

Communication and Engagement Report

A Mental Health and Wellbeing Strategy for Lanarkshire

2019-2024





Contents

| | |
|---|----|
| 1. Purpose of this document..... | 4 |
| 2. Communications Strategy..... | 6 |
| 3. Communication and Engagement approach | 10 |
| 4. Engagement Themes | 14 |
| 5. Lived Experience..... | 32 |
| 6. Personal Stories | 42 |
| 7. How Engagement has Informed the Strategy | 46 |
| 8. Next steps..... | 50 |
| 9. Communication and Engagement Tracker | 52 |



01



1. Purpose of this Document

In September 2018, as the host organisation for mental health strategic planning for Lanarkshire, North Lanarkshire Integration Joint Board formally commissioned a Mental Health and Wellbeing Strategy for Lanarkshire. This report describes how we communicated with and involved a wide range of stakeholders to develop and design Getting it Right for Every Person: A Mental Health and Wellbeing Strategy for Lanarkshire (GIRFEP).



2. Communication and Engagement Plan

Mental Health Strategic Overview

A communications strategy was developed to set out how communications could support the design and development of the Lanarkshire Mental Health and Wellbeing Strategy (LMHWS).

The Lanarkshire Mental Health and Wellbeing Strategy will :

1. align with the Scottish Government's 10 year National Mental Health Strategy published in 2017
2. identify and establish a baseline for the mental health needs of the local population
3. improve mental health in line with the 2018-2023 Good Mental Health for All action plan
4. improve access to mental health services and support in primary care settings
5. build resilience to manage distress and help remove the stigma and discrimination of mental health
6. ensure that the mental health needs of people with dementia are addressed by supporting delivery of the Dementia Strategy
7. set out a plan for children and young people's mental health and wellbeing
8. redesign and improve specialist mental health services

Structure

A Communications and Engagement Sub Group, chaired by Kate Bell, Head of Service Change and Transformation was established to oversee the communications and engagement work. While the sub group was responsible for designing, directing and overseeing the communications and engagement plan, some actions were cascaded and shared by others across all agencies who are not part of the sub group.



Communications Model

The internationally-recognised communications model known as OASIS, (Objective, Audience, Strategy, Implementation and Scoring) was implemented to ensure all communications:

- had a defined and measurable outcome
- presented a clear and consistent narrative tailored to the audience
- were creative and innovative to maximise reach
- were clearly and demonstrably geared to supporting strategic objectives

An evaluation framework was also agreed to demonstrate the impact of communications.

The OASIS framework identifies a series of steps to plan campaigns and wider communications and engagement around partnership working which can sometimes be complex and challenging. The five stages of OASIS can be seen in this diagram:

OASIS model overview



Communications Objectives

The aim of the Communications and Engagement Strategy was to support the delivery of the Lanarkshire Mental Health and Wellbeing Strategy. Dedicating sufficient time and capacity to the process, was central to the success of the engagement process. This determined how widely and to what extent we could engage with all stakeholders in the design and development of the Strategy, the objectives of which were to:

- design and set out a framework to enable effective stakeholder engagement and communication
- ensure all those with a stake in the development and delivery of a Lanarkshire Mental Health and Wellbeing Strategy had been identified and are engaged appropriately
- capture lived experience
- ensure that communication was coordinated across all partner organisations and that all messages were consistent
- ensure all feedback and comments were captured in a structured and manageable format
- ensure all interested partners – service users, carers, staff, elected members, and other stakeholders were informed

Audience Insight

It was recognised that engagement messages, materials, campaigns and communications needed to be targeted at each audience. This enabled us to hone tailor messages and utilise the most effective and appropriate communications mediums available.

Who We Worked With

- Mental health service patients and/or their carers
- General public in Lanarkshire
- Public Partnership Forums (PPF) and Health and Social Care Forum (HSCF)
- third sector agencies and voluntary groups
- Scottish Government
- Lanarkshire MPs, MSPs and Councillors
- Mental health practitioners
- Mental health managers
- All staff (for general communications)
- Board/IJB members
- Professional leadership groups

Strategy

Engaging as widely and inclusively as possible and in an open and transparent way in the design and development of GIRFEP has ensured that the content is fully influenced and informed by lived experience, carers, families, communities and staff who work in and are responsible for delivery of mental health supports and services now and in the future.

Implementation

A range of events, workshops and presentations were arranged to engage with audiences. Specific tactical activities included:

- policy and programme reports (distribution/cascading)
- presentations (circulation to all to raise awareness)
- workshops
- intranet sites (all partners)
- NHSL website
- staff publications (Pulse, staff brief etc)
- survey/questionnaire
- attendance at relevant professional meetings/groups
- press releases
- social media
- e-bulletins
- staff team meetings
- third sector/partner meetings
- cascading information to front line teams

The following key messages were identified with the ultimate ask for our target audiences being ‘what does this mean for me?’

- NHS Lanarkshire, Health and Social Care North Lanarkshire and South Lanarkshire Health and Social Care Partnership are preparing a new mental health strategy
- A range of specific groups will be set up to design and develop the Strategy to ensure meaningful contribution of all key stakeholders
- We want to hear your views and get your thoughts on mental health services
- Your involvement and contribution is important as it will help identify the priorities which will shape mental health services for the next 5 years
- The Strategy will be widely available
- We will report the feedback we receive from all participants and be clear about how the feedback has been used

How Will We Measure How We Did?

Success will ultimately be judged by delivery of all of the overall programme objectives. A varied cohort of services, teams and individuals will all contribute to this.

The impact of the communications and engagement plan will be measured by evaluating the achievement of our aims using the following measurements:

1: Aim: Demonstrate engagement with process

Measurement: Number of people involved by type and organisation, meeting/event feedback. Visits to NHSL website and FirstPort.

2: Aim: Positive response to process

Measurement: Comments from patients/carers, staff/partnership feedback, public, social media feedback. No/few complaints.

3: Aim: Breadth of coverage

Measurement: Capture newspaper, website, intranet, social media etc. coverage. Meeting/event attendances.

4: Aim: All relevant stakeholders identified

Measurement: Completion of EDIA. Representation and participation on Communications and Engagement Sub Group.

5: Aim: Involvement of those with lived experience

Measurement: Clearly evidence feedback from those with lived experience

6: Aim: Successful completion of Lanarkshire Mental Health and Wellbeing Strategy

Measurement: Document produced. Document positively received. Scottish Health Council support and reporting.

Completing the Cycle

Where possible, all relevant data and evaluation material gleaned from the communication activity will be fed back into the implementation of the Strategy. This will help to ensure that our ongoing communications and engagement remain focused on the overall objectives of the Mental Health and Wellbeing Strategy.

03





3. Communications and Engagement Approach

Our communications and engagement began with the earliest development sessions in October 2018, continued through the detailed planning and development stages, right through to the final production of the Strategy in October 2019.

We developed a Communications and Engagement Strategy that set out practical steps detailing our approach involving the design and development of the Lanarkshire Mental Health and Wellbeing Strategy (LMHWS), Getting it Right For Every Person (GIRFEP).

GIRFEP takes a population approach to identify and establish a baseline for the mental health needs of the local population by:

- improving mental health in line with the 2018-2023 Good Mental Health for All action plan
- improving access to mental health support and services in primary care settings
- actively seeking to remove the stigma and discrimination of mental health
- articulating the mental health and wellbeing needs of the widest range of groups

- setting out a system-wide plan for children and young people’s mental health embedded in the Children’s Service Planning structures in South Lanarkshire and North Lanarkshire Councils
- develop delivery plans for all aspects of the LMHWS

The planned approach to Communication and engagement resulted in a Communication and Engagement Report, co-produced with people affected by mental health disorders and with a wide range of organisations. It is in line with participation standards, Scottish Government guidance - CEL 4 (2010) guidance and others such as the Fairer Scotland Duty - and Part 1 of the Equality Act 2010, which came into force in Scotland from April 2018. This places a legal responsibility on particular public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

The development of GIRFEP presented a unique opportunity to engage widely to understand more about existing mental health supports and services, and public, carers, patient,

voluntary and third sector and staff input into the future requirements and models of mental health and wellbeing in Lanarkshire.

Open and transparent communication with all stakeholders has been vital. We set out to tailor our communication mechanisms and approaches to suit all groups across the population. This has ensured an inclusive and respectful approach in the design and development of the Strategy.

The GIRFEP development process has resulted in a shared vision and value set to support people to engage in the work, to ensure we removed stigma and discrimination in our language and the Strategy. This also ensures that the content and all contributions and actions of GIRFEP is trauma informed.



The aim has been to improve our engagement with the people who need support and equal access to services. In many areas, developments will be progressed quickly however in some this may take longer. Some projects are already under way, offering people better and earlier access as well as more person-centred care. We have worked to build partnerships across Lanarkshire to help us to create integrated and innovative approaches to mental health and wellbeing supports and services.

This report does not detail every aspect of our engagement, but rather seeks to provide an overall commentary on the findings and feedback from those we engaged, and to remain true to our commitment to share what people told us.

