because of waiting time is much shorter and results seem to be as good I would now refer to Social Prescribing instead. Patients all seem to be able to develop good relationships with the practitioner.”

“I have referred people with anxiety and anger issues to FDAMH instead of psychology – without FDAMH a lot of people would wait 6 months and probably end up getting no outside help at all”

“We would refer to SP practitioner the mild to moderate cases, and only refer to psychology the severe and complex cases so it has reduced our referrals to psychology.”

The service offered 3 Anxiety Management Courses during the year providing opportunities for clients to explore issues in more depth within a group setting:

“I have found the course extremely helpful. My aim was to find tools/strategies that I could use to help myself and to cope better. I have been given so much help to achieve this. I have

very much enjoyed the course. I am now interested in continuing with Mindfulness practice. The support and help has been wonderful”

“I have found the course very good. From meeting other people who are also suffering and realising you are not alone to being able to accomplish just getting here. I now feel I have the tools to deal better with situations before things really deteriorate. Mindfulness is very interesting. A massive thank you.”

The service's 8-week Mindfulness Course, 'The Mindful Way', provides further progression for people:

“I have learnt a lot about myself during this course and how to deal with issues in a different way”

“This has been the most beneficial experience in my lifetime for my health and wellbeing. The evidence shows in my health recently and has improved over recent weeks.”

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 126 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 33.2, substantially below the average mental wellbeing cut off. The average post-intervention was substantially improved to well above the cut off at 46.6. 91% of people showed positive improvements using WEMWBS.

Large measurable positive shift in mental wellbeing among the client group

97 clients returned evaluation forms. Feedback is very positive. 89% reported feeling better about themselves and their lives and felt the service has been a useful source of information on activities and local services. 97% felt the service had been a useful source of information and techniques on managing anxiety. 96% were confident that they would continue to use the community supports that they had been introduced to.

Client feedback confirms positive changes

Overall satisfaction with the service model is extremely positive. High rates of respondents strongly agreed or agreed that the service was explained to them properly (100%); appointments were arranged to suit them (99%); their views were taken into account (100%); they were given time and support to think through options (98%); they were given the support they needed to try out activities (87%); and they were adequately prepared for the end of the service (94%).

Everyone agreed their views were taken into account

Facts and Figures

393 referrals this year (this is down on last year – 468 - due to illness which saw one of our staff unable to accept referrals and provide appointments for 5 months). 311 referrals were from GPs and the remainder from FDAMH's staff.

393 referrals

355 unique individuals have been clients this year – 87 people declined the offer of service.

355 clients

Each individual had between one and five one-hour sessions depending on need. The service retains the capacity to be flexible and respond to individuals' needs, as a consequence a small caseload of 33 clients requiring extended support were given additional sessions. There is an overall attendance rate of 71%.

Most attend 1 to 5 sessions

Work with clients resulted in:

368 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

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

Clients are referred on to additional community supports

170 referrals on to other services (98 within FDAMH, 72 with other organisations). The top three referrals on were for counselling services, activities, and finance-related support.

4 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 service's Mindfulness Card group became the responsibility of FDAMH's Group Worker in January 2016. It continues to provide a small group and safe, calm environment for those who require a gentle introduction to group activities.

In addition to one-to-one work, the service also ran 3 Anxiety Management Courses and 1 Mindful Way Course, offering additional support to clients of the service where it is needed.

Group courses promote further personal development

Developments

The Service Manager is now based full-time at FDAMH, allowing other services, but most particularly our Immediate Help Service, to refer to Social Prescribing. As well as offering people the opportunity to explore the issues that has led them to present at FDAMH's crisis

service, it also indirectly increases access to Social Prescribing for people across the community and not just those at participating surgeries.

“When speaking to people who use the Immediate Help Service and discussing their needs with them, it has been of great benefit to be able to offer a referral to the Social Prescribing Service. People have expressed to me how relieved they are that they are being offered something to help them other than medication and are especially pleased to learn they will be supported in trying some practical ways in which to manage their own mental wellbeing which gives them hope for the future.” Jane Boyd (Initial Assessment Practitioner at FDAMH)

Due to the success of the service more and more GPs are requesting a Social Prescribing Service. In response we made the decision to offer the service on a rotational basis. From July 2016 the practitioners will be moving to new locations to work with new groups of GPs in two new surgeries i.e. Camelon Medical Practice and Richmond Practice, Bo’ness; a reduced service will be provided at the Stenhouse Practice in Stenhousemuir.

The service continues to offer the Anxiety Management course but there is a considerable waiting list for the course. To help ensure that the course is always running at full capacity with minimal ‘drop-out’, we have introduced an information session prior to the course commencing to help potential ‘students’ make an informed choice about proceeding.

Comments

This service is providing a short-term intervention that delivers very positive benefits for the whole community, not least in terms of expenditure. Funding for the service has been provided from October 2015 via the Integrated Care Fund but this ends in October 2016. We are hopeful that the success of the service will result in further funding to at least maintain current service provision.

