FIGURE 8
CONSULTANCY SERVICES LTD

2014

MENTAL HEALTH NEEDS ASSESSMENT

Executive Summary prepared for Scottish Borders Council and NHS Borders

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EXECUTIVE SUMMARY

Introduction and background

Figure 8 Consultancy Services Ltd. was commissioned by Scottish Borders Council in June 2013 to carry out a comprehensive mental health needs assessment project; and fieldwork took place between July 2014 and October 2014.

The full Needs Assessment report presents an overview and analysis of the mental health needs (excluding dementia) for adults of working age, to mental health stakeholders across the Scottish Borders; and will form an important and independent component to inform future mental health planning and service provision.

Purpose and objectives

The purpose of this study is to assist Scottish Borders Joint Mental Health Service and its partner agencies to:

- Identify the 'bigger picture' in terms of the health and wellbeing needs and inequalities of those with mental health problems;

- Establish a process that will identify the existing and future needs of those with mental health problems;

- Map services and the way they are used; and

- Analyse and enable the prioritisation of services; and therefore inform commissioning requirements.

The specific objectives of this project are as follows:

- To provide a comprehensive assessment and mapping of specialist and non-specialist services for those with mental health problems;

- To conduct an assessment of local need for such services;

- To identify gaps and areas of unmet need in current provision;

- To examine the current use of services, both community and inpatient;

- To examine the accessibility, appropriateness and location of current services;

- To identify any areas with over-provision;

- To provide evidence based recommendations as to how services could be extended or adapted to meet need including relationship and any overlap between agencies; and

- To suggest locality pathways for intervention and support for those with mental health problems.

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The Health Needs Assessment Process

In broad terms, health needs assessment (HNA) is the systematic approach to ensuring that the health service uses its resources to improve the health of the population in the most efficient way. It involves methods to describe the health problems of a population, identify inequalities in health and access to services, and determine the priorities for the most effective use of resources.
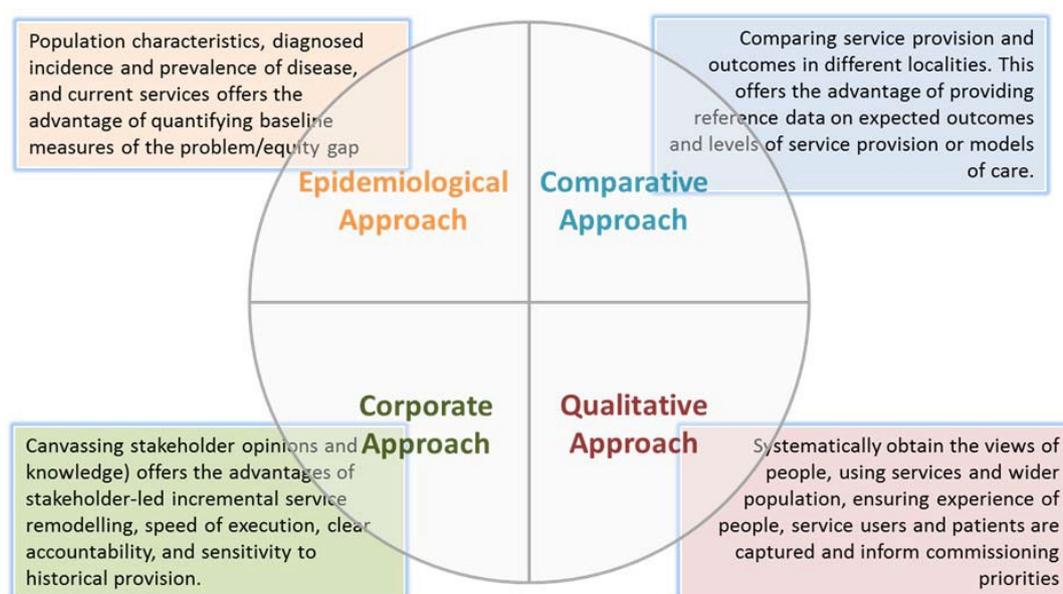
Health needs assessment has become important as the costs of health care are rising and resources for health care are, at the same time, limited. In addition, there is a large variation in availability and use of health care by geographical area and point of provision (Andersen and Mooney, 1990).[1]

Another force of change is consumerism. The expectations of members of the public have led to greater concerns about the quality of the services they receive, from access and equity to appropriateness and effectiveness.

