Welcome

Together newsletter is part of a range of support resources being developed by the Mental Health Partnership, to advance mental health improvement across Greater Glasgow and Clyde. This will build on the impetus provided nationally by the publication of Towards a Mentally Flourishing Scotland.

Aimed at our many partners in statutory, voluntary and community sectors who are engaged in this important work, Together will help share good practice, bring you news of local and national developments and provide information on learning and research opportunities.

We hope you enjoy this Third Edition and look forward to receiving your reactions and contributions for future issues.

Trevor Lakey, Health Improvement and Inequalities Manager, Mental Health Partnership trevor.lakey@ggc.scot.nhs.uk

Taking STEPS towards addressing inequalities in mental health

The STEPS Team (Primary Care Mental Health Team in South East Glasgow) and the Glasgow Centre for Population Health (GCPH) have been working together to help explore STEPS’ role in addressing inequalities in mental health.

Established in 2003 to provide a multi-disciplinary response to common mental health problems in the local population, the STEPS team has developed numerous successful methods for improving access to mental health services for the local population of South East Glasgow Community Health and Care Partnership. They approached the GCPH to explore whether they could do more to address the inequalities in mental health they knew to exist in South East Glasgow.

The Glasgow Centre for Population Health (a partnership between NHS Greater Glasgow and Clyde, Glasgow City Council and the University of Glasgow, supported by the Scottish Government) was in the process of developing a framework for Community Health (and Care) Partnerships (CH(C)Ps) to review their action on health and social inequalities. They approached the GCPH to explore whether they could do more to address the inequalities in mental health they knew to exist in South East Glasgow.

The framework for reviewing action on inequalities draws on Dahlgren and Whitehead’s Ten Principles of Policy Action on Social Inequalities in Health.

Inequalities in mental health are gaining recognition in Scotland, distinct from physical health inequalities, with action to reduce inequalities in physical or mental health being focused on both social and biological conditions.

Scottish policies generally expect all public sector services to build action on health inequalities into their functions, but with an absence of robust intervention research there is a lack of guidance on explicit strategies/guidelines for practice that include a balance of biological and social interventions. Service providers are also finding that little clarity exists as to the best way to approach the issue of inequalities in health and it can be difficult for individual teams, working within large organisations, to determine their specific roles within this agenda.

Application of the framework to the STEPS programme identified a number of areas that needed further exploration before putting specific plans for action in place.

These included:

• Seeking better understanding of the ‘lived experience’ of mental health problems in South East Glasgow
• Exploring the potential for better engagement with local communities
• Using existing data more effectively in refining STEPS services.

Work is currently being progressed and plans are in place for early identification of clear measurable objectives for STEPS to address the above priorities. In taking this forward STEPS intends to use existing research together with their team’s experience in order to strengthen their actions to address inequalities in mental health.

For further information on the framework for reviewing action on inequalities please contact Dr Pauline Craig at Pauline.Craig@drs.glasgow.gov.uk and for more details about STEPS, Michael.Ross@ggc.scot.nhs.uk. For more information on the GCPH please visit www.gcph.co.uk.

Please click here to view the GCPH Framework for reviewing actions on health inequalities.
The Good Childhood Inquiry

In 2006, The Children’s Society commissioned The Good Childhood Inquiry to address our serious concerns about the health and well-being of children in our society. We established a panel of 11 experts to examine evidence from over 30,000 children, parents and professionals as well as other research and arrived at 30 key recommendations.

The central tenet of the report is that the nature of the society we live in, and inequalities within this society, were the two things that led to the poor physical and mental health of Britain’s children. Whilst our children have never lived so well materially, the speed at which children’s lives are changing, the commercial pressures they face, the violence they are exposed to, the stresses of school, the increased emotional distress they feel and the sense that their lives are becoming more difficult is cause for concern.

Fundamentally, the report argues that “excessive individualism” or selfishness, is causing a whole range of problems for our children, including mental health issues, one of the greatest barriers to wellbeing and a good childhood. One in ten of all 5-16 year olds have clinically significant mental health difficulties, yet only a quarter are getting any kind of specialist help. These problems are particularly acute amongst the most disadvantaged and alienated, including young people in trouble with the law and refugee children.