Immediate Help Service

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

Individuals supported: 660

Staffing and Volunteers: 1 P/T, backed up by rota of all qualified staff

In a recent review, O'Connor and Nock (2014) highlighted hopelessness as one of the key psychological risk factors for suicidal ideation and behaviour. Feelings of hopelessness have been found to be associated with initiation of self-harm (Milnes, David and Blenkiron 2002), the risk of repeat harm (McMillan, et al. 2007) and suicide (Beck, et al. 1990).

By being easily accessible the Immediate Help Service can provide hope and comfort to individuals at a critical moment. Our staff, (and primarily our Initial Assessment Practitioner), take the time to listen and attend to the people that come to us for support, actively involving individuals in identifying ways forward that will work for them and promoting self-management and coping skills to help people stay in control of decision making. This form of supportive consultation allows the thorough assessment of the level of risk to the individual of self-harm or suicide so that appropriate steps can be taken. For many individuals it is the first time they have been able to speak openly about such issues.

Impacts

The Immediate Help Service can provide hope when people feel there is none:

“FDAMH were there for me straight away. Having just left my doctor suffering from a bad depression I called the number that was given to me by the doctor and I spoke with a person who agreed to meet me straight away. I went to their offices and met with Jane. Jane took me to a room and we talked about my problems, problems that to me were so bad I no longer wanted to be a burden and was contemplating suicide. Jane managed to talk me out from these thoughts and gave me some hope of help. Jane also gave me some helpful information and contacts that could possibly help me, and for that immediate help I am grateful. I do believe that if I had not been given this help from FDAMH I would have followed through on my thoughts of suicide. Thank you.”

The Immediate Help Service allows individuals to take advantage of a moment when they feel ready and able to seek support:

“The importance of the Immediate Help Service being available when people are ready to access it was highlighted to me when I met with A in Immediate Help. He explained that he had been trying to come into FDAMH, on the recommendation of his doctor, for a long time and had twice managed to open the door before walking straight back out again. I was then very surprised to hear that this happened at the old building, so it was over 7 years since A had first tried to seek support from FDAMH. I spoke with A for some time, helped him feel at ease and suggested he come back to have a look at the Drop-in centre that afternoon once

the Women's Group had finished, which he did. He now regularly attends FDAMH's Drop-In, is much more at ease and has since participated in FDAMH's activity groups" Staff Member

A stated: "Jane was the main reason I came back: she was very nice and went out of her way to check I was ok. I would not have come back if Jane hadn't been there for me."

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 just wanted to thank you for your support and kindness when I dropped into FDAMH a few weeks ago. I was in a really bad place and had been struggling to function in everyday life. I hadn't yet received a diagnosis for my illness but you gave me hope and clarity that day... Although I am now referred to a mental health team, your offer of the women's group and CAB financial advice meetings has offered me real practical help at a critical time in my life. More importantly, your gentle, kind and professional manner helped me immensely when I was in such a high state of anxiety. I feel so lucky to have you and the team there for me and just wanted you to know how grateful I am."

"S, age 16, was brought down to Immediate Help by his High School guidance teacher who had become increasingly concerned about his wellbeing. I was able to take my time in Immediate Help to listen to S and established that he had been feeling depressed on and off for a few years and had attended CAMHS, age 14, for one year due to issues at school. Over the last few months his mental health had deteriorated considerably, his mood was very low, he was finding schoolwork stressful, was arguing more with his parents and his self-harming had increased in frequency to multiple times a day, including during school time. He had also experienced overwhelming suicidal thoughts. I applied STORM Suicide Prevention training to assess his level of risk, which was medium to high, so I also used a CORE 34 assessment to gain an objective view of his risk level. We were able to discuss coping strategies and safety planning. We agreed that I would call his GP surgery as he had not felt able to disclose his suicidal feelings or increased self-harming behaviour to his doctor on a recent visit. I made arrangements to call S the next day to see how he was and was able to offer him an appointment with the Young Persons Counselling service to begin the next week. He said that he felt much better after our meeting knowing that I understood and knowing that help was available. As well as counselling, and getting support via his GP, he has also made arrangements to attend the NHS Stress Control Classes with his mother in the coming month." Staff Member

Evaluation/Outcomes Data - new

Staff identified that they had been able to provide constructive support in 655 of the 660 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. Around half (326) were given information that would help them start to tackle the issues they were dealing with and over three quarters (534) received emotional support. 445 people were referred on to FDAMH's services and 141 were signposted to other appropriate

Over three quarters of the people who attended IHS required emotional support

services out with the organisation. Clearly, some people required referral to multiple agencies to help with presenting issues. This holistic approach is at the core of the success of this service.

