

Delivering Differently Workshop Report, 2018



Introduction

The purpose of this report is to summarise a series of workshops carried out in March 2018 as part of the project Delivering Differently (DD) for mental health in Fife.

DD is an 18-month strategic project funded through the Scottish Government’s Employability, Innovation and Integration Fund. The vision is that people with mental health problems can easily access appropriate support as and when they are ready to make the journey (back) into work.

About the Workshops

The workshops were designed to engage people who have lived experience of mental health problems and staff that work within both mental health and employability services.

The information gathered from the workshops will be used to inform several activities going forward including: launch of the Delivering Differently pilot fund, a staff training programme, and recommendations for the Phase 2 and 3 reports.

The Format

The Scottish Recovery Network and team experience supported the DD sub-group in designing and delivering the workshops.

The structure of the workshops was vital to the success. The first activity encouraged people to identify things they do on a regular basis to keep their minds well, they then shared these activities to show that we all do something to keep ourselves well. This was followed by what good support looks like and then how we could do things differently at an individual, service and workplace level.

In addition to the exercises the atmosphere of the workshops was just as important. Attendees were asked to remove work lanyards and only first names were used on name badges. Before discussions started a brief introduction to DD was given and attendees were asked to agree on what great discussions look like. A prompt card which emphasised a non-judgmental, open, safe space for everyone to participate in was used as a starting point with anything extra agreed by the group. These simple steps helped to give an equal start to the workshops for everyone and opened up an inclusive, welcoming space.



Who attended?

16 people co-hosted the workshops with the Scottish Recovery Network, they came from: Fife Voluntary Action, Team Experience, Fife IPS service, Fife Council department for Education and Community Justice, Fife Centre for Equalities, DWP, Fife Health and Social Care Partnership, and Skills Development Scotland.

10 workshops were held across Fife with a total of **124 people** attending as both individuals with lived experience of mental health problems and people from **29 different organisations**.

Approximately ***40% of participants had lived experience of mental health problems**.

*NB: This is self-reported lived experience; the final figure is likely to be much higher than this as people who did not identify as attending with lived experience disclosed their own lived experience at the workshops.

How did the workshops score?



102 (90%)



11 (10%)



0 (0%)

What will you do with what you have learned today

"I will look differently at all aspects of mental health in our services"

76 (61%) people who attended said they would take the information and learning from the workshops into their workplaces and/or personal lives.

The full evaluation write-up can be viewed in Annex A.

"Highly committed service providers and mental health workers contributing who were really inspiring, and it was reassuring to us that such people of quality are working at the 'coal face'. We felt very good to have been listened to and engaged by these persons."

How did today's workshop feel?

"Relaxed, friendly and informative"

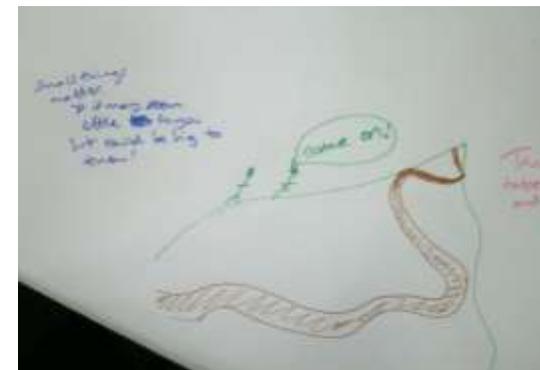
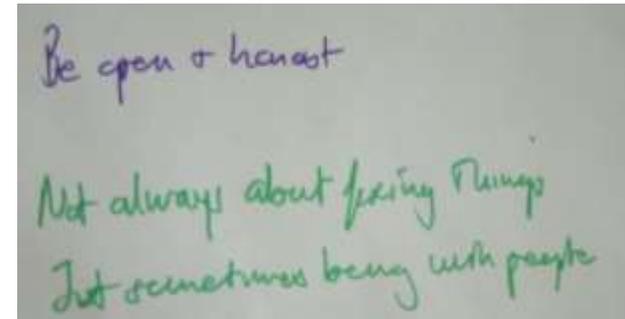
What did you learn today?