In developing GIRFEP we have been successful in involving service users, carers, NHS Board staff, Health and Social Care and Partnerships, voluntary and third sector organisations. This has ensured that what people have told us has influenced and informed the Strategy and will influence the development and indeed the delivery of mental health and wellbeing supports and services now and in the future.

A range of approaches were used to engage, enable feedback and generate ideas to support the development of GIRFEP. These included:

- stakeholder engagement events – October 2018 to February 2019 (approximately 200 people)
- face to face presentations of the scope, remit and ongoing progress being made through the development period (approximately 96 presentations, meetings and focus groups)

- a dedicated email address to encourage direct feedback and response from individuals and groups. Only the programme team had access to this to allow anonymity and encourage all forms of ideas and feedback
- a wide range of planned meetings to develop the Strategy
- workshops – face to face development sessions with stakeholders to develop aims, objectives and action plans for development and delivery of GIRFEP
- frequent press releases, staff bulletins and newsletters shared across all partners and key stakeholder groups
- shared communications via partner organisations and input to their communication channels, eg Lanarkshire Links, Lanarkshire Carers Centre, Scottish Recovery Network, Voluntary Action North Lanarkshire, Voluntary Action South Lanarkshire and Lanarkshire Association for Mental Health
- FIRSTPORT – NHS Lanarkshire intranet page and website
- social media – Facebook and Twitter

Through the implementation of our Communications and Engagement Strategy we have successfully:

- ensured the involvement of key stakeholders in the decision making
- designed a framework to enable effective stakeholder engagement and communication

- identified and engaged appropriately all those with a stake in the development and delivery of GIRFEP
- completed a Equality Diversity Impact Assessment (EDIA)
- captured lived experience
- coordinated communication across all partner organisations with depth and consistency
- captured all feedback and comments in a structured and manageable format
- ensured all interested partners – service users, carers, families, staff, elected members, other organisations etc – have been kept engaged and informed
- engaged with voluntary and third sector organisations through a core communications and engagement group

04



4. Engagement

Development Sessions

In October and November 2018 scoping workshops were held with staff from a range of health, social care and voluntary organisations in Lanarkshire.

These early sessions enabled us to reach a consensus on the scope and scale of the proposed strategy and the need for all agencies and organisations working together. Common themes emerged and a wider understanding of what is mental health.

Mental health can be described as “a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community” (WHO, 2005).

“No health without mental health” is a phrase used more often in developing services. Mental health is the foundation for individual wellbeing and effective functioning of community, (WHO 2010)



The following key themes were identified at this early stage:

- mental health and wellbeing must be a focus for all
- stronger focus on social support and early intervention
- wider range of generic less specialist services
- better information for the public on how to access services where emotional distress, mental health and mental wellbeing problems are best supported
- people feel able to ask for help, can access skilled staff and co-ordinated support
- no one should feel alone

- no longer stigmatised
- better support to those bereaved by suicide
- minimise harm by delivering better services and stronger better connected communities
- increased say and control over diagnosis and planning own care
- good quality person centred post diagnostic support
- enabled to live well and safely at home or homely setting
- critical input of families and carers
- right to good quality dignified safe and therapeutic care and support

A shift in thinking required....

| Current national strategy | Future Lanarkshire Strategy |
|---|---|
| <ul style="list-style-type: none"> • Focus on waiting times targets • Post diagnostic support for dementia • Suicide prevention • Anti-stigma work • Legislative change • Distress brief interventions • Outcome/benchmarking data | <ul style="list-style-type: none"> • Focus on population approach • Continued improvement and transformation • Supports at an earlier stage • Inpatient changes • Locality linkages strengthened • Greater integration • Primary care transformation |



Engagement and Development Workshops

Five workshops were held during January and February 2019 with input from approximately 200 people and contributions from all key interested groups, staff with expertise and leaders with responsibility for development and implementation of mental health and wellbeing.

| Date | Workshop |
|-------------------|--|
| 01 October, 2018 | All Stakeholder Development Session |
| 01 November, 2018 | All Stakeholder Development Session |
| 17 January, 2019 | Good Mental Health For All |
| 24 January, 2019 | People with Dementia |
| 28 January, 2019 | Improving Access to Specialist Services in the Community |
| 04 February, 2019 | Specialist Mental Health Services |
| 07 February, 2019 | Children and Young People |

All information captured at these events is represented in the scope, scale and content of the Strategy document.

With respect to **workforce**, those developing the Strategy were asked to respond to the opportunity and challenge in relation to the availability and volume of new staff trained and competent to take on the new workload. It was made clear that training and developing a workforce fit for our vision of mental health supports and services requires planning and will take time to put in place. There are clear **interdependencies** with other developments and strategies and we need to avoid duplication and where possible to make best use of our resources across all sectors. It is critically important that staff are engaged where they can make most difference.

Changing Culture - reducing stigma attached to mental illness is a key driver as this will improve the conversation on all aspects of mental health and wellbeing and in particular the perception of those who suffer poor mental health and the services that are in place to provide support and treatment. This will require stronger public communication campaigns and a staff engagement and encouragement strategy.

It is important that our work is quality driven with future development work aimed at designing the highest quality services with the most competent, caring and compassionate staff.

“People we have met have told us that the development of this strategy means a lot to them, they are desperate to access the right people and services who can support mental wellbeing as a fundamental right in life.

“The Scottish Government has made mental health a national priority in recognition that improvement is required to enable services and supports to have a long lasting and positive effect on many different aspects of citizens everyday lives.”

(Dr Adam Daly, Consultant in Old Age Psychiatry, Associate Medical Director, Mental Health and Learning Disabilities)

Between April and July 2019 we presented the strategy development process and content to over 95 different groups. These presentations set out the approach, the shared vision, the joint values, our approach and content of the strategy as well as our ambition to develop a strategy that represents people and raises the profile of mental health and wellbeing for every person in Lanarkshire. At each of these meetings we asked people to feed back via a Q&A session or the dedicated mailbox.

This process was so meaningful, and at times overwhelming, to attendees and presenters because hearing genuine life experience expressed with such sincerity was both powerful and difficult to ignore.



Focus Group with Lanarkshire Links

Lanarkshire Links hosted a focus group with the Lanarkshire Mental Health Network in February 2019, attended by approximately 40 people representing a wide range of organisations. A full report was written following the focus group to capture the process and the feedback as follows:



The following key themes were identified at the session:

| The group told us what the strategy should address | |
|---|--|
| It's good to finally feel listened to, not before time | Link workers to help navigate the confusing systems |
| Tailoring self-support | Seamless service - primary care/mental health and vice versa |
| Increase joint operation and involvement | |
| Counselling - it's difficult to access | Easier communications |
| Service accessible to all | Treat mental health with the honesty, integrity and transparency it deserves to encourage people to care for their physical and mental health equally and to have access to a health care system that encourages that view |
| More help for younger people | Shorter waiting times |
| Befriending | More help available closer to home |
| Agreed share of funding services | Needs to include carers and families |
| Compassionate community | More training for GPs personalisation |
| The rights of carers to be integrated into strategy and policy level | More "talking therapies" such as YAMS, FAMS, Trust Jack, Chris' House, Moira Anderson Foundation, Crisis Counselling, more drop-in access, counselling support eg 'Living Rooms' |
| Taking young adults seriously | Waiting times |
| Non-clinical approaches - one stop network | Support at point of discharge |
| Sign posting to early interventions | Services are crisis orientated |
| Difficulties of navigating system | Availability and awareness of lower level supports |
| Availability of early intervention support at point of need | Need work around domestic violence - impact and dynamics |
| Access to right services | What response can be provided while waiting for statutory appointments? |
| Education and awareness | More resources required but investment needs to be targeted |
| It's not just about 'services', but supports in the community e.g. 'Hope Café' (24 hours) | Limited access to Talking Therapies |
| Investment in the third sector to help support for waiting times, third sector projects losing funding and not able to continue | |
| Methods of working - use of Triage - do we do enough of it | The issue is that statutory agencies can view the third sector as an adversary and not an ally. The issue of mental health should be tackled collaboratively and third sector should be utilised as a safety net |
| Formative years ACE - support and therapy | Voluntary orgs must be more robustly involved in governance support |
| Lack of community basic level supports | Limited access to early interventions |
| Lack of community development approaches - empower groups/ provide resources | |



Following the focus group, Lanarkshire Links highlighted three issues which they wished to see given priority in the Strategy:

- a shared commitment by all the strategic partners to advance service users and carers involvement in the light of research and experience elsewhere and to develop a plan to achieve this
- building on current work in mental health and service improvement at primary care level, a commitment to action to create an integrated and seamless approach to improving the prevention and treatment of physical and mental ill health
- clarity in the measures that will be used to show progress in achieving strategic objectives, with annual reporting, clear responsibilities, focus and accountability for implementation

Lanarkshire Links pointed out that the people who know best about what works are those who use mental health services and those who care for them. In this context, they suggest a change in the relationship between providers and users of services from one of consultation and participation to one of “power sharing”, where service users and carers share decisions and responsibility.