Facts and Figures

The number of people accessing the Immediate Help Service has grown year on year. Last year we saw the number of people using the service increase by 24% (2014/15) and this number has continued to rise again this year, up by an additional 31%. There were 660 supports provided this year, that's immediate access to a mental health professional to an average of 13 people per week. 85% of supports that take place are face-to-face with the remainder by telephone and a couple via email. To respond appropriately to need, workers are flexible in the time given to each person; however the average duration is 35 minutes.

31% increase on last year

13 people supported every week

The number of young people (those estimated to be under 25 years old) seeking help has also been increasing annually, with this year being no exception. 125 young people were supported at IHS this year compared to 78 in 2014/15. This is an increase of 60% from last year and shows the demand for Young Person's services.

Demand from young people has more than doubled again

People accessing IHS are not normally currently using FDAMH's services and 86% had never used FDAMH's services before. By far the largest single source of referrals to the service was the NHS - approximately 293 people were sent by their GP's.

Nearly half sent by NHS

Figures from the self-assessment emotional scale showed at least 312 people (around 40%) considered themselves to be in great distress when they sought support from IHS.

40% felt in a 'very distressed state'

274 people indicated that they were considering suicide (42%) and 71 (11%) people were currently self-harming. This compares to 194 who indicated they were considering suicide or self-harm in the previous year. These figures show that 6 people per week were considering harming themselves. Of the 274 experiencing suicidal ideation, 11 admitted to having a specific plan in place. Around 151 people accessing support this year have history of a previous suicide attempt(s).

42% expressed suicidal ideation

13% of supports were for people concerned about someone else. For all other supports people using the service picked out the main causes they could identify as being at the core of their problems as follows (multiple options can be selected): relationship difficulties (35%), problems at home (37%), problems at work (17%), bereavement (17%), financial difficulty (23%), physical health (23%), substance abuse (11%), unemployment (11%), victims of crime (14%).

Financial difficulties a key factor in nearly a quarter of all supports

Developments

Funding received for the year has meant that FDAMH has now, for the first time, employed a worker dedicated to the Immediate Help Service. This has taken pressure off staff who previously took time out of their own services to cover the Immediate Help Service as they now only cover the Immediate Help Service on a shadow rota basis. This ensures the service is still available for all individuals who call or drop into the centre directly at the time of need.

Comments

It is challenging to evaluate the impact of the service and gather feedback from people using the service due to the fact that individuals may be in crisis and are usually only seen once in Immediate Help. This is something we are looking to address in the coming year (funding permitting) to enable us to further demonstrate the impact of service provision.

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.

People with mental health issues often lack the confidence to be able to speak freely in the presence of others therefore it is extremely important to offer a variety of ways that people can engage. People can be offered individual appointments, participate in focus groups or can put their comments in writing. The important fact is that people's voices are heard.

Impacts

The 'Facts and Figures' section below reveals that the service 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 service has the bonus of providing personal benefits, such as self-development opportunities, to the people who participate.

Those involved at group level benefit from a range of personal benefits:

"Structure my time positively" "Spend less time thinking about my own problems"

"Gives me a sense of purpose" "Feel I am doing something worthwhile"

"Openly discuss items of interest and concern regarding mental health"

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

"Hopefully my involvement will make a difference to improve services for other people"

"I am able to share information from the Involving Peoples Group (IPG) and UNITY (Service users' group, Social Work Department, Stirling University)"

"I feel confident I am making positive contributions"

One of the most important aspects of involvement work is to ensure it is meaningful:

The use of the Scottish Recovery Indicator 2 (SRI 2) to evaluate the recovery-focus of FDAMH's services was seen as important for continued organisational development and was the main project for the Involvement Group this year. This project was unique as it was the

first time in Scotland that the people who use the service were asked to undertake the evaluation (which is normally carried out by staff).

The SRI 2 evaluation tool has been developed by the Scottish Recovery Network (SRN). It helps organisations assess how recovery-focused their practices are and stimulates creative ideas for how they might continue to support recovery in the future. It identifies existing strengths and allows good practice by staff to be recognised and acknowledged.

The group looked at a variety of FDAMH's materials and processes. They undertook numerous interviews and focus groups with staff, carers and people who use FDAMH's services. Findings were presented to the staff group, highlighting good practice and areas for improvement. The findings were extremely positive and resulted in an action plan to help us continue and develop good practice, including:

1. Challenging the term 'Recovery' due to the confusion it causes.
2. Reviewing information leaflets to use more recovery-focused language.
3. Including information about 'Recovery' in the staff induction programme.
4. Reviewing Service User Involvement.

This exercise proved to be an invaluable experience for all of those involved in it. It called upon the strengths and skills of individuals by asking them to carry out presentations, interviewing people and helping collate the information gathered. Additionally it produced meaningful work which made people feel valued and boosted their confidence.