The assessment process involves identifying need from the following four perspectives:

- **Epidemiological needs** – the use of health information based on the population, including demographic trends, health status and risk, as well as evidence of clinical effectiveness of services and interventions.

- **Felt and expressed needs (Qualitative)** – the views of the public, from surveys, focus groups and the like, often using participatory appraisal methods.

- **Normative or expert needs (Corporate)** – as identified by professionals or experts.

- **Comparative needs** – the scope and nature of services available to the population and how these compare with services elsewhere.

Diagram of health needs assessment

Population characteristics, diagnosed incidence and prevalence of disease, and current services offers the advantage of quantifying baseline measures of the problem/equity gap

Comparing service provision and outcomes in different localities. This offers the advantage of providing reference data on expected outcomes and levels of service provision or models of care.

Epidemiological Approach

Comparative Approach

Corporate Approach

Qualitative Approach

Canvassing stakeholder opinions and knowledge) offers the advantages of stakeholder-led incremental service remodelling, speed of execution, clear accountability, and sensitivity to historical provision.

Systematically obtain the views of people, using services and wider population, ensuring experience of people, service users and patients are captured and inform commissioning priorities

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[1] Andersen, T.F. & Mooney, G. (Eds) (1990) *The challenges of medical practice variations.* MacMillan Press: London.

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Summary of Study Methods

The study methods used in this health needs assessment were designed to capture each of the four different approaches/perspectives above.

The study was conducted in four stages. Each stage was tailored to the needs of the study, requiring a mix of data collection methods and sample populations. These are set out in the table below. All questionnaires and interview schedules were approved by commissioners prior to use. Copies of these are available upon request.

Summary of Data Collection Methods

Stage 1	Method		Link to approaches / perspectives on need
Review of Existing Literature/Datasets	Desk-based review of national and local literature and datasets and any local specialist service data available.		• Epidemiological • Comparative
Stage 2	**Method**	**Sample**	
Quantitative Survey	Online Surveys	• Managers of all specialist mental health services • Staff in all specialist mental health services.	• Normative/Expert (Corporate) • Comparative
Stage 3	**Method**	**Sample**	
Quantitative Surveys	Online and paper-based surveys	• Service users • Non (potential) service users • Carers, family members, advocates	• Felt and Expressed (Qualitative)
Stage 4	**Method**	**Sample**	
Qualitative Interviews / Focus Groups	Semi-structured interviews	• All specialist services • A range of non-specialist services • Other relevant stakeholders	• Normative/Expert (Corporate) • Felt and Expressed (Qualitative)
	Focus Groups	• Service users • Non (potential) service users • Carers, family members, advocates	• Felt and Expressed (Qualitative)

Key findings and recommendations

This section sets out a summary of the key findings from all elements of the study, along with a series of recommendations. There are 21 recommendations in total for deliberation by Scottish Borders Council, NHS Borders, and their partners. Recommendations are derived from evidence gathered and analysed from the review of literature, surveys and fieldwork, including study informants; and have been grouped under the following five key themes:

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| Ambition, Change and Strategy (recommendations 1-5) |
| Commissioning, Monitoring and Evaluation (recommendations 6-10) |
| Integrated Practice (recommendations 11-17) |
| Workforce Development (recommendation 18) |
| Recovery (recommendations 19-21) |

The overall environment in the Scottish Borders is generally regarded as excellent, with a varied landscape, strong heritage and diverse cultural and leisure opportunities contributing to a high quality of life for many residents.

From the outset of this research contract being commissioned, the research team has been highly impressed with the commitment and desire of the majority of stakeholders to strive for significant improvements to both service provision and commissioning of services for those with mental health problems. The following ambitious set of recommendations have been developed to more than match the level of commitment and desire demonstrated. The research team believe that a genuine focus on these recommendations will lead to a comprehensive programme of change and improvement over the next 5-10 years.

It is important to acknowledge that NHS Borders and Scottish Borders Council are increasingly using service users, former service users and mental health recovery champions on a range of business activities including governance recruitment. This is a very welcome development.

| Ambition, Change and Strategy (recommendations 1-5) |

Mental Health Strategy

RECOMMENDATION 1: Development of an overarching Mental Health Strategy for the Scottish Borders to capture the views and aspirations of all stakeholder groups.