Lanarkshire Association for Mental Health (LAMH)

A number of sessions held with LAMH produced the following feedback:

- more information/raise awareness of services, and how to access
- support to understand what service is appropriate at what point and to know all the options
- use of apps or artificial intelligence/chatbots or live chat to help with this
- self Help: Online courses Beating the Blues - cold and can be difficult to motivate and to comprehend sometimes. Going to stress control is better because you have someone talking through ideas and engaging you, can make it come alive with examples. Perhaps having live chat or regular contact with person to check in with to ensure best from course, even via email while doing Beating the Blues
- need a variety of options for differing needs, online and in person
- GP Surgeries: Stigma of reaching out for help, getting past the receptionist, having to say you have depression or mental health problems. Being able to book appointment online with specialist mental health services/professionals in GP practice. Training on Scottish Mental Health First Aid (SMHFA) for reception staff
- access to prescribing pharmacists would help keep medication reviews on time and easier access to discuss issues with medication so more likely to work and also less waste of medication
- more education for frontline staff, ie police, ambulance, GPs, general nurses
- process for re-engaging in specialist mental health services is not clear. If discharged experience of having to re-access via GP is too long, should be able to simply contact them directly
- some GPs use a bell/buzzer to end appointments, this is not acceptable
- health professionals should not use abbreviations or medical terms when dealing with people
- Lesbian, Gay, Bisexual and Transgender (LGBT) issues have seen a positive change in public attitude recently. Can we learn anything from this to reduce stigma and discrimination in relation to mental health?
- need to address social inequalities, reduce poverty and improve access to general mainstream services that promote active, involved communities
- access to quick and accessible specialist support such as Community Psychiatric Nurse (CPNs) in GP surgeries works well and should be extended
- people, general public, should have more information on how to access help/support for mental health issues
- alternatives to treatment, other than medication, should be offered and explained. Benefits of medication, as well as potential side effects of medication should be always explained



Lanarkshire Conversation Cafe

Lanarkshire Conversation Cafe was held in partnership with the Scottish Recovery Network. This was attended by approximately 105 people with lived experience.



The organisers of the one day event kindly shared the feedback from participants as a contribution to future thinking and development of supports and services. The event which took a world café approach to engage all views, generate ideas and take feedback provided the following talking points:

How can we best support people in Lanarkshire to maintain good mental health and recover from mental health problems?

| | |
|---|--|
| More drop in groups | More community based support |
| More groups for young people | Importance of community led and informal support |
| More funding for community led groups | Support for family and carers |
| Building confidence and capacity | Being listened to |
| Support for peer volunteers | Support should be a partnership - walking alongside rather than leading or pushing |
| Better integration of services | Promoting good conversations |
| Better Information about support that is available | A partnership approach |
| Promote good physical health | Mental health policies should focus on recovery |
| Conversation café events in local communities | Remove barriers to people accessing support |
| Safe spaces to talk and share experiences | Better communications and increased awareness of support available |
| Reducing social isolation | Community connectors and social prescribing as an early intervention |
| Being able to access support directly | Using the strengths and skills that exist within local communities |
| Early intervention | Creating safe spaces where people can talk |
| More support for young people in schools and colleges | More involvement with people with lived experience in decision making |
| Personalised support for individuals | Challenging stigma |
| Self-management skills and resources | Universal services for all age groups |
| Better information about informal support networks | Community led services |
| Link between addictions and mental health services | Helping people connect with local communities |
| Challenge stigma and discrimination | Peer support in schools and colleges |
| More pop up recovery and wellbeing cafes like Hope Café | Less restrictive referral processes |
| Mental health ambassadors in workplaces | Shorter waiting times |
| More peer volunteers | Longer appointments |
| Increased knowledge and awareness of mental health issues in the community and workplaces | Being valued not judged and feeling listened to |
| Holistic approaches to recovery including social prescribing | More choices and greater personalisation |
| Better signposting to support groups | More community based drop in sessions |
| Importance of peer support - valuing lived experience | Support for family and carers |



Those who attended filled in a mind apple to record the top five things that contribute to mental health and wellbeing - five a day for your mind. The wordle below is a representation of the range and importance of the areas identified.



Also at the same event the table cloths were used to note important issues, challenges and good experiences and practice that people with lived experience wanted to register.



“It has been a pleasure to work so closely and be guided by the needs and values of people with lived experience, carers, and organisations who provide support and services to people to build a coalition around mental health & wellbeing.

(Kate Bell, Head of Service Change and Transformation, NHS Lanarkshire)

First time I have attended an event like this and will be back

Fantastic to be able to share stories and have conversations with like-minded people

Conversation Café approach made everyone feel involved. I certainly felt included and respected

I felt included and respected. I'm leaving inspired and motivated to do more

It was good to hear other people's views and opinions on mental health

Informal, safe and comfortable atmosphere encouraged people to have open conversations

I felt included and respected

It was great to meet people at different stages of their recovery journey

Very inclusive, welcoming and stigma free. I felt part of the event and that people were listening to me without any judgements encouraged people to have open conversations

Good to talk with others in small groups, I felt we weren't being talked at but being listened to

Veterans First Point

We met with a group of service veterans at VIP Access Point to discuss their mental health and wellbeing issues to discuss mental health and wellbeing and their needs now and in the future.

They Provided Us With the Following Feedback

Overview

They noted that their experience included the need to be busy; the need to have the possibility of a job, not abandoned or left to fester. Those in attendance shared how hard it is to survive in civilian life with transport being a challenge and DNA letters. In the forces you are part of a machine, however when you return home it feels like you are a cog that doesn't fit any more, it feels like people are scared of you: "You can take a man out of the army, but you can't take the army out of the man". One person shared that they had no drive in the morning and that they "feel they haven't been listened to". The feeling and perception is that ex-servicemen are targeted by trouble-makers.

They would like a public show of respect as they feel they have been let down far too many times ("feel like you're being punished for having been in the military"). This has an impact on families.

Access to support and services

The people in attendance talked about the need for the right support to be available at the right time. Reference was made to waiting times and

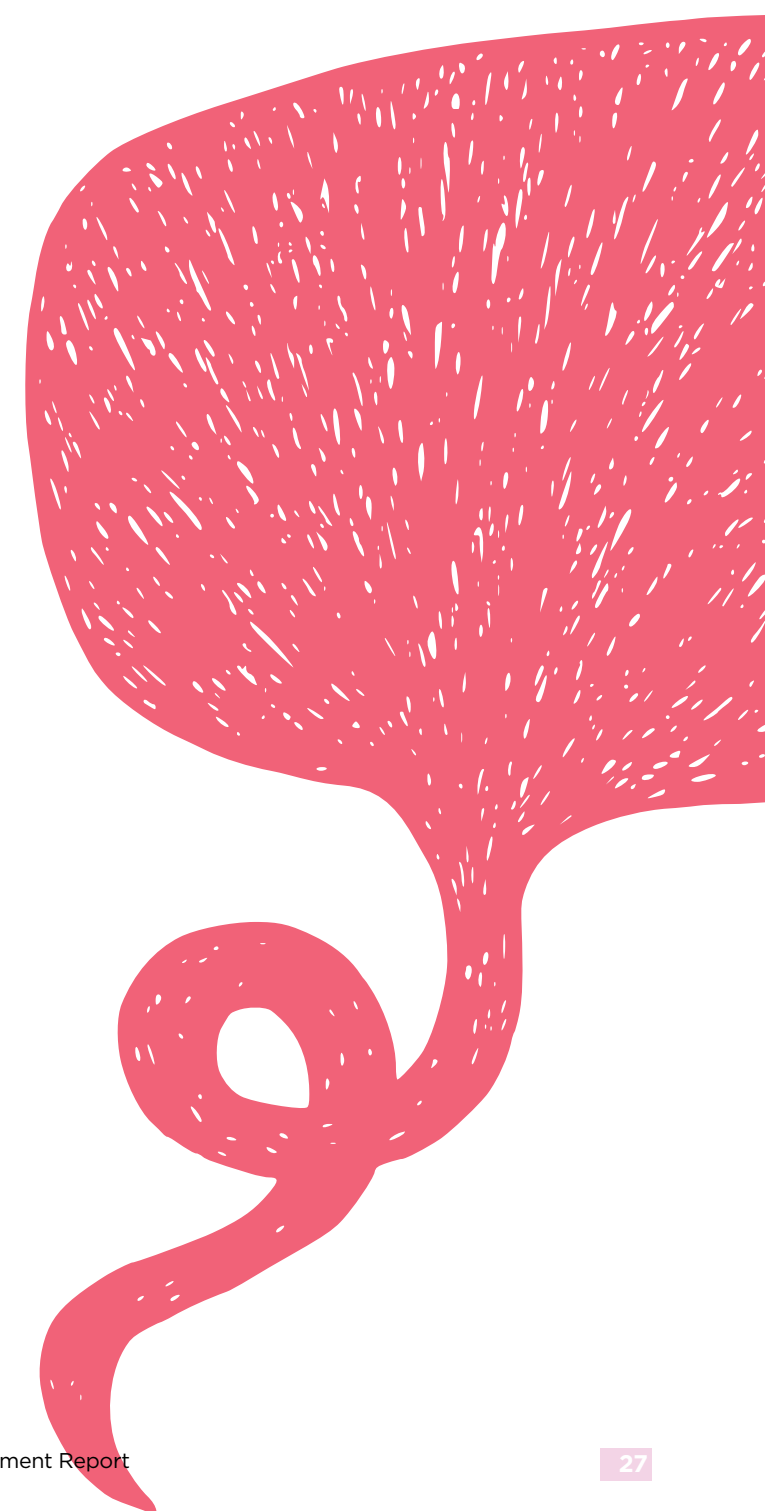
short courses of support as ineffective for levels of anxiety and Post Traumatic Stress Disorder (PTSD) experienced by some. "What's currently offered is only a sticking plaster"; "We need mental health for squaddies"; "extended time, double appointments with the GP or specialist service first time".