Participants conducting the audit said:

"I really enjoyed doing the presentation to the staff. It made me feel good and more confident"

"I was very nervous but felt privileged to be asked to do an interview"

"It was a steep learning curve but I enjoyed the whole process"

Staff members said:

"I found the SRI2 interview really valuable. It was helpful for me to consider my service within the ten recovery indicators, along with my own practice as well"

"I found the experience refreshing, although slightly nerve wracking".

"It was great to see the enthusiasm of the people who were involved in the whole process"

The project was presented to the Scottish Recovery Network's conference in Edinburgh and SRN's 2016 report 'How Recovery Focused are We? Learning from Four Years of the Scottish Recovery Indicator' is available from the SRN website.

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. This year two members have moved on to undertake further

study. 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 Dept. of Social Work Service Users Group)
Public Partnership Forum
Scottish Patients Safety Programme
Scottish Health Council

The service fosters strong links with relevant forums...

People have been involved in the following activities:

Audit of FDAMH using the Scottish Recovery Indicator 2 (SRI 2)
Scottish Recovery Network Conference
Raising awareness of mental health event with our Training Academy at Alexander Dennis
World Mental Health Day
Production of our own leaflet on Dignity (key theme for World Mental Health Day)
Production of "How I want to be Treated" leaflet to remind ward staff in the mental health unit of some essential practices.

... and employs people's expertise to meet a variety of needs...

Consultations have included:

How GP appointments may be arranged
Local Library services
Local Policing arrangements
Rights Relationships and Recovery Human Rights both at the development stage and how plans will be taken forward.
Advocacy Services

...and to contribute to consultations

Developments

A key challenge is to ensure that involvement is meaningful. After the success of the SRI 2 project people have expressed the view they would like to participate in similar pieces of work. It has therefore been decided to focus on developing 'customer surveys' which will look at how person-centred FDAMH's services are. Members of the Involvement Group will have the opportunity to develop the surveys as well as undertaking the actual work.

Networks are essential to the service's activity. The Mental Welfare Commission have recently appointed two Engagement Officers both of whom have "lived experience" of mental ill health. One is for people who use mental health services and the other for carers. We are looking forward to working with both of these people and establishing stronger links with the Mental Welfare Commission. Further exploration of working with Voices of Experience (VOX) is also planned. This is intended to develop better links with national organisations and access more engagement and consultation opportunities.

Arts and Activities

Delivering varied, fun and therapeutic activity to provide a wide spectrum of benefits that aid recovery

Individuals supported: 65

Staffing and Volunteers: 1 F/T staff, 1 Volunteer

“A handcrafted object communicates layers of emotion and experience in a way that words cannot” Janet McCall, Executive Director at Pittsburgh's Society for Contemporary Craft on 'Mindful: Exploring Mental Health Through Art'

FDAMH's Arts and Activities Service provides a fun, varied and engaging programme of activities supported by skilled tutors its purpose being essentially one of healing and recovery. In 2007, the Department of Health's Review of Arts and Health Working Group examined the role the Arts can play in health, concluding that Arts initiatives deliver real and measurable benefits across a range of priority health areas and should be integral to the healthcare environment (Cayton 2007). Arts are now widely used to support recovery for a range of physical, mental or emotional disorders (Margrove, et al. 2013).

Art therapy sits well with FDAMH's recovery-focus. It builds clients' self-confidence and self-esteem and creates a social platform where members can engage with like-minded individuals and build relationships. Crucially, such activities give people a chance to share their experience with an interested group and provides an outlet for free individual expression; it is recognised to facilitate verbal communication and cathartic release (Sholt and Tavron 2006). These groups also offer focused relaxation time where people are able to manage and 'put away' their daily stresses thanks to the therapeutic aspects of the activities.

This service has been running since August 2015; however our worker was also supporting our Drop-In Centre and only became largely dedicated to activity groups in January 2016.

Impacts

The service alleviates isolation and provides valuable therapeutic benefits:

“I am 44 years of age and suffered PTSD at 9 years old and borderline personality disorder at 11 years old. I have struggled most of my life with relationships, career and kids. I also suffer from anxiety attacks which can be very frightening and can stop me doing the things I want to do. This Art class came as a blessing at the right time in my life as it helped motivate me relieve anxiety and to focus on something positive. The biggest help was the feeling of being part of a group which helped me feel less lonely. I really hope this class can continue.”

“I have experienced mental health difficulties throughout my life which, at times has helped, and at times, hindered my work. I use art as a way to express emotion but also for the therapeutic and calming effect the process of creating art has on me....body and mind.”

Participation helps people to find or re-awaken interests which they can then continue independently thereby ensuring they carry on enjoying the therapeutic benefits of what they have learned:

"I signed up to the Painting and Drawing class. I thought I wouldn't be any good but I was determined to enjoy it. I found that I was much better than I thought I would be and have now taken up painting as a hobby."(7 out of the 10 members of this class have continued their practice either by joining up to an Art Class in the community or by doing work at home.)