There are a number of challenges and opportunities which drive the need for developing an overarching Mental Health Strategy for the Scottish Borders:

- The growing demands of an ageing population and the implications for health and social care services.

- Residents on the whole enjoy good health, but there are also variations across the area that must be reduced. Deprivation has a strong direct association with poorer health as well as other aspects of life that influence our health and wellbeing, such as employment.

- The fragile state of the economy nationally makes an ambition for better health and wellbeing even more pressing. The climate of austerity and the need for public services to make efficiency savings and remove duplication could widen health inequalities without a co-ordinated response: taking collective action as public services with local communities to deliver solutions is ever more important.

- Making the right connections with residents, customers and communities.

- Improving the quality of service and the quality of care ensuring we get more for every pound spent.

- Supporting people in their independence and ability to make their own choices about their health and social care for longer.

There is therefore much work to be done in addressing the mental health needs of residents particularly in regard to inequalities in health across the area. Having said this, work is not starting from scratch.

The proposed overarching strategy should seek to tackle mental health and wellbeing in the broadest sense and should recognise that there are a number of current partner's plans and strategies already in place and delivering positive results. The Mental Health and Wellbeing Partnership Board is not the only partnership whose work supports the improved outcomes of the mental health and wellbeing of Scottish Borders residents. Other policies and plans owned by individual organisations – too many to list here - will also make a difference to residents' mental health.

The priorities in all strategies and commissioning plans must be informed by the voices of service users, families, carers and residents; and by all outcome frameworks in existence. By using the collective influence gained through the development of a joint strategy, it will also be possible to secure improved outcomes through the other factors that impact on the mental health and wellbeing of communities; including housing, education, employment, and the environment.

The joint strategy should be a tool to raise awareness of mental health and wellbeing in the Scottish Borders and to address the needs of local residents, and in order to do so it should set the framework to ensure that commissioning plans relating to health and social care will be effective and robust as well as delivering best value and embedded in the recovery agenda.

Agreement and embedding a set of joint principles for action

RECOMMENDATION 2: The development of a joint strategy with a broad range of stakeholders should consider and agree a set of joint principles for action that will be addressed through the lifetime of the strategy.

By embedding an agreed set of joint principles it will be possible to avoid duplication or simply reinventing ways of tackling existing challenges. All relevant commissioners should be asked to consider how they will contribute to these priorities. The priorities agreed should be used to judge and challenge future commissioning plans and we would encourage commissioners to use them as an integral part of developing their plans.

The broad set of priorities listed below are suggested as a starting point for discussion. Any agreed set of priorities should be based on lifestyle and risk factors that impact on mental health and wellbeing and also factors that limit the fulfilment of potential. The final agreed priorities should fit well with both national and local policy directions and be directly linked to the Scottish Government National Outcomes[2], particularly the following five:

- We live longer, healthier lives.

- We have tackled the significant inequalities in Scottish society.

- We have improved the life chances for children, young people and families at risk.

- Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it.

- Our public services are high quality, continually improving, efficient and responsive to local people's needs.

The suggested list of joint principles for action are:

- Demonstrating engagement with service users, families and carers in the design of services;

- Identifying not only financial and resource constraints but also assets;

- Clear on improved outcomes;

- Demonstrating improved collaboration and integration (between health and social care commissioning);

- Identifying contributions to reduced health inequalities, increased service user access, choice and control and more seamless care and support pathways;

- Being transformational and innovative where necessary;

- Removing barriers to change that would have an early impact;

- Shifting the focus towards all aspects of early intervention and prevention; and

- Identifying the potential interaction with other services such as housing, transport and education.

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[2] Information about each of the National Outcomes can be found at:
http://www.scotland.gov.uk/About/Performance/scotPerforms/outcome

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Resource a mental health 'change agent'

RECOMMENDATION 3: In order to involve all relevant stakeholders as equal partners in developing an overarching strategy (Recommendation 1) and a set of joint principles for action (Recommendation 2), it is recommended that mental health commissioners consider resourcing a mental health 'change agent'.