Communication Issues

The members of the group shared examples of experience of being 'struck off' because they can be perceived as aggressive. They asked if the strategy could highlight the need for understanding of experiences, including traumatic experiences. It may help if practice improves and becomes more trauma informed that veterans could be flagged as a veteran on their record. Some may also see this as a stigma. Veterans would benefit from talking to Community Psychiatric Nurses, medical staff and other workers through their community groups. NHS Inform has a Veterans page and Councils and NHS Board have Veterans' Champions in place.

What would you like to see that could make a difference?

Group members would like to see veterans looking after veterans, a dedicated liaison officer for veterans supported by volunteers, more peer support, a call centre for veterans and opportunities identified where they can use, and transfer their skills and experience.





Carers Focus Group

Lanarkshire Carers Centre and North Lanarkshire Carers Together organised a focus group to enable carers to provide feedback on the Strategy and highlight the issues for carers that should be prioritised. Carers said that it can be difficult for them to recognise their own mental health and manage it as the focus of support is often the person they care for.

They said that some mental health professionals were better than others and included examples of when they had felt supported. In this context, that meant feeling listened to and not judged. Some found it difficult to develop a positive relationship with professionals and resulted in them disengaging from services.

Children's mental health services were referenced, with one carer sharing that they felt not listened to or that their concerns were dismissed as 'not a mental health issue' despite having been diagnosed with depression and anxiety at a young age. Experience of adult services appeared to be more positive, with this particular carer feeling supported and listened to.

All carers shared a common experience of feeling that the professionals involved in the care of their loved one depend on the carer being there to provide the care. They feel that their loved one's needs are often dismissed as 'not requiring professional support'. This results in the carer feeling under pressure to fulfil many aspects of the carer role.

Carers stated that there are a lack of options available to them to access support because one size doesn't fit all. They also expressed concern about funding cuts to support organisations, with experience of support being stopped for individuals as a result of these cuts. Carers are not mental health professionals but they are expected to take on the role of support for their loved one with no help, support or guidance.

They told us how they find it very challenging to be forced to disclose how they are feeling to the receptionist before they can speak to the GP.

In terms of access to support, carers expressed a number of views:

When trying to get support for the person they care for, carers described particular challenges in accessing and engaging with support. When this happens it puts more pressure on the carer as their caring role increases, with a detrimental effect on their mental health and wellbeing. Again, cuts to service budgets were brought up as an issue.

Waiting lists – particularly for counselling – and the prolonged experience this brings were highlighted as an issue. Examples were also given of appointments being allocated a long way from home. This brought serious logistical challenges and added pressure for the carer.

Carers discussed positive experience with GPs and with helplines.

There was a common theme of feeling like the carer and their loved one were 'being passed from pillar to post'. Most often this was expressed as a failure to see a 'whole person' as opposed to someone with a range of conditions.

Allied to this, a lack of consistency was problematic. For example, one person was seen by eight different psychologists which made it difficult for them to develop a trusting relationship and feel supported.

Carers shared experiences of being in desperate need of help, with support only being provided when 'crisis point' had been reached. Carers talked about being given a leaflet or telephone number, or medication. This added to the feeling of 'not being listened to'.



Carers agreed that there is a huge stigma attached to mental health and that it can be difficult to talk about. In addition, for carers it can be difficult to ask for help as they are often seen as 'the strong one'. They expressed feeling worried about what people would think of them if they did ask for help: 'how will it look to others if I can't cope?'

Carers were asked what kind of support or service would help them:

They talked about the importance of accessing a break as this really allows them time to themselves and positively impacts on their mental health and wellbeing. Peer support was also highlighted as hugely beneficial.

When asked what they would like to see included in the mental health strategy:

Carers felt that the strategy must acknowledge the overlapping of mental health with other conditions and show an understanding that mental health cannot be treated in isolation.

Carers specifically asked for the inclusion of a section about carers, demonstrating the impact caring can have on the carer's mental health, highlighting sources of information and support. Most of all, they wanted to feel like they have been listened to.

They suggested that all people are engaged in providing support – GPs, nurses and staff – need to be trained in helping people with their mental health and wellbeing. It was often frustrating to finally ask for help only to leave with nothing or feel that you weren't listened to.

Finally, the need for a holistic approach was raised, with one point of contact where possible and proper overlap between services.

Individual case studies provided by carers at Lanarkshire Carers Centre were consistent with these views: a more joined-up approach, a focus on carers' mental health and a feeling of being listened to were all viewed as critical.





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5. Lived Experience

Individuals and groups from Lanarkshire Links, Scottish Recovery Network, Lanarkshire Association for Mental Health have been courageous and shared their experiences with us for inclusion in this report. We have included information from trusted sources such as patient opinion, the SeeMe Scotland campaign and other sources of feedback.

An early engagement was a focus group arranged by Lanarkshire Links with the Lanarkshire Recovery Network, people with lived experience and organisations who work face to face with service users, carers, families and a range of organisations.

The themes captured relate to difficulties experienced by people in their daily lives related to income, inequalities experienced, unemployment and being listened to by people in services. The range of groups talked about the relationship with mental health, long-term conditions, addictions and domestic violence.







Equal Partners

Lanarkshire Links wrote to the strategy team with additional feedback relating to the need for an equal partnership between service users, and carers and service providers in the creation and delivery of services.

Service user and carer organisations such as Lanarkshire Links, the Scottish and Lanarkshire Recovery Networks and Lanarkshire carers organisations are well placed to advocate and support service users and carers in this partnership as the local organisations that has worked closely for 20 years with providers in Lanarkshire. There exists a legal imperative to include the voice of service users and their carers and that this should be acknowledged through the strategy and by an accompanying action plan to ensure that Lanarkshire Links continue to be automatically viewed as an organisation representing and advocating for people with lived experience.

Personal Stories

Lanarkshire Links supported the recording of recovery stories which were shared widely including with NHS Lanarkshire Board and Scottish Government. Those involved shared that volunteering with Lanarkshire Links and taking part in recording their stories has been therapeutic and liberating; it helped increase their confidence, and was a very rewarding experience. Some storytellers presented at Lanarkshire Links members' meetings and, despite initial nerves, enjoyed the experience and have continued to engage with the organisation.

The Strategy development and implementation have taken account of these personal and powerful stories.

In talking about recovery we acknowledge that it is not necessarily easy or straightforward. Many people describe the need to persevere and to find ways to maintain hope through the most trying times. The Scottish Recovery Network defines recovery as described below.

“Recovery is being able to live a meaningful and satisfying life, as defined by each person, in the presence or absence of symptoms. It is about having control over and input into your own life. Each individual’s recovery, like his or her experience of the mental health problems or illness, is a unique and deeply personal process.”





Lived experience placed a strong emphasis on the need for people to be treated with respect and dignity at all times and the need for recovery support and services. Recovery stories were gathered for a number of reasons so that:

- they provide hope and inspiration to mental health service users and their carers
- they offer hints and techniques on recovery and recognise the fact that people in recovery are 'experts in their own experience', stating very clearly that people can and do recover
- we offer those with long term and enduring mental health problems the opportunity for development as volunteers, to find purpose in their day and improve their self-esteem
- peer links are formed and peer support is nurtured and friendships forged, facilitating social support networks
- we learn from others who have travelled this journey before the practical support available, the pitfalls in the recovery road that you can encounter and strategies on how to cope with these with minimal setbacks
- they help the service users and carers learn more about the factors which help and hinder the recovery process and to better understand what recovery means
- patient stories and lived experience inform strategy, planning and future practice

C's story is a film focusing on a journey of recovery and discussion on the things that help her stay well. In particular C discusses her volunteering activity and fundraising for Beatson Cancer Charity. Her story encapsulates supportive networks and we hear from some of the people she works alongside or who have supported her in her recovery. C's story can be found at <https://vimeo.com/287269581>