"I recently attended an eight week writing workshop at FDAMH. The setting was comfortable and informal and the tutor did all he could to put us at our ease. He was obviously experienced and used a variety of techniques to stimulate us to write. He was also adept at taking elements of people's work to encourage them to develop these further. As time went on people began to share more personal stories and for some it was clearly therapeutic. For myself, a latent talent was awakened and I have continued write since the class has finished, recently sending a poem to my son for Christmas."

Classes provide strong improvements to people's confidence which is key to helping them move forward and pursue other opportunities and goals:

"Doing these activities has given me such a massive confidence boost that now I feel that I can do anything! It's even given me the confidence to learn to drive."

"I gained encouragement, confidence and rekindled my love for Art. I will be joining an Art Class in the community after the course is finished."

"I learned that I enjoy Art: I found it therapeutic, enjoyable and a huge confidence boost."

"I have seen this service bring hope and happiness to those who are lacking in confidence and self-belief." Staff Member

Exhibitions and performances allow participants to communicate with a wider audience and this also helps to increase understanding of mental health and reduce stigma:

"Thanks, Emily - they're all amazing people and please pass on my personal thanks to them for sharing their work with me and the listeners. I haven't been moved like that for an awfully long time." Jim Prentice, interviewer for Radio Royal

The performance of Navigation Through Life- a live piece written and performed by the Drama group, directed by Kat Wilson and funded by Network Rail- was a huge success with fantastic comments being left by audience members at Behind the Wall and at Stirling University's MacRobert centre:

"engrossing and emotional" "some poignant stories" "inspirational and powerful"

"funny interesting and thought provoking" "excellent moving and humorous"

"good demonstration that mental health is an issue that can affect anyone"

Evaluation/Outcomes Data

On completion, group participants provide feedback on whether or not they feel participation has improved their wellbeing. In the period September 2015 to April 2016 45 activity evaluations were completed:

- 100% agreed the activity reduced their anxiety
- 100% agreed the activity boosted their confidence and self-esteem
- 100% agreed the facilitator was encouraging and lessons easy to follow
- 100% agreed they would recommend the course to a friend
- 43% agreed they felt encouraged to seek out and join other similar activity groups in the community

All participants report beneficial impacts on anxiety and confidence

Facts and Figures

85 referrals in the period.

7 groups active in period: Creative Writing, Painting and Drawing, Felt making, Card Making, Singing Group, Drama Group, Trendy Tribes Textile Crafts

Groups offered varied environments, some specifically tailored to be more suitable for those who might find the prospect of a group setting quite daunting.

Variety and attention to needs helps to create broad appeal

We pursue opportunities for groups to enjoy external showcasing of their work which is an additional confidence boost:

Two performances were delivered of our Drama Group's 'Navigation Through Life' supported by Network Rail. Focused on improving understanding of mental health and breaking down stigma, these performances took place at Stirling University and Falkirk's Behind the Wall, to an overall audience of 140 people.

Public displays of work build confidence further...

Reading of Writing Group's work by authors, live on Royal Radio.

...and break down stigma

An exhibition of paintings and drawings at Falkirk Town Hall.

Creation of FDAMH 'Insta-Gallery' using Instagram which has been successful in generating a lot of interest in our groups and getting further positive feedback for the work of group members.

Flash mob for World Mental Health day in the Local shopping centre as a raising awareness and anti-stigma campaign that involved the local community.

Our tutors have been supported by one volunteer and the service is currently seeking more volunteers.

**Volunteers
support
participation**

Developments

Developing partnerships with external organisations is integral to the continued success of the activities programme. Valuable relationships have been established with Network Rail, who funded this year's drama project and intend to continue to support FDAMH's activity projects as part of their community engagement strategy. Partnerships with artists, directors, crafters and writers have been established in order to provide clients taking part in the groups with experienced and skilled facilitators that will encourage and support them.

Additional links are important in allowing the groups to find space to meet in, exhibit and perform. The Art and Painting class is exhibiting the work of the members for 6 months near the atrium of the Forth Valley Royal Hospital thanks to support from the Art Manager. Connections with Falkirk Town Hall have been established in order to use the venue as an exhibition and opening night space. Local community champions in various supermarkets across Falkirk are helping to promote exhibitions and performances and to provide refreshments for events. Falkirk Trinity church and the St James's Parish church are also providing venues and support.

We are also very grateful for support from contacts in the local media such as James Trimble, community editor of The Falkirk Herald, and Jim Prentice from Radio Royal.

Comments

Interest in the activities programme from across the community is growing as it develops. We are delighted that increasing numbers of artists in the community want to connect with FDAMH. Posts about our activities groups are proving very popular on our social media channels and are getting good levels of engagement. As people see the joy that others are getting from these groups, more and more clients are seeking to take up the opportunities within Arts and Activities to try something different to alleviate their stress and anxiety and to find their place in the community.