We need to be alert in identifying and dealing with mental health difficulties. The local doctor will often be the first port of call and needs to be able to identify the symptoms, as well as offer sensible advice to parents and young people if problems exist. If the mental health difficulties are serious, children and young people should be referred to a fully professional assessment from child and adolescent mental health services (CAMHS) – based within the NHS.

The Good Childhood highlights how much money can actually be saved by treating mental health difficulties early on, rather than letting them develop into more serious problems and subsequently seeing them manifest, for example in terms of crime.

The Children’s Society website contains a wealth of information on a number of innovations in the field of early years, child development, parenting and others including some groundbreaking work beginning soon with fathers; a health and well being index and many others.

http://www.childrenssociety.org.uk/
The Good Childhood® Inquiry
http://www.childrenssociety.org.uk/all_about_us/how_we_do_it/the_good_childhood_inquiry/1818.html

For more information on the Inquiry, email Penny Nicholls, Director of Children and Young People, The Children’s Society via meat@childsoc.org.uk.

Research in Mind

Mental Health Improvement Network Seminar Programme, Autumn 2009 Series

Following on from the hugely successful Spring 2009 series, we are pleased to announce the Programme for Autumn 2009.

24th September, 2009.
Health Promoting Hospitals – a mental health perspective on the national pilot programme.

29th October 2009.
Creating Confident Children – a pre-5’s initiative to develop emotional literacy in children and families using music, drama, physical activity and story telling.

26th November 2009.
Cutting the dash, South West Peer Support Development Group research on their experiences of mental health and employment

Check out the Research in Mind section in the Mental Health Improvement Network website for venue and booking information. www.phru.net/mhin
All of the Autumn 2009 seminars will be held in the Conference Room, Dalian House on Thursdays, from 3 – 4 PM.

The direct link to the page is: www.phru.net/mhin/Mental Health Improvement Seminar Series/MHIN Seminar Prog Autumn 09 series.pdf
‘Call-back’ – power to the people

STEPS
The STEPS primary care mental health team (south east CHCP) offers a wide range of services to those with common mental health problems. Service brochures are available across south east Glasgow – in GP waiting rooms, community centres, libraries, bowling clubs, etc – anywhere where people gather. All services a self-referral, allowing people to choose the service(s) that would suit them best.

Our services can also be seen on the STEPS website www.glasgowsteps.com
Since September, we have been evaluating a new service – ‘Call-back’.

How it works
Individuals leave basic details on the dedicated 24/7 answering machine. A therapist calls-back and carries out a protocol-driven assessment.

Any onward service is arranged at this time, e.g. an appointment for individual therapy. Of the 3000 people who use our service annually, around 450 used call-back. On average, we return their call within 9 hours. We arrange help for 99% of callers. 83% are offered a STEPS service – Stress Control is the most popular. They enter the STEPS service, on average, 9 days after call-back.

Individual therapy
19% of callers were offered individual CBT or counselling. 90% attended the first appointment, compared to 50% in the old GP-referral system. 81% completed treatment (compared to 21% in the old system).

Conclusions
Callers rate the service highly. Therapists like being able to respond so quickly. We believe it has empowered users to choose the services they want. It makes it easier for people to find the help they need.

For more information, contact Jim White, team leader, jim.white@ggc.scot.nhs.uk, 0141 433 4934. www.glasgowsteps.com

Child and Youth Mental Health

My name is Heather Sloan and I came into post with the Mental Health Partnership in June as Health Improvement Senior (Mental Health).

My main focus will be mental health and wellbeing in early years / children / young people. To this end, I am currently exploring what is happening across Greater Glasgow and Clyde with regards to these areas.

I am really interested to find out more about networks that are happening locally and would be keen to link into these and offer any support that may be needed around this agenda.

Current Work
I am presently carrying out an audit of the Positive Mental Attitudes curriculum pack which was offered out to all High Schools across GG&C along with staff training. Schools are currently implementing Curriculum for Excellence which has positive emotional health at its heart, essential to ‘successful learners, confident individuals, responsible citizens and effective contributors’. The Positive Mental Attitudes curriculum resource comprises 24 lessons, four per year group of secondary schooling, giving a focus to learning about emotional wellbeing whilst challenging negative attitudes associated with mental health problems. The audit should inform us if schools are actively using the pack and what if any support needs are required by schools to enable them to continue using it.

