Falkirk District Association for Mental Health

Background

The Social Prescribing service from Falkirk District Association for Mental Health (FDAMH) seeks to address the determinants of poor mental wellbeing e.g. debt, relationships, loneliness and social isolation, domestic abuse, unemployment and other lifestyle issues. It has been funded by the Health and Social Care Alliance for two years.

The service supports people in accessing activities that promote social networks, sense of purpose, resilience and self-management. The service also attempts to increase the uptake of the arts, leisure, education, and volunteering, sporting and other physical activities.

The criteria for the service is anyone 16 years and upwards with mental wellbeing issues that affect their ability to live well.

The exclusion criteria is anyone with primary issues of alcohol/drug use and anyone with severe and enduring mental health problems that would be better dealt with by specialist services.

The service connects adults with mental health problems with their GPs and sources of social support to enable them to self-manage their condition. The person referred is central to making the service effective for them. Their personal experience about how their condition affects them physically, emotionally and socially is central to the planning and delivery of social prescribing to meet their needs.

The Social Prescribing Service

The Social Prescribing Practitioner will undertake a holistic assessment of the patient's life. This includes their personal circumstances, mental and physical health and social and emotional needs. Patients will be signposted to non-medial sources of support and offered a therapeutic one—to-one service.

The service begins with establishing the root causes of a person's distress. Having time to build up sufficient trust for people to be able to reveal issues is an essential aspect of the service. With many clients there are barriers to be overcome, emotional support to be given, and recovery and self-management tools to be taught to help people engage with community supports if appropriate for them.

This service operates in partnership within three Health Centres in Denny, Grangemouth and Stenhousemuir. People are referred by their GPs.

Evaluation and Impact

Project activity information is recorded centrally using an Access database. This is in a multi-user format to support all team members simultaneously. Team members

have secure, remote access – enabling activity to be recorded as it happens when workers are out in the community.

The database records the details of people from referral through to completion. This allows us to produce reports profiling our service users, detailing what service they have received and in what specific areas help was needed.

The Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) is used as a guideline to measure post-intervention for all service users to capture important information regarding:

- patients' sense of well-being including positive affect/happiness
- optimism/hopefulness
- resilience and coping
- · increased levels of life satisfaction/quality of life
- meaning and purpose in life.

All service users are also asked to complete our patient/service user questionnaire to measure other specific outcomes. These include increased levels of life satisfaction, increased uptake of activities and increased awareness of skills, activities and behaviours that improve and protect mental wellbeing. The referrer questionnaire is used to provide the referrers with a means of feeding-back regarding their levels of satisfaction with the service.

Other scales are used to help measure specific interventions or issues, in particular the Generalised Anxiety Disorder 7 (GAD-7) is used as a guideline to measure post-intervention levels of anxiety and Clinical Outcomes and Routine Evaluation (CORE) is used for the mindfulness course, along with our own evaluation form. GPs have also provided their feedback on the Social Prescribing service, which has been very positive, as well as seeing a reduction of appointments in some patients. This shows that patients are managing their wellbeing on their own and are less dependent on their GPs as a result of the Social Prescribing service.

Since the project commenced in September 2013 it has received 579 referrals and 403 individuals have attended appointments. An additional 45 people have benefitted from accessing courses or joining as volunteers.

Partnership Development

Vital partnerships are built with the patient. Effective partnership working relies on ensuring that people have the knowledge, skills and confidence to play an active role in planning their own care. By managing their own condition to a degree that they are comfortable with, they are encouraged that help is available beyond this project There are also strong relationships built with the community organisations which patients are referred onto. The service can be reassured of the quality of the community organisation.

Great relationships are formed with the GPs and locums, and there is a developed interest with like-minded staff.

Workforce Development

Project staff are now fully engaged with service delivery, however development activities continue alongside routine work. The service continues to develop its training provision, creating an 8-week mindfulness course from the mindfulness module of the Anxiety Management Course. The first course was completed with excellent feedback.

We have strong connections with the local Citizens Advice Bureau and Community Education Centres who provide us with room space to see our clients, as well as being a resource to refer our clients on to. We also have a good relationship with Falkirk CVS (Volunteer Centre). We continue to work collaboratively with homeless accommodation services to provide the Social Prescribing service to some of our community's most vulnerable people.

In terms of changes, just as we have developed volunteer buddies, we are now delighted to be training a volunteer peer support worker to support our Anxiety Management Course. This is working very well and has had a very positive response from people on the course.

Challenges

Funding is of course our biggest challenge at the current time. While there is much appreciation for the project and indeed demands for its expansion, there is currently no commitment to fund it in the longer term. As the project is only funded for six more months, the pursuit of funding will increasingly have to become a focus to ensure our community is not to be denied a service that it has received so much benefit from.

Changing the attitudes of statutory sector workers towards third sector workers so that they see us as equals is a slow process, however it is evident that our professionalism and the quality of the service we provide is helping to bring this about.

Similarly, it has been challenging to change the attitudes of colleagues in the NHS from a strong focus on a medical model to appreciating the benefits of a more holistic way of working. Again, the growing appreciation for the project is helping to encourage this shift in thinking.

Within the consultation, clients' perception of their own resilience and their reliance and dependency on others is something that is very challenging to us. Therefore the need for recovery-focused self-management work is important in preparation for moving on. Changing people's core belief system can be a real barrier in their recovery journeys.

Key Learning

Building the reputation of the project and gaining recognition requires a strong commitment to developing relationships and grasping opportunities for promotion as

they arise. This is time-consuming and sometimes frustrating, but essential to ensuring a continued and quality service for the patients referred to us.

We were inspired by participants who completed the mindfulness course, who then decided to set up their own mindfulness support group. Interaction with the project is not only encouraging self-management, but also giving people the confidence to work with others to achieve shared goals.

Contact

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