Cultural and organisational change is required to drive the system forward across the Borders, especially during the intensive period of change being experienced across the statutory sector due to Health and Social Care integration. A suitably qualified and influential person is required to lead from the front as a 'champion' of change. As an additional benefit, consideration should be given to this change agent working across other areas to bring positive change to a wider set of issues experienced by those with mental health problems, for example co-occurring mental health and substance misuse.

The appointed person should give consideration to developing a long-term plan of cross-cutting themes and priorities for all services. This could be developed and agreed through the Mental Health and Wellbeing Partnership Board (or delegated forum). The vision would be to tackle and promote no more than 2-3 key themes per year over the next five years to allow all services to give a concerted effort to making positive change on each individual theme/priority. Cross-cutting themes and priorities might include:

- Recovery and holistic care;
- Information and communication;
- Better access to services;
- Combat stigma and discrimination;
- Service integration and connectedness across a wider range of services;
- Community and service users involvement;
- Support for carers and families;
- Prevention, early interventions and better transitions.

A programme of events, seminars, workshops could be arranged each year around the concept of a 'Recovery Month' with all services required to contribute to and participate in. Opportunities for cross-fertilisation with other sectors (particularly Alcohol and Drug services) should be sought around this 'recovery and wellbeing' agenda.

Inspiring innovative and creative opportunities

RECOMMENDATION 4: Commissioners need to work with providers to consider how innovation and creativity can be encouraged within the sector, such as the need for simple and straightforward messages.

An example might be the promotion of the 'Five Ways to Wellbeing', developed by the New Economics Foundation (NEF).[3] In a review of the evidence on how individuals can improve wellbeing, the NEF identified five actions to improve wellbeing that individuals could be encouraged to build into their lives:

1. Connect … With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

2. Be active … Go for a walk or run. Step outside, cycle, play a game, garden, or dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

3. Take notice … Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

4. Keep learning … Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

5. Give … Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

Since these actions apply to everyone, regardless of circumstance, the potential innovation here is to encourage all staff to build these five actions into their own lives and to lead by example, rather than just expecting their clients to work on them.

Development of a targeted change and improvement agenda

RECOMMENDATION 5: Community Mental Health Team's should play a central and commanding role in driving quality integrated practice and continuous improvement to maximise outcomes for people with mental health and their carers.

Much of the recent integration of mental health services has focused on Community Mental Health Team's (CMHT's), resulting in co-location, partnership, joint and multi-disciplinary working within agencies, between health and social work services; and across wider partnerships including commissioned services. Whilst this transition is at an infant stage of implementation, CMHT's have

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[3] Aked and Thomson (2011) op.cit.

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the opportunity to set the benchmark for services as part of an aspirational and vibrant recovery orientated system of mental health care and wellbeing.

Commissioning, Monitoring and Evaluation (recommendations 6-10)

Based on the strength of findings in this study, a crucial element which should be taken into account in all future commissioning, monitoring and evaluation planning, is the issue of transport and the significant challenges it poses to services and individuals/families across the Scottish Borders. It would be prudent to consider the issue of transport when planning on how to address each of the five recommendations in this section. For example, are there any examples of good practice regarding how services have considered the importance of transport links in improving accessibility (when planning a new service or enhancing an existing service), which could be promoted across all services and local communities?

Recognition of good practice

RECOMMENDATION 6: Commissioners are encouraged to consider how they routinely identify, affirm and encourage good practice.

Some services and many staff are good. Commissioners need to take the time:

- to learn about what makes these services/staff better than others;

- to value and praise good services and practice; and

- to make sure there is a system where good practice is recognised.

Ensuring good quality care co-ordination and effective partnership working

RECOMMENDATION 7: Commissioners should review the pattern of service provision and contracting to ensure that it strengthens the co-ordination of care and effective partnership working and communication.

Resource transparency

RECOMMENDATION 8: Commissioning strategies and plans should be transparent about the levels of resourcing for mental health services in local areas and how these benchmark against local and regional patterns of resourcing.

The local mental health budget has hardly increased in the last 5 years and that brings with it serious resource issues. NHS Borders is placed 9th out of fifteen of the Scottish Health Boards and mental health services are in receipt of less funding. Where under-resourcing is identified a plan should be developed to address this.

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Evaluation of Mental Health services

RECOMMENDATION 9: Consideration needs to be given to conducting ongoing, consistent and equitable evaluation of all mental health services across the Borders.