In addition to the schools audit, I will shortly be undertaking a formal exercise of consulting and engaging with a range of partner agencies that have an active interest in the suicide prevention agenda. This particular piece of work will be undertaken as a complement to the locality developments that are currently being planned in North and East Glasgow CHCP’s.

As my portfolio of work develops I will be supporting some localised CH(C)P initiatives such as Emotional Literacy in pre 5 establishments and Community Engagement with young people in relation to suicide prevention. I will feed back progress to date in future editions. Meanwhile if anyone would like me to attend any networks around Children and Young Peoples mental health issues or indeed have any suggestions about setting up a new children and young people’s mental health network, please get in contact with me.

heather.sloan@ggc.scot.nhs.uk
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Leverndale is Living Healthy!

The Healthy Living Group, based in Recreational Therapy at Leverndale Hospital, is soon to start its third course in October 2009. The aim of the eight week programme is to motivate and support those wishing to lead a healthier lifestyle. Since its inception, the group has received in excess of 35 referrals.

Sessions start with the benefits of a healthy balanced diet and regular exercise to improve physical and mental wellbeing and enable group members to make informed choices for a healthy life. Smoking cessation sessions and promoting responsible drinking are addressed in the following sessions along with discussions surrounding motivation and goal setting. Pharmacy input is a recent but very welcome addition to the group allowing members to understand and ask questions relating to medication, for example side effects.

Each week, group members have the opportunity for blood pressure monitoring and any concerns will be referred for GP assistance. For those concerned with weight management, weekly weigh-ins are provided.

The group members offer ongoing support and meet monthly for three months following completion of the course. Members are also supported in accessing Community & Recreational Therapy resources to enable wider access to physical activity (e.g. walking groups, and other ‘physical interests’) along with healthy eating / cookery skills projects in the community.

If you would like to know more about the Healthy Living Group, please contact Anne O’Brien or Tony Kane (Recreational Therapy) or Sally Vercosa (Dietitian) on 0141 211 6424 or by email at Sally.Vercosa@ggc.scot.nhs.uk.

Mental Health & Race Equality Programme

Do you work with Black and minority ethnic (BME) communities?
Do you work in mental health?
Do you have an interest in BME mental health?

Then why not join our Network List?
• we will email you our quarterly newsletter ‘Network News’
• you will also be invited to our Network events in your region,
• we will send you our recent publications around BME mental health
• we will send you articles and research about BME mental health

To become a FREE Network Member, or for more information on our Programme, contact Dale Meller or Arma Sayed on 0141 354 2900.

For our publications - check out our website: http://www.healthscotland.com/about/equalities/mentalhealth.aspx

Staying Connected Event 29th May 2009
The West Regional Network Event “Staying Connected” was held on 29th May in Hamilton showcasing current work around BME mental health.

We presented a number of informative projects which were chosen by the members. These included: Happy to Ask, Happy to Tell Diversity Training, Sharing Roots from the Western Isles, BME WRAP (Wellness Recovery Action Plan) Training, and Sanctuary Project. The event was a great success with over 40 people attending.

Our next event is on the 24th September in Fife and you can find out about future activities by joining our Network List now.

To receive an invite to future meetings contact Arma Sayed on 0141 354 2900.
Scottish Recovery Indicator

NHS GG&C held a launch of the newly develop SRI in July 2009. It was attended by various professional groups working within health and social care and included voluntary organisations from across Greater Glasgow and Clyde. The purpose of the event was to promote the SRI tool, to see the electronic version, how it can be used and to discuss the implementation into practice. The event helpfully included experiences from clinicians who had been involved in the previous pilot of the tool.

The outcome of the event is that each team will identify how they are going to implement the tool and this will be in collaboration where required with William Ellis the programme lead. This links to work being led by the Scottish Recovery Network www.scottishrecovery.net. For more information about the SRI, see the website's microsite at: www.scottishrecoveryindicator.net/

William ELLIS, of the Scottish Recovery Network adds that since its launch in June of this year, the SRI has been used by a wide spectrum of mental health service providers across Scotland. The tool has been designed to facilitate services in self assessing how recovery oriented they are. To undertake the SRI they collect data from assessments, care plans and information that explain the service, such as policies, procedures, information leaflets and welcome packs. They also interview people who provide and people who use the service. During this process they rate themselves against the nineteen indicators which are graded on a five point scale:

- No, or very minimal, adherence to the indicator
- Little adherence to the indicator
- Partial adherence to the indicator but significant departure
- Good adherence to the indicator
- Full adherence to the indicator

It has become clear that the main benefit of undertaking the tool is the conversations that are generated within teams. People are revisiting questions related to the service as a whole, questions like:

- What service are we providing?
- Are we recovery focussed?
- Are we meeting individual needs?