Welfare Benefits Worker

People who use FDAMH's services report valuing having access to a Welfare Benefits Worker at the Centre. Issues with welfare benefits can create a great deal of stress and anxiety for some people and on-going changes to the benefits system can be confusing and complicated. Dealing with welfare issues and related issues can be a key step to alleviating the distress that people are experiencing and allowing their recovery to progress.

Previous 2 year funding for this service came to an end in March 2016. However, we are delighted that our partners at Grangemouth CAB have managed to source new funding to continue the service with a Welfare Benefits Worker back at FDAMH one day per week from April 2016. CAB has also made provision for people affected by mental health issues to access this service at the Grangemouth CAB office at other times throughout the week.

Volunteer Support and Development

Volunteers are a fundamental part of many of FDAMH's services and provide invaluable work supporting services, staff and service users.

Number of volunteers: 103
Staffing: 1 F/T staff

Volunteers allow organisations the opportunity to provide help, support and assistance in their daily operations. Without the on-going support of our volunteers we could not continue to work with and support the increasing number of people who use our services.

People choose to volunteer for a variety of reasons. Some feel it offers the chance to give something back to the community, some to make a difference to the people around them. For others it provides an opportunity to develop new skills or build existing experience and knowledge. However, the common factor of our volunteers is that they find it rewarding. Recent research has shown that volunteering provides benefits to health and wellbeing:



Source: Scottish Volunteering Forum

Impacts

Our volunteers find their roles life-enriching:

"I would urge anyone thinking about it to take the plunge. It is something which people will not regret".

"It is early days in my role as a befriender but my lady tells me I am making a difference to her life already. She looks forward to my visits and going out".

"It is so refreshing to feel part of the team at FDAMH; they really do value their volunteers and offer many beneficial training courses that I ordinarily wouldn't have had access to".

"To anyone who is considering volunteering, I can't recommend it highly enough".

Our volunteers all benefit immensely from a 5 week training programme to prepare them for their roles and are given further training opportunities as they arise:

"Very enjoyable and informative course"

"I gained a fuller understanding of the role ahead of me"

"Enjoyable: people on the course were helpful and friendly"

"Helped me gain a better understanding of mental health"

"All round good and informative"

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

"There is a range of opportunities available at FDAMH to suit whichever area it is you are interested in and Morag is on hand to help with any queries you may have".

"The training and support that goes along with the role is excellent".

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

"The benefits I receive from having a dedicated Volunteer Development Officer are substantial. It frees up a considerable amount of time I had previously spent sourcing volunteers. Morag is able to do targeted and specific volunteer drives and has been able to develop significantly more contacts and networks which I would not have had the time to initiate myself".

"Morag is able to co-deliver our volunteer training and has extensively developed and expanded our volunteer training. She has also been able to source and supply external training requested by my volunteers, thereby extending their knowledge and engagement with FDAMH as a whole".

"There has undoubtedly been sizeable benefit to my service provision through having Morag in post, not only in freeing up my time, but also enabling me to develop my service more comprehensively."

“I find the fact that we have a dedicated volunteer development worker very reassuring. It allows me to carry on taking referrals, knowing that Morag is out about in the community constantly recruiting new volunteers for our services.”

“Morag has been fantastic at recruiting volunteers for the Health and Wellbeing Drop-In service. She has recruited and trained numerous volunteers for Drop-In who have been great assets to the centre. She is excellent at informing volunteers of any training available which they would benefit from.”

Social opportunities offer chances to mingle with staff and other volunteers:

FDAMH’s annual ‘volunteer quiz night’ saw fiercely competitive teams comprising staff and volunteers competing for the much coveted first place. Staff and volunteers enjoy the opportunity to meet up with one another:

“Fun night, will definitely be at the next one”

“Great night, it was good meeting up with other volunteers”

“Thanks for a great evening. The staff gave up their evening and made me feel appreciated”

Evaluation/Outcomes Data

The annual volunteer survey has been issued again this year which gives us an overview, from our volunteer’s perspective, of how they feel about how well we give support, training, involvement and communication. To date 25% volunteers have responded to the survey, providing important feedback that will allow us the opportunity to improve or make changes to the range of services to our volunteers. We aim to ensure that we are providing our volunteers with the right support and information to make their volunteering experience enjoyable whilst realising their value.

90% would recommend volunteering with FDAMH

Facts and Figures

Currently we have 103 volunteers. During the year 28 left the service, however a further 35 have been recruited and successfully trained out of the 96 who expressed an interest in volunteering with FDAMH.

103 volunteers

Volunteer turn-over and growing demand for services means on-going recruitment is required to meet the needs of services. Areas where we can promote our volunteer vacancies are continually sought and we have developed many links within the local community to allow us to do so. New links this year have included local businesses, particularly cafes, bars, restaurants and sports clubs. Throughout the year they promote our literature to recruit volunteers and most recently have used our beer mats launched for our “Man Up” campaign to recruit

A wide variety of recruitment opportunities are exploited

additional male volunteers. Local businesses also provide us with much needed meeting space free of charge. Their continued support is a significant factor in our ability to meet our volunteer recruitment needs.