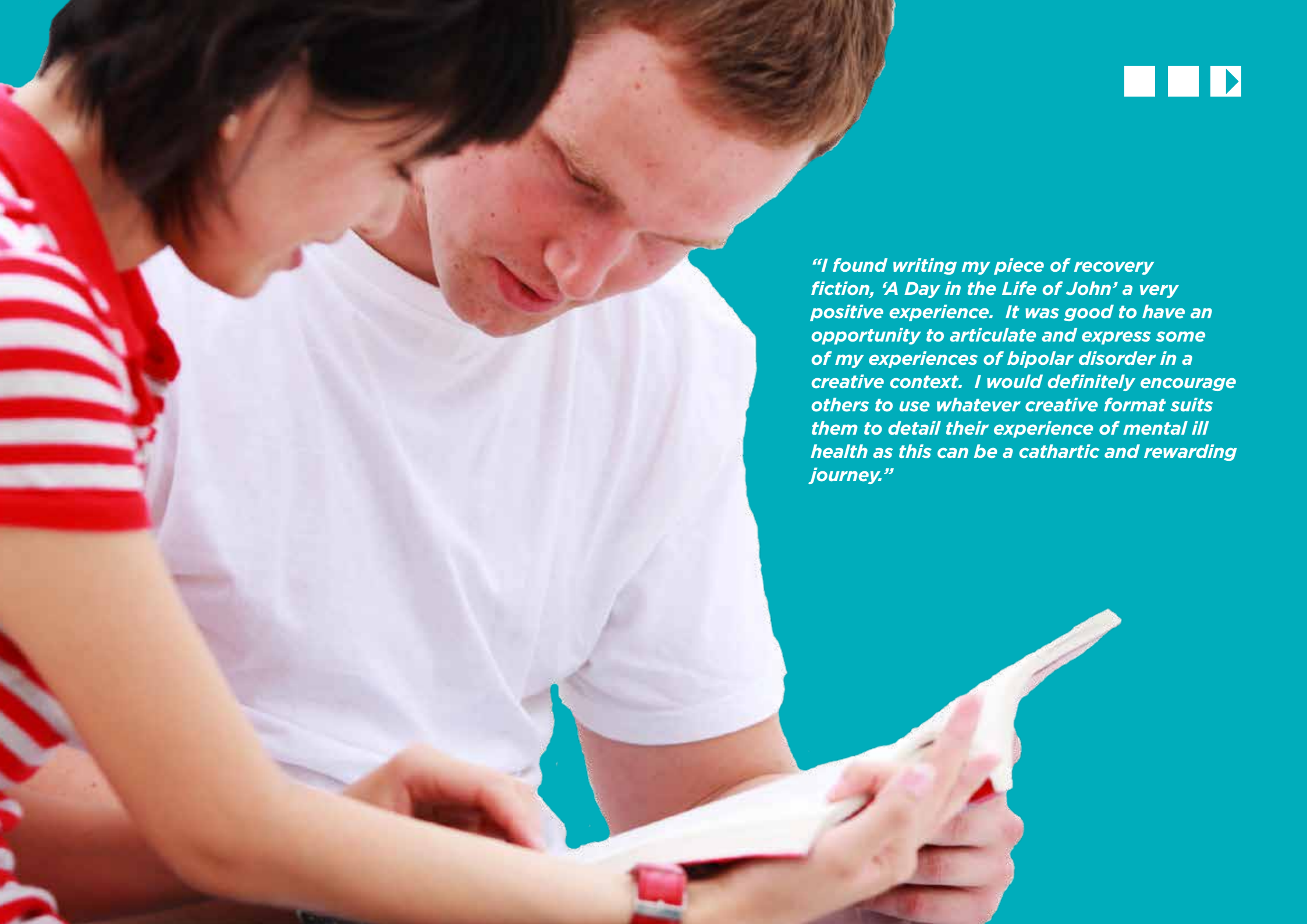
"I'm happy that I've told my recovery story, it's been a really positive experience. It's really worth sharing it for lots of reasons. It's been a reflection on how far I've come and I feel that I was ready to do it. I've moved on with support and I wanted to let people know how I got the support so that they know that there are ways of coping. I was really pleased to get other people, like the Beatson Cancer Charity and Lanarkshire Links, involved to show that. I hope that people will realise they can get help, that they can get better. The more people that talk about their mental health problems the better. I feel that it will help people reach out."

M's Story is a remarkable account of recovery told through the medium of poetry. M's poetry starts from a dark and difficult place and as his recovery progresses you begin to see this reflected in the poetry. M's book can be viewed online at: <https://indd.adobe.com/view/5391c106-68fc-47e5-8ce8-a109850e00a3>

"I'd like to thank the Stigma Free Lanarkshire team for having the belief in me that my poems may help fellow survivors on their journey to recovery. I'd also like to thank every single person who has helped me on my journey through recovery. Many times even the smallest words of encouragement have helped me since my breakdown, you will never know how much it has helped me and for that kindness I am eternally grateful."



"I found writing my piece of recovery fiction, 'A Day in the Life of John' a very positive experience. It was good to have an opportunity to articulate and express some of my experiences of bipolar disorder in a creative context. I would definitely encourage others to use whatever creative format suits them to detail their experience of mental ill health as this can be a cathartic and rewarding journey."





R's Story called 'Reaching the Light' comes from a young man who was diagnosed with depression around four years ago. In this three-part booklet R talks about his journey through recovery from some of the toughest and darkest times in his life. R talks about people's attitudes towards mental health and reflects on where he is now in his journey of recovery.

<https://indd.adobe.com/view/5a79ec29-063d-4f85-b0f6-cbdc5575e1b0>

"People don't know and understand if they haven't been through it themselves but that doesn't mean they can't help. It's not necessarily answers we are looking for, it's just someone who is willing to listen and that can really help massively."

D's story - D wanted to create, edit and complete his story on his own. This involved filming in different locations and, whilst supporting D, he was able to use poetry and photography which he believes all help him stay mentally well <https://vimeo.com/275252906>

"Whilst emotionally draining I thought it was essential for me to share a small part of my story to show that living with mental health problems isn't easy but there are creative things you can do to help positively focus yourself. It's not a cure but it helps and if in doing this it saves a life from being lost then that's a major accomplishment." (D)

CASE STUDY: LIVED EXPERIENCE - DEMENTIA

"Maintaining familiar surroundings" posted by a carer

"My dad who's 88 and has dementia had a urinary tract infection (UTI). After a week of antibiotics he was no better and had become quite disoriented and we were struggling to look after him safely. He had fallen and needed assistance to mobilise.

"His GP came out and arranged for Hospital at Home to attend.

"Within a couple of hours a very cheery nurse attended and took dad's bloods and did a heart tracing and vital signs etc. She was kind too and patient with my dad. Another nurse attended and took a comprehensive history from my father and I. Again it was apparent that she was focused on my dad's needs and gave him respectful attention. Nothing was done without thorough explanation. The consultant arrived soon after. She too took time

to introduce herself and cultivate good, professional rapport with my dad before diving in to the reason they were there. My dad's short-term memory is very poor. He gets very anxious in unfamiliar places. The doctor arranged for one of the other nurses to attend later and do a bladder scan.

"We decided on a treatment plan, including my dad in the conversation.

"One week and a couple of check ups and blood tests later, my dad is back to his baseline. Although he didn't need a lot of input, the fact that we had someone for a short time to get advice from was so reassuring to me.

"I have no doubt that enabling my dad to stay at home contributed to his quick recovery. We are very appreciative of this service."



CASE STUDY: LIVED EXPERIENCE – POSITIVE EXPERIENCE

“My mental health journey” posted by a service user

“I wanted to give a quick rundown on the pros and cons of my mental health journey as it seems to be getting highlighted more and more often.

“My first step was to see my GP in Rutherglen to advise that I felt suicidal and was having a bad time. He gave me a phone number for the Rutherglen gateway team and advised me to phone. I did this and from the start the staff were friendly and polite and I was offered an appointment for a clinic quite quickly.

“I saw a woman from the gateway team who was so friendly, smiley and made me feel welcome she gave me some information but advised I’d be better seeing the Mental Health Team as they could help with thoughts of suicide. She said she thought an Occupational Therapist (OT) was best and that the OT’s in this team were very good.

At this point I then got a letter to say that it would be an eight week wait for an OT to come and see me and I wasn’t happy because I was worried about waiting the full 8 weeks. I then phoned the OT department and spoke to a friendly girl who apologised for the wait and said she would try and see me a bit quicker but she gave me phone numbers if I needed to speak to someone day or night and made me feel a bit better just by talking to me for a few minutes.

“When the day came that the OT was coming to my house I was so nervous and worried as I didn’t know what to expect. I can’t even describe how positive and fantastic the OT was from the very start. Even opening the door she was so friendly, softly spoke showing me her name badge and was so polite she didn’t intrude on my home at all. I knew I was in the right hands!

“I’ve seen the OT for quite a few months and things in my life have changed so much. It’s been about a year since I first went to my GP to talk about being suicidal and things couldn’t be further from that now.

“I still have bad days and good days but the OT made me understand what was going on in my head, she helped me to start leaving my house again and to start finding joy in life. I think all I needed was a push in the right direction and every step of my journey has been a positive one. I was then discharged from the full team a few weeks ago and although I was nervous I knew that I was ready for it. At the very last appointment the OT brought out a discharge pack which basically had lots of things for me to look at and use at home. It had phone numbers of helplines, it had diaries and charts that we’d used together and it even had a little laminated positive quote to put on my fridge.