Routine evaluation of mental health services is required.

Ensuring commissioners in the Scottish Borders make robust commissioning decisions based on good quality evidence

RECOMMENDATION 10: Undertake regular needs assessment and specific, targeted research to address areas of unmet mental health need and inequality; e.g. dual diagnosis, hidden populations and young people, concurring physical and mental health problems.

The mental health commissioners in the Borders are commended for contracting this mental health study, which appears to stand unique in the Scottish mental health field. However, there is a need to continue a programme of regular needs assessments; as well as specific, targeted research such as dual diagnosis, hidden populations and young people.

Integrated Practice (recommendations 11-17)

Required improvements for those suffering from dual diagnosis

RECOMMENDATION 11: Design an information sharing protocol between mental health and alcohol/drugs services.

The current lack of an information sharing protocol is seen by stakeholders as problematic, a priority improvement area; one that is easily achievable and would mark as an excellent first step to improving service provision for those with dual diagnosis. The development of this protocol should involve the main mental health and substance misuse providers as well as GP's and other relevant stakeholder agencies, including families and those affected by dual diagnosis.

Integrated working across all partner agencies and stakeholders

RECOMMENDATION 12: Construct an integrated working guide involving mental health services, alcohol/drug services, housing, employability and other relevant services (e.g. criminal justice and learning disabilities); as well as recovery communities.

This study has highlighted inconsistencies in integrated working within, between and across specialist mental health services; and other crucial linked services such as alcohol/drugs, housing and employability, as well as recovery communities. In the longer-term there would be great benefit in developing and agreeing an integrated working guide involving all relevant stakeholders.

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Prevention of mental health problems across the Borders population

RECOMMENDATION 13: Need clear strategic approaches to preventing mental health problems and to helping individuals and communities understand and have good mental well-being.

Further work is needed to prevent individuals from developing mental health problems which require specialist help. Improved evidence of early diagnosis and intervention is required. Also, when people have recovered there needs to be more support available to help people stay well; and links to generic services should be strengthened and training made available to staff in these services to reduce barriers to access for those with mental health problems. There is a considerable body of knowledge about the key risk factors for poor mental health (WHO, 2012)[4] and examples of work locally and in other parts of Scotland to build on. Whole population approaches to promote mental wellbeing should be encouraged. The testing of early intervention and recovery through the piloting of the LAC (Mental Health) model (January 2013 – April 2014) has been an encouraging development, and consideration should be given to maintaining and expanding this service.

Responsive and proactive services

RECOMMENDATION 14: Services need to be developed to be more responsive including ensuring that waiting time targets are consistently met, having clear access criteria, being available for longer hours and also ensuring that staff understand what services are available and how to appropriately refer.

There is a need for services to be more person centred, responsive, accessible, joined up/coordinated and effective to meet assessed needs; and changing needs. This will require a review of inclusion and exclusion criteria, access routes, opening times, programmes/interventions/activities, discharge, throughcare and re-entry arrangements; viewed primarily from the perspectives of service users and their carers.

Priority needs to be given to meeting/exceeding national HEAT targets, particularly around psychological therapies due to previous shortcomings. To this end, there is significant investment required in nurturing, training, supervising and supporting a wide variety of mental health staff as therapy programme facilitators and leaders; then fulfilling opportunities for all stakeholders.

Recovery must be a key feature of a new practice culture. The Borders mental health system should embrace opportunities conveyed through national, valid frameworks and tools such as the Scottish Recovery Indicator (SRI2) which was developed by the Scottish Recovery Network and endorsed by the Scottish Government.

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[4] Op.Cit. World Health Organisation (2012).

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The role of IT in mental health support

RECOMMENDATION 15: Commissioners need to work with providers to look at how IT can be more effectively used to enhance mental health support.

Examples include: web-based advice, information and support including; email referral and communication systems, integrated records etc.

Strengthening the Third Sector and peer support across the Borders

RECOMMENDATION 16: Commissioners need to look at how third sector and peer support can be developed and more integrated into local models of service provision.

The third sector is 'business critical' as a fundamental element of any solution concerning the mental health and wellbeing challenge in the Scottish Borders. However, some third sector organisations have expressed issue type sentiments such as being under funded, utilised and valued. It is evident that the third sector can continue to make a vast impact on results at an individual, family, local community and wider societal basis.