Talks have been delivered to a wide variety of organisations and workplaces to encourage the take-up of volunteering opportunities. Other promotional activities have included social media campaigns, stories in the local press and the distribution of materials including posters, leaflets and our promotional beer mats!

All new volunteers must attend the volunteer induction training. The 5 week programme is delivered on consecutive weeks in 2 hours sessions. Over the last year we have delivered 7 induction training courses. Of the 41 people who registered, 35 new volunteers successfully completed the course.

35 volunteers successfully through initial training

We recognise the importance of on-going training and support for our qualified volunteers. This year volunteers participated in 420 hours of additional training. Training included: Understanding Self Harm, Mindfulness, Emergency First Aid at Work, Assertiveness and Scotland's Mental Health First Aid course. Partnerships with statutory and third sector organisations also enhance our repertoire of training: Strathcarron Hospice provided 2 places on Communication, Loss, Grief and Bereavement training and outside trainers donated their time and knowledge to deliver workshops on Attachment Theory and a Psychosexual Therapy Explained.

12 additional in-house training courses

Volunteers also have access to external training

102 volunteers receive our weekly emailed volunteer bulletin which keeps people up-to-date with relevant matters discussed at our Staff Team Meeting and any other important information we'd like to share. On average this is read by 37% of subscribers. In addition volunteers receive regular contact with updates on training, information and events via text and email.

100% agree they are kept informed of developments within FDAMH

Developments

During the year as services have developed and grown, new volunteers have been recruited to meet their needs and demands. The introduction of the Third Age Telephone Befriending Service has seen 2 existing volunteers dedicate more of their time to this new project. Although both had previously completed their volunteer induction training, refresher training along with training specific to their volunteer role was delivered.

To enable several of the groups and services to increase their trips and excursions, 4 new volunteer drivers have been recruited and have completed their induction and MiDAS training.

Training Academy

Raising awareness of mental health and wellbeing, reducing stigma and promoting an early intervention/prevention approach within our community, schools and work places

Individuals supported: 906 delegates

Staffing and Volunteers: 1 F/T and 1 P/T supported by sessional workers

All sections of our community are vulnerable to the impacts of poor mental health and yet many people do not possess sufficient knowledge of mental health issues to look after themselves or support each other effectively.

Our young people: one High School in Falkirk recently reported to us that on average 10 children present with poor mental health each day and teaching staff feel ill equipped to support them, a situation which is likely to be mirrored in other schools. We know that 75% of all mental health problems start during adolescence: we also know that research consistently shows that identifying and offering therapeutic interventions as soon as possible following onset of reduced mental wellbeing offers young people the best prospect of recovery.

Our workforce: National Government statistics used in most recent HSE (Health and Safety Executive) Report indicate that:

- 9.9 million working days were lost in 2014/15 as a result of work related stress, anxiety and / or depression
- There were approximately 1380 cases of the above per 100,000 people in the workforce during this period
- The annual cost to UK employers of mental ill health in the workforce is £25.9B (yes, billion) per year

The above staggering statistics illustrate that employers cannot ignore the fact that members of their workforce cost companies a considerable amount of money year on year in relation to poor mental health and wellbeing.

Moreover, the Chartered Institute of Personnel Development (CIPD) asserted in 2015:

“...we cannot expect [managers] to *just know* how to have ...conversations about potentially difficult issues....we need to provide training and support....”

Our community: Unemployment has a strong correlation with poor mental health (McLean, et al. 2005) and older people lacking social support can be particularly vulnerable to reduced wellbeing. Indeed there are no sections of the community unaffected by mental health problems yet staff in public and third sector agencies offering support often have no mental health training.

Our own experiences of training local authority staff in mental health awareness during last year's Building Resilience project demonstrated the positive impact it can have on staff and on engaging productively with customers thereby improving service outcomes.

To help address all of the above issues FDAMH's Training Academy was officially launched on the 25th August 2015 by Jamie Hepburn MSP, Minister for Sport, Health Improvement and Mental Health.

Impacts

Education

We have provided training to primary and secondary schools in the Falkirk area, supporting pupils, parents, teachers and ancillary staff.