“My mental health journey started a year ago and I haven’t regretted going to my GP one bit. My experience has been a very positive one and I want to encourage as many people as possible to just ask for help when you need it.”



CASE STUDY: LIVED EXPERIENCE - COMMUNITY MENTAL HEALTH

“No ongoing support” posted by a carer

“Several weeks ago my partner took an overdose. I discovered this at 5.30am. The ambulance came really quickly and the crew were really calm and efficient. I had two of my children in the house - both older teenagers. It was hugely distressing for them.

“We followed the ambulance to Wishaw General. My partner was admitted to the Ambulatory Care ward later that day (a Saturday). My partner was seen by the CPN prior to discharge but then they decided to keep her in overnight for further IV treatment.

“The care and treatment in hospital was good except for conflicting feedback about my partner’s medical status. My partner does have a significant mental health condition and has had input from the local Crisis Mental Health Team before.

“There has never been any offer of sustained support - of course self management is key - but trying to do this without a consistent (ie same people to be able to build some kind of trusting relationship within which to do this) supportive contact or team is pretty difficult. So when this happened we were all in crisis not knowing where to turn.

“At no point did the Community Psychiatric Nurse (or any other staff) ask if I was ok. Or if the kids were ok. Despite them being in obvious upset. My partner had a phone call the day after discharge (Monday) and an appointment on the Wednesday of that week. She has had one other appointment and been told that she is discharged. The issues that led to the overdose have not been addressed.

“There is no ongoing support. I asked my partner to ask what support there might be for family members - partner, children etc. She was told that there was nothing on offer and we would need to find our own support. They didn’t offer any info/ advice. We have been left floundering-struggling to come to terms with what happened. Struggling to deal with the impact. And no support is available. Well, we could go to our GP, but they’re pretty stretched and I’m not convinced they would have anything to offer given my partners experience to date.

“I know that the government want to put mental health on the same footing as physical health. And that the Carers Act means there is a duty to look at carers’ needs. I know this specifically relates to social care - but are we not supposed to be all joining up (integrating)? And putting people at the heart of everything? I feel I don’t know how to cope. And have nowhere to turn - I phoned Breathing Space which was a helpful ‘out’ for my feelings. But there is nothing for carers or families - the local Carers Centre did give us some information a few years back to use talk to the children about their Mum’s mental health. That was good. But there is a dearth of family support. I am extremely disappointed. Thankfully I do have friends I can talk with. And the kids and I have talked it through again and again - helpful for them. But we needed (and need) help as a family. And there is nothing there.”





06

6. Feedback to the Lanarkshire Mental Health and Wellbeing Strategy Mailbox: MHStrategy@lanarkshire.scot.nhs.uk

A young woman who welcomed the opportunity to feed her experience into the development of our Mental Health and Wellbeing Strategy went on to describe how she struggles every day to cope and come to terms with her illness. She wanted us to know she felt that there was not enough help and understanding of this in the NHS. While acknowledging that she had been helped a lot, she still felt deep down that a lot more was needed for people like herself.

- A man described feeling vulnerable, having experienced periods of anxiety and depression for many years. Although managing to work full time and bring up a family, he had felt frightened when his mental health began to suffer and had difficulty combating the stigma and misconceptions he encountered. In addition to ongoing support from his GP, he has educated himself through various sources, including engaging with cognitive behavioural therapy. He suggested we needed tailored reasonable adjustments in the workplace, mental health first aiders and better communication/awareness-raising in Lanarkshire.
- A woman described the difficulties she was experiencing with her guardianship application for a relative with dementia. She felt that the length of time it took to obtain Mental Health Officer reports often resulted in delays to adults transitioning to a place where more suitable care could be provided.
- A man who had had an abusive childhood described four years of very difficult experiences before he suffered a breakdown. He was then diagnosed with anxiety and depression and subsequently post-traumatic stress disorder, for which he continues to be treated. Despite more than a year 'in crisis' he continues to share his experiences to raise the profile of mental health and show to others that help is available for issues like his.
- A woman described our Child and Adolescent Mental Health Services as 'overstretched and under-funded', with her own daughter having already waited more than six months to be seen. Although she received a letter advising her of a delay, she feels our strategy is akin to leaving young people so long that they 'fix themselves'. She expressed concern for children in an even worse position than her daughter.
- A man described the very difficult circumstances in which his brother is living as a result of his mental health problems and alcohol addiction. Currently living in isolation, except for the few days after he receives his benefits, his addiction means that for 10 or 11 days a fortnight he has no money to buy food or pay his bills. His brother feels strongly that it should be possible to break this cycle of events, especially since his mental health is deteriorating further as he sits 'in silence in the dark' with his power cut off. He is supported by someone from the voluntary sector, but would benefit from having a single point of contact within the statutory sector in order to ensure that everything that needs to be put in place to break his current cycle can be readily accessed. This man is hard to engage due to his mental health issues, but his brother feels that an alternative future should be possible or he will continue to get worse.

High Level Engagement Themes

Workforce

- Availability of staff, waiting times for Children and Young People to get treatment
- Agreed the strategy development will change and improve this with more services in schools, universal provision increased and multi-disciplinary mental health teams being developed
- GPs treating people with basic interventions when people have tried all of these things before going to the GP ie Beating the Blues on line resource, more medication. Tailoring self-support and self-management would help
- People would like access to specialist services earlier and for longer (psychological therapies, counselling, ongoing support to assist navigation of the system)
- People feel Mental Health services is important enough to have a Director at Health Board/HSCP level, staff feel that the current arrangements may not enable the consistent profile and leadership profile required to make a difference with the strategy implementation

Deprivation

- Providing support to families on low income to overcome the generational poverty that can lead to the development of mental health issues

Perspectives

Engagement:

- Move to co-production in the development of services and with people who have 'lived experience' of mental health and their families

Awareness:

- Stigma free approach
- Education in Schools/Universities around Mental Health Awareness

Communication

- To help people achieve the daily living things when life is hard we need more link worker type roles to help navigate the confusing systems. Also Befriending, buddies and support to attend self-help groups came up at a lot of our meetings
- As part of the strategy to increase the number of link workers to ensure people get the support they need
- Need to include carers and families in decisions that affect them at the earliest stage

Values

- Treat mental health with the honesty and integrity, transparency it deserves to encourage people to care for their physical and mental health unilaterally and to have access to a Health Care System that encourages that view
- Stigma and discrimination a key feature in the strategy. The desire is to radically change cultures and behaviours towards mental health and wellbeing

Services

- More help available closer to home; more Hope Café's, places to drop into to break the isolation and loneliness. Improve access to 'informal' emotional supports
- It was acknowledged that the strategy did not cover this
- More "talking therapies" such as YAMS, FAMS, Trust Jack, Chris' House, Moira Anderson Foundation, Crisis Counselling, more drop-in access, counselling support e.g. 'Living Rooms'. Promote community capacity
- This could be seen as part of the Community Capacity Building Programmes
- There is need to consider that for many people with mental health issues English is not their first language
- It was asked if the strategy will cover targets and waiting times

Transitions

The communication and consistency between hospital, social work and GP services can be difficult as records are not shared and a lot of time is wasted with duplication of information and repeating information all the time.

Transitions

- Moving from children's services to adult services at 16. Young people need help dealing with the change of circumstances
- Can this be considered in the delivery plans for the Children and Young People's section of the strategy?

Seamless Service

Primary Care/Mental Health and vice versa; treating people as a whole person and recognising that my mental health is just as important as my physical health

- Primary Care Strategy led by South HSCP and the MHWS working together will progress this theme

Personal Experience

- A high number of entries into the mailbox shared personal experience of services
- A number of entries reinforced the impact of homelessness, links to alcohol dependency on mental health and asked that services be closer linked to people experiencing such life circumstances
- Some voluntary and community organisations shared good practice with us in relation to link worker roles, ie The Simon Community

Employment

- A number of people wrote to us to tell us about poor mental health and wellbeing supports and services in organisations in Lanarkshire for staff. A culture of openness and understanding does not exist in some, people noted feeling judged, stigma and unable to return to work as no or little actual understanding existed. People called for more training and understanding for back to work schemes and reintroduction following an episode of leave due to a mental health condition

Dementia Guardianship

- "Regarding dementia and mental health, it would be easier to deal with if there was not as big a delay in obtaining Mental Health Officer reports for guardianship applications. This often results in delays in adult being moved to more suitable care whether at home or in a care home. I know this is social work but with it now being a Health and Social Care Partnership it has to be recognised within the strategy"

Investment in Community Services

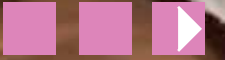
- A consistent theme was to have more community based services such as Hope Cafés for drop-in facilities that reduce isolation and increase wellbeing

Remote and Rural

- Farmers - worrying suicide rate among farmers blamed on anxiety and depression as well as worries about income and the impact of Brexit. The contribution talked about the figures (Office for National Statistics and research carried out by Robert Gordon University/NHS Grampian) being that, on average one farmer per week in the UK is taking their own life. Has the difficulty of day-to-day live in rural setting, isolation and the gap regarding understanding the supports needs
- We are pleased the Strategy recognises isolation as a key factor for distress that can lead to poor mental health, NHS 24 and Breathing space



07



7. How the Engagement has Informed the Strategy

From the earliest engagement and development of a shared vision, involving people with lived experience, carers, families, and all agencies organisations was our goal. The range of mechanisms has enabled people to feedback on all aspects of the strategy development and include any questions, queries or share difficult information with the strategy team.