Working together with commissioners with commonly identified and agreed goals, third sector organisations must better demonstrate their effectiveness; particularly in terms of recovery related outcomes. However, statutory mental health services must also demonstrate their results and be held accountable for performance.

Currently, peer support networks, activities and initiatives in the Scottish Borders are largely sporadic; notwithstanding the endeavours and successes to date of a few third sector organisations. However, there needs to be heavier investment including financial backing to developing peer support/mutual aid models and practices to complement more conventional services.

Increasing the profile of Service Users and their Families/Carers

RECOMMENDATION 17: Consideration should be given to developing a clear framework for how service users and their families/carers could and should be involved in the delivery, development and commissioning of mental health services.

The evolution, planning and development of recovery assets, services, and commissioning processes should be built around the ambitions of service users and their families within a recovery-orientated system of care. Developing services in this way will provide benefits to people who use the service but will also help develop community based mutual aid and peer support networks, thereby enhancing the ability for people to move on from services. The first step should be to develop a meaningful Borders-wide consultation system which would enable service users and families/carers to work in collaboration with commissioners and services to develop a long-term inclusion and

involvement strategy, and would be consistent with the principles of Recovery Oriented Systems of Care.[5]

Workforce Development (recommendation 18)

Developing an experienced, flexible, responsive and hopeful workforce

RECOMMENDATION 18: There is a clear need for a long-term programme of workforce development opportunities.

The transition to outcomes-focused working and the development of new leadership structures has opened up demand for new skills and competencies in the workforce and is influencing the understanding of the scope of that workforce.

In short, consideration should be given to undertaking a training needs analysis and development of a training schedule for specialist and generic staff and other stakeholders (including carers/families) who work with/care for people with mental health problems.

Recovery (recommendations 19-21)

Visibility of recovery for mental health is critical to demonstrate the power and possibility of recovery for all

RECOMMENDATION 19: Promote empowerment and positive recovery from mental health problems.

People can and do recover in successful and sustainable ways from mental health problems. There is a greater need in the Borders to promote and empower positive recovery. Currently, the level and nature of such specific promotion is sporadic and limited. The term, 'recovery' is not routinely used and there are many interpretations of what 'recovery' means. In certain mental health services in the Borders, particularly those which cater for people with severe and enduring conditions, the concepts of recovery and independence are lacking which suggests such aspiration may not be achieved. The importance of continually reinforcing 'recovery' messages cannot be stressed strongly enough.

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[5] Substance Abuse and Mental Health Services Administration (2009). *Guiding Principles and Elements of Recovery-Oriented Systems of Care: What do we know from the research?* Available at: http://www.pmhca.org/recovery/Guiding_Principles_Whitepaper.pdf

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<u>Furthering the recovery agenda</u>

RECOMMENDATION 20: Learn from experience and emerging evidence; and forge alliances to support recovery communities.

Throughout the Borders, there has been some momentum gained in respect of ground level and bottom up recovery communities; for both mental health; and addictive behaviour. However, in terms of recovery initiatives, there appears to be very little formal cross-fertilisation in respect of people with co-occurring substance misuse and mental health problems. There is opportunity to maximise learning from both of these individual recovery networks and forge alliances to support the future development of recovery communities; for which there is a demonstrable need.

<u>Develop a vision for a Borders Recovery College</u>

RECOMMENDATION 21: Commissioners need to work together with providers to develop the local recovery model and look at how a recovery college approach might be developed in the Borders.

In order to address this recommendation fully in the <u>longer</u> term, we suggest that a 'Recovery College' (or Resource Centre) is established in the Borders, staffed and run by service user-educators and linked to the delivery of the local recovery strategy. The centre would train and support people with lived experience of mental health problems to tell their stories and to promote awareness of recovery principles among staff and other service users. It would also begin to train people as 'peer professionals' to provide direct care within the services. It would need to work with local education providers to ensure that the training is of a consistently high standard and begin to offer accredited courses. A beneficial offshoot of this development would be the general promotion of an 'educational', rather than a 'therapeutic', model within the services, which would place an emphasis on learning from one another and assist in promoting self-determination and self-management.

An example of such an approach is the Mindspace Recovery College covering Perth & Kinross – information available at http://www.mindspacepk.com/recovery-college/.