The SRN are supporting the use of the tool through the provision of local workshops, to date they have delivered over thirty across Scotland. If you would like to organise a workshop in your area, please contact The SRI project lead at the Scottish Recovery Network.

William@scottishrecovery.net

Take a walk on the wild side - Moving beyond lifestyle advice.

Making a difference in people's lives isn't just about what you say, it's about how you say it. There are many complex factors which contribute to the development and maintenance of mental health problems. One such factor is the correlation between mental health and lifestyle choice. It is widely known that people with severe and enduring mental health problems are more likely to develop serious health conditions and die younger than other people. The life expectancy for people with schizophrenia is reduced by up to 10 years (Allebeck 1989). Research suggests that clients only make a limited behavioural change when we “tell” or “advise” them to change aspects of their lifestyle.

In this project we were aware that “advice” had previously been offered to clients we were working with and little behavioural change. To understand this issue, and to see if it is possible to influence the lifestyle choices people make who experience a severe and enduring mental health problem, the North CHCP, Clinical Psychology service, introduced a Motivational interviewing (MI) group based approach. This targets how information is disseminated to clients and how their ambivalence around change is managed. Of those who attended the Well-Being Course (WBC) 89% reported making at least one or more lifestyle change. This intervention raises optimism for the possibility that with the right approach people with complex difficulties can live a healthier and longer life.

If you are interested in finding out more, please read my recent paper in Clinical Psychology Forum (2009), May, 197, 13-17 or contact me at Lorna.Relton@ggc.scot.nhs.uk

NHS GG&C Bereavement Group

NHS Greater Glasgow & Clyde Choose Life Groups outlined a need for support to those affected by trauma and loss. To investigate this need, a short-life working group is being developed to formulate good practice and partnership working in the field of support to people affected by bereavement, trauma and/or loss.

Working under the Glasgow Choose Life Steering Group, the Sub Group will explore the area of support to those affected by bereavement, trauma and/or loss. By drawing together expertise from Groups, Organisations and Agencies working in this area, it is hoped that a comprehensive database of services, referral strategies, training and development can be shared through local and national networks.

Anyone interested in this area of work is asked to contact Greg Usrey greg.usrey@ggc.scot.nhs.uk or 0141 201 4987.
Interested in Advocacy?

Are you an enthusiastic, caring and dedicated individual?

Then you may want to talk to Bob Bogle, the new Volunteer Development Officer with Advocacy Matters (Greater Glasgow). The Glasgow-based advocacy service is looking to recruit Volunteer Advocates to represent and/or support people across the Greater Glasgow area who are experiencing mental health difficulties. Full initial and ongoing training and support will be given, as will travel expenses.

“**It’s so valuable when people with close or personal experience of mental health difficulties get involved in supporting other people to speak out and ensure their views are heard and respected - that’s how I originally got involved in Volunteer Advocacy, and it’s changed my life**, says Bob.

For further details and to have an informal chat with Bob, contact: Advocacy Matters - 0141 572 2850 advocacymatters@yahoo.co.uk www.advocacymatters.org.uk

Towards a Mentally Flourishing Scotland

Following the national launch of the Scottish Government’s Mental Health improvement strategy document Towards a Mentally Flourishing Scotland, our NHS Greater Glasgow & Clyde regional launch was held on 25th June 2009

Emma Hogg, Head of Mental Health Improvement at the Scottish Government welcomed the national launch of the Scottish Government’s new strategy, emphasising the ongoing Government commitment to Mental Health Improvement.

It is a great step forward here in NHS GG&C, giving direction and impetus to our Mental Health Improvement action planning processes. Our regional launch, held at Dalian House on the 25th June 2009, was a resounding success of partnership working, and included the joint commitment of every local authority in GG&C (as well as Strathclyde Police!) signing up to the ‘See Me’ pledge.