The feedback and information received as part of GIRFEP's development has been continuously added to the process where it made most sense and has mostly influenced the scope of the strategy and its content. Worthy of mention here is:

- the will of everyone involved to take a system wide and population approach to the strategy development
- the inclusion of wellbeing has expanded everyone's thinking on what is important to the population

- the importance of listening to and valuing the contribution and perspective from all areas and providing feedback where this view will inform the strategy content or future thinking and implementation of supports and services
- organisations across Lanarkshire have got involved in response to inclusive and meaningful engagement

A joint pledge has been signed up by all agencies, carer and service user organisations; voluntary and third sector. This will mean that this pledge is a call to action in terms of ensuring the strategy delivery changes that result in sustainable improvements. See Page 4-5 of GIRFEP 2019-2024.

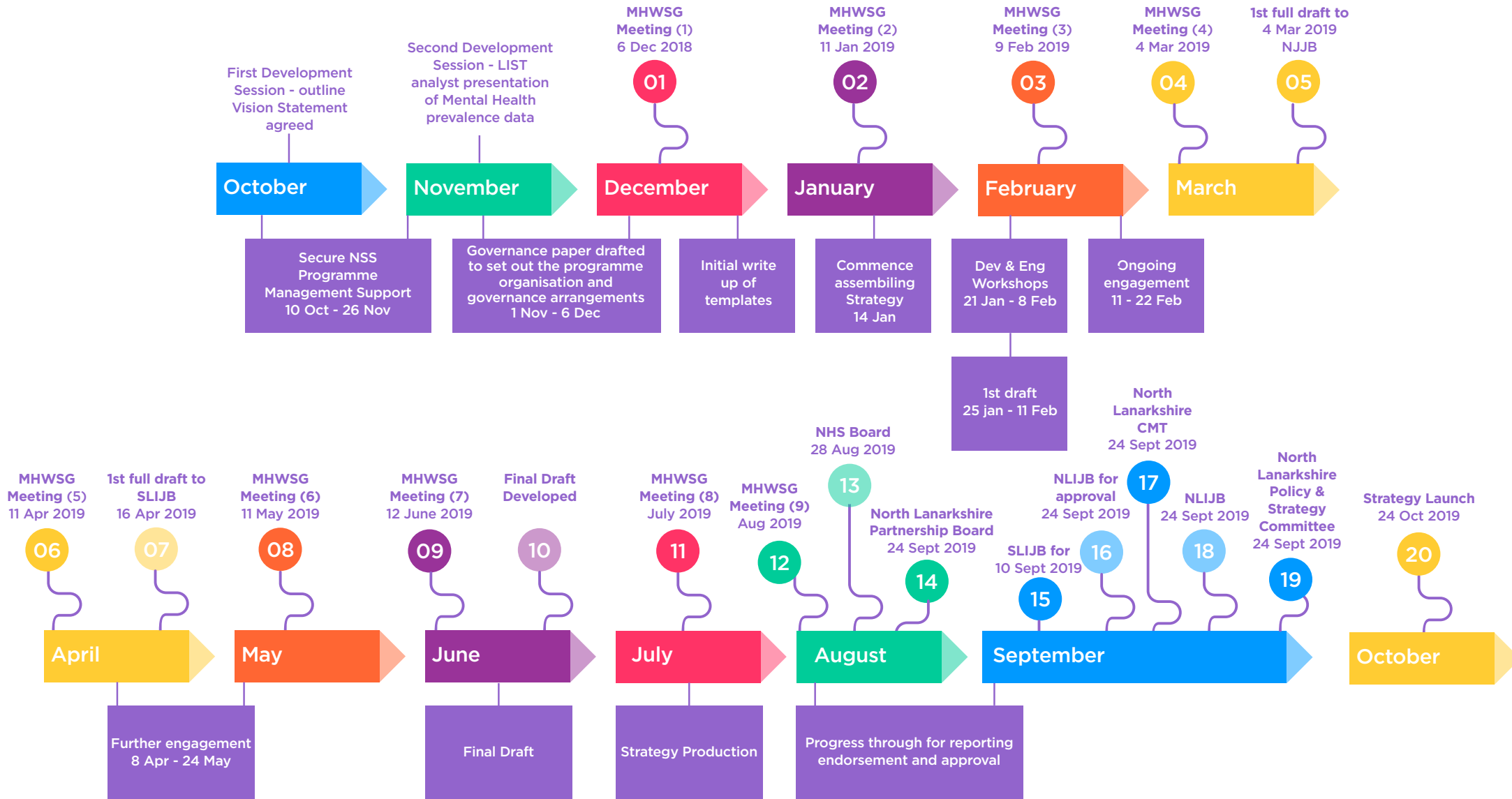
“The strategy has very much been centred on the needs of people of all ages, living in Lanarkshire.

“The strategy sets out a pledge from the organisations providing supports and services to the people of Lanarkshire regarding the content and delivery of GIRFEP. Our aim is that people can talk freely about their mental health and well-being as they would any physical ailment, safeguarding their mental health and wellbeing, where possible preventing mental ill health occurring, and, when needed, providing access to support, care and treatment easily.”

(Anne Armstrong, Associate Nurse Director, NHS Lanarkshire)



Lanarkshire Mental Health and Wellbeing Strategy



References

Scottish Government Fairer Scotland Duty, Part 1 of the Equality Act 2010, <https://www.gov.scot/publications/fairer-scotland-duty-interim-guidance-public-bodies/pages/2/>



08



8. Next Steps

We will continue to work with all the stakeholders as equal partners. This will influence strategy implementation and delivery over the next five years.

The Mental Health and Wellbeing Strategy Board with the organisations across Lanarkshire have pledged to reduce stigma and discrimination and work closely to make mental health a priority bringing physical and mental health support, care and treatment together.

We will work closely over the period of the strategy to make a difference to mental health and wellbeing support and services in Lanarkshire.





09



9. Communications and Engagement Tracker

Recognising the importance of service user and carer voices, we set out a comprehensive plan to engage with as many representative organisations as possible within the time available.

The tracker sets out the detail of who we engaged with to help us develop the Strategy. To ensure meaningful two way involvement and engagement in the Lanarkshire Mental Health and Wellbeing Strategy involved people in many different ways according to their needs. This enabled us to capture and record a range of feedback, ideas and challenges. These are:

- dedicated email address MHStrategy@lanarkshire.scot.nhs.uk to encourage direct feedback and response to individuals and groups
- a range of planned meetings
- workshops – face to face development sessions
- press releases and organisation bulletins – share across all key stakeholder organisations
- FIRSTPORT – NHS Lanarkshire intranet page and where required NHS Lanarkshire public website
- shared communications via partner organisations
- social media – Facebook and Twitter



Engagement Activity 2018 - 2019

| STRATEGY DEVELOPMENT - Involvement in design and development of strategy | | | |
|--|--|---|---|
| Date | Stakeholders | Activity | Method/Channel |
| October & November 2018 | | | |
| 01/10/2018 | NHS Lanarkshire (NHSL), H&SC Partnerships (HSCPs), mental health staff (clinicians, pharmacists, managers, front line), service users, NHS24 | 2 development workshops | Engagement Workshop |
| December 2018 | | | |
| 06/12/2019 | NHS Lanarkshire, HSC North, South Lanarkshire, SLC, NLC, Vol Orgs, Carers sector | Meets monthly - Mental Health and Wellbeing Strategy Group | Multi-stakeholder Programme Board Meeting |
| January 2019 | | | |
| 16/01/2019 | All NHSL, NLC and SLC staff | Dedicated Mental Health Strategy page established on FirstPort | NHS Lanarkshire Intranet |
| 17/01/2019 | Local Authorities, NHSL, HSCPs, Voluntary/ Third Sector organisations, service users | Good Mental Health for All workshop | Multi-stakeholder Workshop 01 |
| 18/01/2019 | All NHS Lanarkshire Staff | First in a series of articles NHS Lanarkshire Staff Brief - shared with North and South Lanarkshire Councils for distribution | Electronic distribution |
| 18/01/2019 | Mental Health, HSCP and Council Senior Staff and Leads | Paper to North Lanarkshire HSCP MH, LD & Addictions Programme Board | Presentation on Strategy Governance |
| 22/01/2019 | NHSL staff, Vol, third sector and carer orgs, Lanarkshire Links | Communications & Engagement Group established - first of regular series of meetings | Multi-stakeholder Meeting 02 |
| 24/01/2019 | Local Authorities, NHSL, HSCPs, Voluntary/ Third Sector organisations, service users | Dementia workshop | Engagement workshop 02 |
| 28/01/2019 | Local Authorities, NHSL, HSCPs, Voluntary/ Third Sector organisations, service users | Action 15 workshop | Engagement workshop 03- |
| February 2019 | | | |
| 04/02/2019 | Local Authorities, NHSL, HSCPs, Voluntary/ Third Sector organisations, service users | Specialist Mental Health Services workshop | Engagement Workshop 04 |
| 07/02/2019 | Local Authorities, NHSL, HSCPs, Voluntary/ Third Sector organisations, service users | Children's Services workshop | Engagement Workshop 05 |
| 25/02/2019 | Lanarkshire Medical Committee | Presentation to LMC GP Sub | Committee Meeting |
| 27/02/2019 | Mental Health Networks Lanarkshire | Lanarkshire Links Focus Group with third sector organisations hosted by Lanarkshire Links | Presentation, focus group and feedback |

