Area: Mental Health

Strategic Plan Engagement 2021

The Midlothian Health and Social Care Partnership is responsible for services that help people live well and get support when they need it. This includes all community health and social care services for adults in Midlothian and some acute hospital-based services.

To help us in developing our new strategic plan we spoke with stakeholders, volunteers and people with lived experiences about their views on the services we deliver and what could be improved.

We would like to thank over 250 people (including over 90 staff) who took part and the many community organisations and service providers who helped us reach so many people. A large part of our consultation for the Strategic Plan was carried out as part of our consultation for the recommissioning of community services in autumn 2020. In addition we spoke to staff groups again in autumn 2021.

Questionnaires

- Consultation on recommissioning of services (79 questionnaires) - Community groups (e.g. MVA distribution list, NHS Get involved, Health in Mind), Public & Staff
- No 11 Feedback questionnaire
- Patient user feedback (20 replies) for Psychological Therapies

Interviews & focus groups

- Consultation on recommissioning of services (20 sessions) Staff (Primary Care Mental Health Nurses, Social Workers, Psychological Therapies Service, Health in Mind, Community Mental Health Team, Wellbeing Team, Mental Health Occupational Therapy, General Practitioner Cluster Leads, Health Inclusion Team, Psychiatry, Police Scotland) and people who use our services (CAPS)
- Weekly Outnav multi agency meetings to discuss outcomes for No 11.
- Discussion with all partners across Lothian for the Mental Health and Distress Pathways

Other engagement

- Meetings to agree actions, targets and finance with Health in Mind, CAPS, Occupational Therapy and Psychological Therapies
- Participation in consultations for shared actions in other areas of the plan e.g. Housing, Redesign of Urgent Care

Prevention

Improve access to Community Mental Health Supports

Key Points

✓ It is good to have a **central, well known point**
"It serves as one point of contact (address/tel number) for multiple services"

✓ Many people commented that building based support provides a **safe space**.
"people are fed up of groups, it's what we offer all the time, groups don't meet the need of a hub where people have a sense of community"
"sometimes it's about getting out of the house which in turn helps me to get out your head. The orchard centre seems to be the only place there is that offers a drop in and Safe space and place to go to sit in a safe environment.. It's unique in the sense of not being hidden away. (Like the hidden illness) It's not like an appointment service like a health service."

✓ Some staff mentioned it may **reduce work for statutory services**
"It probably meets a huge need at a lower level. Is that what keeps them from becoming our clients?"

✗ Many staff mentioned **stigma attached to the Orchard Centre**
"It can be a struggle to get people on board with a referral to the Orchard Centre – because of how it is described in the wider community – it can be quite intimidating."
"Hard to get away from the image of the 'orange door in Bonnyrigg'"
"I know a few cases, that because of that feeling, they declined any form of support"

✗ Many staff mentioned **difficulties for new users of the Orchard Centre**.
"There is a group of people who don't want to attend as it can be seen as cliquey and intimidating."

✗ A number of people mentioned the **unequal distribution of resources.**
"Offering support in more than one base could rebalance the distribution of resources across the county."
"It would be good to have a mix between a base and community outreach."
"It's important to have choice where you access support, I don't want to be in my home town"

✗ Some people found it **hard to access Midlothian Access Point**
This was related to capacity at clinics and geographical locations. Maintaining a variety of options of access including digital and face to face was seen as a way to mitigate against this
"The drop in fills up very quickly – you have to get there early"
"The Midlothian access point could have outreach groups in community spaces in addition to the regular community hospital location"

Improve Physical Health

Key Points

❌ Low levels of people being followed up for blood checks or offered screening.

Improve access to information about self-management

Key points

✅ **Most people said it is useful to have information in one place.**
"It is completely essential … a single portal for everything."

✅ **Some people liked Midspace's local identity**

❌ **Not everyone was aware of, or uses Midspace or the available services**
"Finding out what help was available was difficult at the start"

❌ Many people said the **information on Midspace is not always up to date**
"If we knew Midspace was up to date… it would make the world of difference"

❌ Many people said they found it **hard to use Midspace**
"If you click on services you get a page of boxes. It is overwhelming."

Support & Treatment

Improve Holistic Support

Key Points

Some people said it was **easy to access Midlothian Access Point**.

"it's not complicated, it's easy to walk in and talk to a human being about their problems" "being assessed at the Midlothian community hospital quick and helpful - I honestly thought I was going to be admitted to an asylum and had a panic attack in the waiting room! Walked away feeling relieved and calmer just having seen someone and talking through what possible treatment I could get"

Some staff commented on **positive support for people**
"The Access Point can be positive – it can signpost people and 'put them on a pathway'"
"Staff agreed the ethos of No 11 and joint working improves patient/client pathways"

Many **services had a positive relationships** with MAP.
"Social prescribing is very complimentary to the Primary Care Team. It is important to the success of the work of Primary Care Mental Health nurses. The nurses offer specific, clear interventions and social prescribing, with long term support, dovetails/bridges support before and after this."
"Mental Health services have never been better in the community. In the last few years … we (GPs) have seen a vast workload reduction"

Joint working could be strengthened.
"All teams in No 11 acknowledged the need to have a better understanding of each other's roles and service "

Advocacy

Key Points

Access to Advocacy could be improved.
"Several people highlighted the need to address people's right to advocacy by increased awareness of the right to Independent Advocacy"
"Staff identified the need to ensure a planned approach to advocacy to ensure sufficient provision for all who are entitled"

Psychological therapy & Occupational Therapy

Key Points

✓ "People found the service (psychological therapy) helpful" and "Most people stated they had been treated with care and compassion"

✗ Staff acknowledged the need for "Patients to be seen on a timelier manner to improve patient pathways" (Occupational Therapy)

Housing

Key Points

✓ "all staff agreed the value of the housing first model and the need to continue to support this provision"

✗ " some people stated the need to address the lack of specific matched housing needs for individuals with complex mental health needs"

Support in a Crisis

Same day access & A&E & Redesign of Urgent Care

Key Points

Some people stated that the local crisis line number can be used in **a Safety Plan.**
"It has helped me not to harm myself, or worse. It has helped me out of some very bleak thoughts."

Some people felt it was helpful to have a **local service** - in addition to national services (e.g. Breathing Space, NHS24, Shout Out and The Samaritans).
"It feels more accessible if someone is anxious - they can see the centre and get to know the staff."

Many people felt there may be better **alternatives** to a crisis line and a more intensive intervention, follow up and planning.
"Distress Brief Intervention would fit with crisis support more effectively"
"People want medication rather than to call a third sector crisis line."

The **hours of the crisis line are limited** – e.g. it is closed Christmas/New Year. It can't offer **next day support** for crisis presentation related to social situations.
"I need something online. I don't fall apart Monday to Friday 9-5!"

People who use services and those supporting people in distress **found it difficult to get the right support at the right time**
"My husband was suicidal two years ago. I had to beg for a [name of service] appointment for him. [name of service] came three months later after I chased almost daily but again this was private health care. We received no additional support when it mattered the most…. I had to fight for support on my husband's behalf. It was exhausting and harrowing."