"New ideas I had not thought of, good to hear other people's views"



- **Non-judgemental** was the strongest theme for good support. This consisted of services being open, safe and people feeling that they would not be judged because of their mental health problems. This often focused on not trying to 'fix' anything but allowing the person to 'just be'. This also included situations where a person may be acting out of character, however it was recognised this was the illness and not the person.
- **Not being alone** was about knowing that another person was there. This could be a person with an existing relationship or building a new relationship where empathy, kindness and sharing experiences were key. Being valued in a way that means you are understood, believed, acknowledged, accepted, challenged when necessary, and cared for. With lived experience validated and where a person is valued as themselves and not just as their diagnosis/condition. A safe environment and feeling safe were also important to people. Where people did have a carer it was cited that their carer looked after themselves in a way that supported the person. It was recognised that it can be frightening to need support.
- **Listening** was also a key theme, particularly where a person listened in an open, non-judgemental way that allows the person to open-up about what they are experiencing, even if this is pain. This also included people not constantly being asked 'what's wrong', being believed, understood, and not being forced.
- **Tailored** related to the way support was delivered which met or exceeded the person's needs at that time, including the ability to self-refer and receive continued low levels of support. Support should target and meet the needs of the person at the time they are accessing the support, and not fit around only what the support offers, if the support isn't appropriate then the person should be sign-posted. Less bureaucracy and red tape and focus on money were also highlighted. Tailored support is neutral, unconditional, consistent, unpressured and not rushed. People are empowered to self-manage and to be more independent.
- **Diversity** is valued, and people can be themselves (be human), make their own choices, take risks, make mistakes, to learn from these and to grow as a person, including broadening their perspectives. A person's assets are used, built upon and where they are part of the team rather than the problem.

Support could come from a range of sources, professionals, family, friends, carers, peers, but the above values cut across these sources to form a view of how people wish to be supported.



How can we do things differently, and what does good look like?

The three themes (*individual, services and workplace*) used in this activity were identified by the Delivering Differently project team. The feedback from the workshops is sectioned into these three areas along with ideas generated under each theme.



Knowledge and Awareness

People feedback strongly that they were unsure where to go for information on services, support, benefits, legal advice, self-management tools and for long-term planning. There was a feeling of hopelessness if you called the wrong place and they didn't know who to refer on to. This was a common theme and fits in with our findings that the service picture is a complex one. There was a strong desire to simplify the support picture so that both staff in services, and people accessing services knew where to go for different needs. Clear information and advice on disclosure of mental health problems was also needed.

Ideas: Directory of services (on and off line) | Mobile bus | Drop-in's to support people without families/community support | Building Mood-café, On Your Doorstep or libraries as a focus point for information | Advertising what's on offer (marketing services) | Using on your doorstep more | Expanding Local Area Coordination | Training on how to disclose M.H problems.

Aspiration

People are supported by appropriate services to have a willingness and proactivity to take responsibility for themselves and their wellbeing along with knowing what is important to them. To be open and committed to engage with support to seek work when ready. Participants felt that the person with lived experience would benefit from owning and valuing their own lived experience of mental health problems. There was also validation to be had from external sources such as having equal power, services working to empower people, positive feedback and encouragement, not labelling people, and that hierarchies don't tend to achieve these goals.

Ideas: Sharing stories | Being open and honest | Services provide stepping stones | Educating and managing attitudes to certain mental health conditions and the stigma around mental health problems.

Self-management

People with mental health problems would benefit from support to recognise signs/triggers that their mental health is deteriorating, including space to reflect and to know that we are all human. People should be given (and give themselves) permission to celebrate success and to reward themselves. This includes building personal strength to deal with others, including potential bullies. Support from others is also important to build self-management, people need support, encouragement, someone to believe in them and to help them build their resilience.

Ideas: Tool box/kit for when things get tough | Keep well plan | support network | drop-ins | Moodcafe.

Individuals



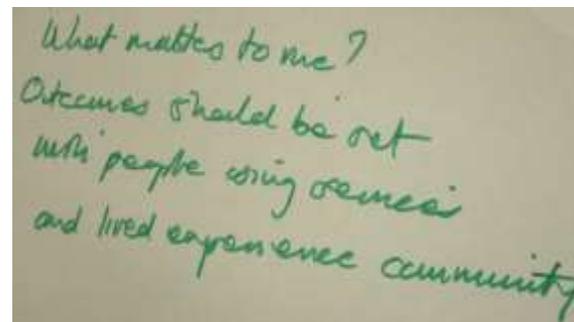
Services

Commissioning

People wanted to see more funding for early intervention, services for people with a moderate condition, and for a mental health check-up throughout life. They wanted to see more equality and provision across Fife and that services should be well resourced and sustainable. Shorter/no waiting lists would be highly valuable as staff didn't feel comfortable referring customers to services with long waits through the fear that clients would disengage. All positive destinations should be taken into consideration, not just work.

Participants felt that the current short-term funding contracts did not allow for consistency of services. They also felt they were a barrier in terms of their criteria and that more focus should be given to personal outcomes, evaluation and quality over quantity of provision. There is still too much duplication of services, it was suggested that services could be brought together to create larger, more coordinated supports, however it was also recognised that specialisms are needed.

Ideas: Simple shelter/social innovation | General wellness/wellbeing projects which address multiple issues | Young people focus groups | Early intervention | One stop hub | More specific support "better for men" | Educating policy makers | Use co-production more | Simplify services landscape for easier referrals and more consistency.