Pupils feel better prepared to deal with current challenges and the future:

Of the Coping with Exam Stress: *"I found this really helpful. This will be really useful to help me through my exams"*

Of the Pilot 7-unit programme: *"It has helped me cope with my attitude better"; "This course helped me through my biggest panic attack"; "Course would be good as a PSE lesson to maybe S3-S5"; "Loss and grief can affect everyone and that it involves a lot more than just death was interesting to me"; "Insightful, feel better prepared to deal with any anxiety issues in the future"*

Staff develop better awareness of the effects of stress and anxiety on their pupils and how to support them:

Of the Introduction to Mindfulness taster session: *"I found the listening exercise invaluable in making me aware of how pupils hear me"*

Of the Introduction to Mental Health Workshop: *"Session proved to me that I would benefit from more training on how to support pupils with poor mental health"; "As teachers we see more and more stress and anxiety in our pupils and need to learn the best way to support them"*

Of the Introduction to Mental Health Information Session: *"Opened my eyes to how anxiety and stress can have a detrimental effect on an unsupported pupil"*

Of Scotland's Mental Health First Aid Training: *"Real ways to help and support colleagues, pupils & families"; "More awareness of how to recognise the signs of poor mental health and how to respond"*

Other Organisations

The Training Academy has met the needs of businesses, statutory sector and third sector organisations as well as independent businesses.

People are better able to support others and themselves:

Of the Art of Conversation & Keeping Yourself Mentally Well: *“It challenged me to acknowledge mental health issues in everyday life - not just work”; “A timely reminder to take care of me too!”*

Of the Boundaries Workshop: *“A better understanding of what boundaries are & how much I use them in day-to-day living”.*

Evaluation/Outcomes Data

In order to ensure our training meets the needs of the delegates each training course is evaluated on completion. Any relevant learning is incorporated into future courses.

Training enhances daily life...

100% strongly agreed with the statements:

“I feel I will be able to use the learning gained today in my daily life”

“I would recommend this training course to a colleague”

92% agreed with the following statements:

“I have had opportunities to use the skills / confidence you gained during the training, either work related or personal.”

“I feel the training has improved my skills and confidence in supporting vulnerable customers”

...and improves support to vulnerable clients

Facts and Figures

Packaged Courses on offer this year:

Introduction to Mental Health Awareness
Scotland’s Mental Health First Aid
Understanding Self-Harm
Assertiveness Workshop
Boundaries Workshop
COSCA Certificate in Counselling Skills
Understanding Eating Disorders
Understanding Hoarding Disorder
Volunteer Training
Carers Education Course

4,187 training hours delivered overall

Training within Education

We have designed and delivered a menu of bespoke training in order to meet the training needs of pupils, teaching and ancillary staff in a host of local schools Including:

265 pupils, 467 teachers and ancillary staff

Coping with Exam Stress (pupils)
Introduction to Mindfulness (teaching staff)
Introduction to Mental Health Workshops (teaching staff)
The Art of Communication and Coping with Stress (teaching staff)
Introduction to Mental Health Awareness Programme pilot (S6 pupils)
Introduction to Mental Health Information Event (teaching staff)

Training to Organisations

174 employees

In addition to ready prepared courses we have also delivered bespoke packages:

The Art of conversation and Keeping Yourself Mentally Well
Keeping Yourself Mentally Well Awareness Events
How to recognise the signs and symptoms of the most common mental health conditions and how to support others

Developments

In our first year the Training Academy has designed and specifically tailored courses in response to requests from a variety of organisations. This has included the development of training specifically for parents of children at nursery and primary schools.

Demand for our input from schools led to the development of a variety of tailored packages for different audiences. Among these we were delighted to deliver a pilot 7-unit Introduction to Mental Health Awareness programme to senior pupils at a local high school during 2015. The pilot was deemed so successful that the Academy is developing a more in-depth programme which will take place over 25 weeks, commencing in August 2016 for S6 pupils. In addition to providing courses we have attended many CPD events and Mental Health Awareness Information events, sharing information with both teaching staff and pupils.

Although our focus had initially been on our immediate geographical area, we are delighted to report that we were asked to deliver training further afield in, for example, Fife, West Lothian and Glasgow. In addition, previously only available to 'our own carers and volunteers', we have made available our tried and tested Carers Education Course and Volunteer Training to other organisations.

Comments

The Training Academy policy is to meet with key members of an organisation to gather an insight into their issues and needs in order to design bespoke training that will be meaningful and beneficial to the organisation. The bespoke training incorporates interactive workshops which present delegates with opportunities to practice their learning in a safe environment. This method has resulted in very positive feedback from delegates as they feel they have gained practical skills and increased knowledge.

The importance of educating young people (and the staff who work with them) about the significance of looking after their mental health and wellbeing cannot be overstated. Where

problems have already arisen, we aim to highlight the importance of early intervention therefore we seek to help people to be able to identify what the 'tell-tale' signs of poor mental wellbeing are and how to approach someone to support and help them to seek professional help.

The same is true within other organisations. Delivering training within an organisation promotes positive attitudes towards the importance of mental wellbeing and helps create a supportive environment whereby an employee feels they can discuss their mental wellbeing with colleagues and managers thereby reducing the stigma and discrimination so often experienced by people whose mental health is not 'at its best'. It makes economic sense for organisations to support their workforce too!

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