There was a very limited print run for the TAMFS, so please feel free to visit our Mental Health Improvement website to download either the full strategy document, or a locally produced text-only version for easier printing.


PHRU Network Support

In recent years, re-organisation within NHSGGC has seen Health Improvement staff move from a central location to bases across the health board area. This has highlighted more than ever the need for people to stay connected. Virtual networks, based within the Public Health Resource Unit site www.phru.net, were set up to do just that - bring together public health work and practitioners spread out across the city and make their knowledge and skills accessible from one place. In addition, members are encouraged to meet face-to-face, whether for meetings, discussions or through participation in the seminar programme. Currently there are 8 public health networks supported by the PHRU, including the Mental Health Improvement Network. You can find out more about them by following the links on the PHRU Homepage (as above). Networks can also make use of the PHRU ‘Start-Up Guide’ and other resources via the community hub at www.phru.net/phnz

Netfest 2009, public health networking event - Tuesday 6th October, 9.30am – 4.30pm, at the Old Sheriff Court (Scottish Youth Theatre), 105 Brunswick St, Glasgow G1 1TF.

All staff are welcome to attend, free of charge (NHSGGC, voluntary sector or local authority).

Workshops on the day:
Communication Learning as a Group Leadership

If you would like to come along to Netfest 2009 please go to http://www.phru.net/phnz/NETFEST%202009/Forms/AllItems.aspx where you can find full details of how to book a place.
In 2009 the Royal College of Psychiatry published an important report focusing on the need to enhance connection between physical and mental health care. It notes that one in four people who attend hospital for physical health needs will have a mental health problem. For patients over the age of 65 these figures are even higher, with 60% requiring mental health care during their hospital stay.

Key awareness issues include...

...of mental disorders in people with physical illness
Physical illness can have profound social and emotional consequences. Also, mental health problems can impede recovery from a physical illness and increase mortality rates. Mental disorders often go unrecognised in patients with physical illness.

...of physical disorders in people with mental illness
People with mental illness are more likely to have reduced life expectancy, often due to poor physical health. The increased mortality is due to factors that often occur in combination. These include: social deprivation; lifestyle factors; adverse effects of medication and poor access to services.

...of physical disorders in people with learning disabilities
The causes of learning disabilities can predispose the person to certain physical illnesses. There are many barriers to meeting these physical health needs. These include: difficulties in communication; diagnostic overshadowing; challenging behaviour; attitudes among professionals and poorly developed links between specialist learning disability and general hospital services.

The report provides a framework with a focus on improvement within the general hospital, focusing on five priority areas:

Awareness of the link between physical and mental health
More screening is required in primary care and general hospitals, to better detect mental health problems in people with physical illness. People with mental health problems and people with learning disabilities should receive annual physical health checks.

Liaison Mental Health Services
Each general hospital in the UK should have an adequately funded liaison mental health service serving the entire hospital, so that patients have the same access to a consultant psychiatrist as they would from a consultant specialising in physical health problems.

Engaging Patients and carers
Patients and carers should be better informed about, and more involved in, their own care and treatment. They can also play a valuable role in improving services through audit, training and service development, and should be supported to do so.

Re-organisation, Quality & Commissioning
Liaison services need to be commissioned and reviewed against agreed specific service standards, to ensure their quality. The Royal College of Psychiatrists has established an accreditation programme to help with this (see www.rcpsych.ac.uk/plan for more information).

Training and Education
Doctor's training should include relevant advice about the mental health problems associated with particular conditions, as should the physical health guidelines produced by SIGN and NICE.

No Health Without Mental Health

We hope that you have enjoyed this Third Edition Together newsletter.

This is the last in the current series – leading to a planned internal review and a decision on future direction of our communications activity within the MHIN Team. We hope to send out a quick questionnaire after the publication of this edition, and would really welcome your comments, suggestions and ideas for the future.

There is no shortage of ideas – but we still lack a strong 'service user' presence and focus. As well, we would love to focus more on local accomplishments and achievements – so if your development group / CH(C)P or other local structures are doing great things about Mental Health Improvement – then let us know!

Many thanks to all the contributors for this and the previous editions – this really is about you!

We look forward to hearing from you.

Greg Usrey, Mental Health Improvement Lead (Mental Health)
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