Connecting Services

Services communicate with other services and have a good understanding of what others deliver, along with knowing about specialisms. They share good practice, network more and build trust. This will ensure services are using best practice and that staff are able to signpost if needed.

Ideas: More workshops/info sessions | More networking events | Aberdeen model (mental health support) | A directory of services | Partnerships with schools.

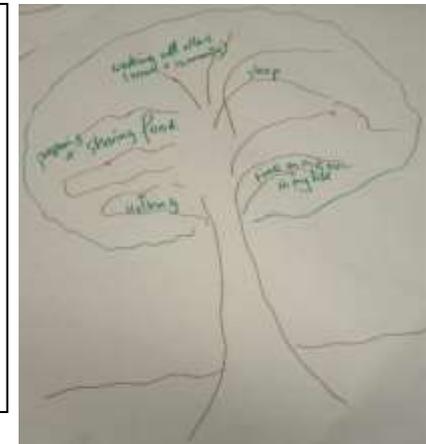
Services

Range of services

Overwhelmingly the feedback said that services should be tailored to the individual. This breaks down to listening to the person, understanding what they need and tailoring services to meet these needs. Supporting the person to have the right tools, support, space and time to build their own self-esteem so they can find and hold down a sustainable job that they want to do. IT skills and the use of technology were highlighted as important along with partnership working.

Services should be accessible for everyone, including those who are hard of hearing etc.

Ideas: Drop-ins | Face to face | Peer support | In-work support | Mentoring | Advocacy for interviews.



How services are delivered

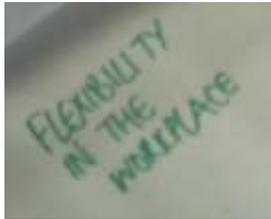
Services are ideally local with the option to go to people and offer additional support to access if necessary, while being safe, non-pressured, flexible, open and easy to access with clear pathways. The difference a smile can make shouldn't be undervalued, if customers are greeted by a friendly face in a welcoming environment, they are instantly put at ease.

The number of times a person must explain their circumstances should be reduced, this could be supported by a named worker. Decision making could be enhanced by involving the person. There was also a feeling that services could continue to 'lightly' support people if they needed this and that a closed door may be harmful for those that just need to speak to someone.

Staff could support access to the workplace and the job centre, including speaking to work coaches.

Personal qualities identified for staff: approachable, friendly, welcoming, compassionate, patient, non-judgemental, encouraging, listening, empathetic, respectful, and who foster hope. People also wanted staff to be appropriately trained with a qualification. They wanted them to be properly supported with time to reflect on their own work.

Workplace



Legal, structures, policies and procedures

Flexibility was by far the strongest theme highlighted to help people with mental health problems stay in work. Working hours were specifically mentioned, but so were structures, thinking, location, return to work and reasonable adjustments. Having clear expectations/rules from the start and being clear about what support is available and how to report. It was suggested that policies and procedures should involve staff, being more bottom up than top down with little bureaucracy. It was also recognised that there is a need for interesting, satisfying, sustainable jobs that are open to everyone. with more opportunities and recruitment processes that are flexible and open.

Ideas: Disability Confident ; Open door policies ; Education and training for employees and employers ; Directed budget ; Workshops for management/supervisors ; FVA steering group for voluntary sector ; Training on the equality act ; All staff have access to flexible working.

How workplaces are run

Feedback was given on the relationships and emotional aspects of the workplace with the need for people to have good, supportive, trusting relationships with colleagues and managers. People should have the option to disclose their mental health (with full knowledge on how to do this while in-keeping with their rights) in a way that is open and honest without fear of judgement. Workplaces should work to reduce stigma and misconceptions around mental health. It was also mentioned that sometimes people need permission to help colleagues.

It was identified that having a flexible working conversation can be difficult for people who have mental health problems, however employers should be having open conversations about wellbeing, health and having a work-life balance.

Peer support for employers where they could share stories and experiences was identified as helping them better support employees while recognising their own mental health. Altering expectations was mentioned along with ensuring funding was available, and to include private sector employers.

It was recognised that the workplace can be stressful, and that stress is normal but that we need positive ways to manage this. The working environment should be pleasant and calm. Good leadership, staff empowerment and more equality in the workplace where each team member was valued equally were mentioned. Staff are the biggest asset a company has.

Ideas: Take time out for fun ; Quiet space for everyone ; Training for employers to create a healthy workplace culture ; Wellness groups e.g. tai-chi/yoga ; Team building e.g. beer friends Australia ; Staff afternoon ; Peer support for employers and employees ; Cycle to work and gym membership schemes ; Role models / Mentors / Buddy Systems / Having someone to speak to ; Drop-ins for clothing/travel/info ; Check-ins ; Annual awards celebration for employer and employees.