| STRATEGY DEVELOPMENT – Involvement in design and development of strategy | | | |
|--|---|--|--|
| Date | Stakeholders | Activity | Method/Channel |
| 27/02/2019 | Voluntary Sector | Voluntary Action North Lanarkshire (VANL) attendance at Health & Social Care Community Capacity and Carer Support Consortium Meeting | Discussion led by VANL |
| 28/02/2019 | North Lanarkshire Council elected members | Paper to NLC Policy & Strategy Committee | Presentation of paper to NLC Committee |
| March 2019 | | | |
| 01/03/2019 | All NHSL staff | NHSL Pulse article | Distributed to all staff/ departments |
| 04/03/2019 | Scottish Government | Meeting with Mental Health Directorate | Face to Face Meeting |
| 05/03/2019 | NHSL Governance Committee | Population and Primary Care Governance Committee | Meeting |
| 06/03/2019 | SLC Mental Health Officers | Mental Health Officers Forum | Meeting |
| 06/03/2019 | Lanarkshire Links and See Me | Meeting of Programme Manager and Project Manager with Lanarkshire Links and See Me | Meeting |
| 07/03/2019 | Integration Joint Board (IJB) North Lanarkshire | Presentation to IJB Liaison Group | Presentation at meeting |
| 07/03/2019 | ALL - Public | Social media to invite participation | Electronic – on line |
| 07/03/2019 | ALL - Public | Press release inviting participation | Electronic – on line |
| 07/03/2019 | ALL - Public | Presence on NHSL website | Electronic – on line |
| 08/03/2019 | GPs and Pharmacists | GP and Pharmacy Meeting | Meeting |
| 13/03/2019 | South Lanarkshire Third Sector organisations | Attendance at South Lanarkshire Third Sector Chief Officers' Group | Face to Face meeting |
| 22/03/2019 | North Lanarkshire Chief Social Work Officer | Programme Director met with the Chief Social Work Officer | Meeting |
| 26/03/2019 | North Lanarkshire IJB | FIRST Draft Strategy presented to North Lanarkshire IJB | Committee meeting |
| 27/03/2019 | Lanarkshire Recovery Network | Conversation Café with people with lived experience | Face to Face World Café event |
| 25/02/2019 | Lanarkshire Medical Committee | Presentation to LMC GP Sub | Committee Meeting |
| April 2019 | | | |
| 03/04/2019 | Multi-stakeholders | Magazine article about the Lanarkshire Links focus group | Scottish Association for Mental Health (SAMH) magazine |
| 05/04/2019 | Lanarkshire Carers Centre | Presentation to staff team meeting | Presentation and feedback |

| STRATEGY DEVELOPMENT - Involvement in design and development of strategy | | | |
|--|--|--|---|
| Date | Stakeholders | Activity | Method/Channel |
| FURTHER ENGAGEMENT PHASE- Engagement on First draft and contributions to Final Draft | | | |
| 09/04/2019 | North Lanarkshire Public Partnership Forum (PPF) | Presentation to North Lanarkshire PPF | Presentation and feedback |
| 16/04/2019 | South Lanarkshire Integration Joint Board (IJB) | Paper/First draft Strategy presented to SL IJB | IJB Meeting |
| 17/04/2019 | Service users and carers, service delivery partners | Presentation to Partnership for Change (PforC) Quarterly Assimilation Meeting | Presentation and discussion |
| 17/04/2019 | South Lanarkshire Community Planning Partnership (CPP) | Presentation of Strategy to Community Planning partners | Presentation and discussion |
| 18/04/2019 | Carers | Presentation to Carers Support Network meeting | Meeting, presentation and feedback |
| 25/04/2019 | Lanarkshire Association for Mental Health (LAMH) members | Presentation to LAMH members meeting | Meeting, presentation and feedback |
| 25/04/2019 | Scottish Health Council | Meeting | Meeting, presentation and feedback |
| 29/4/2019 | North Lanarkshire voluntary organisations | Promotion of Strategy on VANL website and social media | Digital and social media sources |
| May 2019 | | | |
| 02/05/2019 | North Lanarkshire Strategic Planning Group members | Presentation and discussion groups at Strategic Commissioning Planning Group | Meeting, presentation and workshop to obtain feedback |
| 02/05/2019 | South Lanarkshire Health and Social Care Forum (HSCF) | Voluntary Action South Lanarkshire (VASLan) circulated draft Strategy to 107 contacts of Third Sector organisations associated with mental health and related services | Email campaign |
| 02/05/2019 | South Lanarkshire Health and Social Care Forum | VASLan forwarded draft Strategy to South Lanarkshire Health and Social Care Forum to pass down to the 4 local HSCFs for discussion | Email campaign |
| 06/05/2019 | Medical staff | Old Age Psychiatry department team meeting | Engagement presentation |
| 06/05/2019 | Scottish Ambulance Service | Scottish Ambulance Service MH Strategy Meeting | Meeting |
| 25/02/2019 | Lanarkshire Medical Committee | Presentation to LMC GP Sub | Committee Meeting |
| 14/05/2019 | South Lanarkshire HSCP Senior Managers | South Lanarkshire HSCP Senior Management Team meeting | Meeting, presentation and feedback |
| 14/05/2019 | North Lanarkshire Locality Social Work Managers, Health Services Managers, GPs, Community Hospitals, Locality Planning Group members | Circulated presentation and brief to stakeholders | Email dissemination of information |

| STRATEGY DEVELOPMENT - Involvement in design and development of strategy | | | |
|--|--|---|------------------------------------|
| Date | Stakeholders | Activity | Method/Channel |
| May 2019 | HMRC staff (Cumbernauld) | Mental health awareness sessions and circulated the draft LMHW Strategy led by SAMH | Workshops and presentation |
| May 2019 | SSE staff (Cumbernauld) | | |
| May 2019 | Ascensos staff (Motherwell) | | |
| 17/05/2019 | Area Housing Managers | Presentation and Brief circulated to stakeholders | Email |
| 17/05/2019 | Carers | Carers focus group organised by North Lanarkshire Carers Together and Lanarkshire Carers Centre | Focus group |
| 21/05/2019 | Deaf Services Lanarkshire | Meeting | Meeting |
| 22/05/2019 | North Lanarkshire Partnership Officers Group | Presentation and discussion of draft Strategy | Meeting, presentation and feedback |
| 23/05/2019 | Voice of Experience Elderly Forum Group Meeting | Focus Group with older people | Meeting, presentation and feedback |
| 24/05/2019 | Service veterans | | |
| | Focus group with veterans with First Point, LAMH | Focus group | |
| 04/06/2019 | North Lanarkshire Voluntary Sector | Presentation and discussion groups at North Lanarkshire Voluntary Sector Annual Conference | Meeting, presentation and feedback |
| 05/06/2019 | North Lanarkshire Partnership Board | Presentation of Strategy to Community Planning partners | Presentation and discussion |
| 10/06/2019 | North Lanarkshire Carers Together Annual General Meeting | Presentation, Group work and Q&A | Meeting, presentation and feedback |

LMHWSG: HSC North Lanarkshire, HSC South Lanarkshire, NHS Lanarkshire, North Lanarkshire Council, Lanarkshire Association for Mental Health, South Lanarkshire Council, Scottish Health Council, VANL, See Me, Police Scotland, NHS National Services Scotland, Lanarkshire Carers Centre, VASLAN

Communications and Engagement Sub Group: LAMH, Lanarkshire Links, Landed Peer Education Service, NHS Lanarkshire, Richmond Fellowship, Scottish Health Council, VANL, North Lanarkshire Carers Together, Lanarkshire Carers Centre, Partnership for Change, Expeerience Counts, VASLAN, Equals Advocacy Partnership

Communications and Engagement Focus Group: North Lanarkshire Carers Together, Equals Advocacy Project, Getting Better Together, LAMH, Lanarkshire Carers Centre, Lanarkshire Links, NHS Lanarkshire, Richmond Fellowship, SAMH, Stigma Free Lanarkshire, Scottish Health Council, VANL, VOEF

Work stream workshops: NHS Lanarkshire, Lanarkshire Carers Centre, VASLAN, SLC Education, NLC, Alzheimers Scotland, PPF, Police Scotland, and Scottish Health Council





