Going Beyond Harm, Dingwall
Learning report from 5 September 2017
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Introduction and aims

Harm can come in many different forms, but an important – and often overlooked – form of avoidable harm is when carers’ views, knowledge and experience are not asked for or – worse – not listened to or accepted. The consequences of this for service users, staff and carers can be significant.

‘Going Beyond Harm’ was an event, held in Dingwall for carers and professionals supporting carers who have been in contact with mental health services. The event was organised by Carers Trust Scotland and the Scottish Patient Safety Programme for Mental Health (SPSP-MH) and took place on Tuesday 5 September 2017 at Dingwall Community Centre. It follows on from the Going Beyond Harm event which took place on 31 August 2016 at the St Mungo Museum of Religious Life and Art in Glasgow. Arising from the event in Glasgow Carers Trust Scotland and SPSP-MH committed to holding regional versions of this event in Oban, Dingwall, Perth and Galashiels. The local event in Oban took place on 26 June 2017 at The Coran Halls.

The aim of the event was to gather carers’ and professional views from remote and rural areas on how to improve safety for service users, staff and carers within mental health services. Karen Martin (Carers Trust Scotland), Johnathan MacLennan (Healthcare Improvement Scotland) and David Hall (Healthcare Improvement Scotland) welcomed the delegates to the event and set the scene for the day. Roisin Connolly (NHS Highland) and Jim Hume (National Rural Mental Health Forum) presented on Rural Wellbeing.
Method

A series of world café discussions at this event were used to explore important issues for improving services in relation to the following areas: 1) Admission/discharge and moving between services; 2) Remote and rural; 3) Involving carers. A world café is a structured conversational process in which groups of people discuss topics at several different tables. Participants were encouraged to record their comments on tablecloths during each discussion.
Analysis and results

All written records from the event were imported into NVivo® qualitative analysis software and a thematic analysis was conducted for each themed discussion by a health services researcher. Thematic analysis seeks to describe and explain qualitative material by identifying patterns or themes.

Discussion area 1: Admission/Discharge and Moving Between Services (Transitions)

1.1 Continuity and coordination of care

There were a range of considerations highlighted in relation to the importance of continuity and coordination of care, particularly in relation to the support provided after discharge. Resource considerations were highlighted in terms of how it can feel that these are being prioritised over ensuring continuity and quality of care for individuals. In particular, difficulties with the recruitment and retention of staff were discussed and how this can negatively impact on relationship building and continuity of information. Delays in the transition and access to services were also reported, particularly in relation to adult services.

‘Create a relationship then discharge’
Integration of services and partnership working with the wider community were highlighted in relation to how this would enable continuity despite the challenges in rural communities. At the same time rural communities were understood to vary in terms of their cohesion and availability of support.

1.2 Assessment and judgement of individual needs

A lack of understanding in relation to the recognition and assessment of mental health needs was highlighted and related issues of stigma. In particular, there were issues identified in relation to how young people and individuals experiencing addiction and substance abuse are being judged and assessed when trying to access appropriate care. It was also discussed in relation to how crisis may need to be reached before there is appropriate recognition of an individuals’ mental health needs.

‘If there is an addiction the mental health is forgotten’

‘Doctors don’t take young people seriously because they are probably ‘over-reacting’ or attention seeking’
Discussion area 2: Remote and Rural

A number of themes were identified that give insight into the range of factors important for improving the safety and quality of mental health services in remote and rural localities.

2.1 Access and availability of support and specialist services

A lack of availability of appropriate services and choice in relation to services locally was highlighted as a key issue during discussion of remote and rural considerations. Furthermore, how access to services may only be determined by a crisis trigger rather than there being preventative provision.

‘Never having time for anyone unless it’s a major crisis’
Isolation was recognised as being a key issue for individuals living in rural communities and how this contributes to whether appropriate and timely support will be available. There were particular barriers were reported in relation to accessing information, support and specialist services in these communities due to the distances involved in travelling, lack of public transport and the cost of transportation, and access to telecommunications.

Tykes is a charity supporting young carers in Sutherland. It was established to provide information and support to children aged under 18 years of age who have a caring role within their family. For further information please access the Tykes website: [www.tykesyc.co.uk](http://www.tykesyc.co.uk)
Discussion area 3: Involving carers

3.1 Involving and supporting carers and families

A range of considerations in relation to recognising, valuing and enabling the contribution of carers were discussed. Young carers were highlighted in relation to how there is a lack of awareness, understanding and support for them in their role.

‘Work with young carers and accept that home is often chaotic – don’t use it as a reason not to work with them’

‘Why are we still agonising over issues around confidentiality?’

The importance of carers being routinely informed and engaged in relation to planning and decision making in relation to transitions was also raised. Confidentiality issues were highlighted in relation to how these continue to be a key barrier to involving carers and parents in sharing information and decision making for improved care planning and coordination.
Next steps

- We will be building on the learning from the event for the forthcoming events in Perth (24 October 2017) and Galashiels (Early 2018).
- We will maintain and develop links with the National Rural Mental health Forum to support their aims.
- The team will share this report with the attendees from the event, colleagues in NHS Highland, Healthcare Improvement Scotland, Health and Social Care Partnerships as well as the Scottish Government.
- The learning from these four events and the previous event in Glasgow (31 August 2016) will be aggregated to be circulated amongst all delegates and associated colleagues.
- All learning is used to inform the work of SPSP-MH so that it has service user and carer views at its core.
- The report will be available on our Website and shared through social media channels.
Appendix 1: Going Beyond Harm, Dingwall – attendee breakdown

Not including the organisers, 17 delegates attended the event and 13 completed evaluation forms were received.

Table 1: Attendee breakdown

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<th>Organisation</th>
<th>Percentage</th>
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<tr>
<td>Carer</td>
<td>29%</td>
</tr>
<tr>
<td>Service user</td>
<td>6%</td>
</tr>
<tr>
<td>Non service user or carer</td>
<td>53%</td>
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<tr>
<td>No response</td>
<td>12%</td>
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Appendix 2: Going Beyond Harm, Dingwall – evaluation responses

From the people who completed the evaluation, 92% said they thought a tool such as Triangle of Care should be standard practice in mental health services (8% did not answer the question).

Reason for a tool such as Triangle of Care being standard practice in mental health services

- ‘It would be good to have everyone using same guidelines.’
- ‘Ensures patients can return home safely. Carers are prepared.’
- ‘Puts the service user at the heart of all that is important.’
- ‘Every help is needed.’
- ‘Lack of understanding and respect for patients and carers, this this would help.’
- ‘Good checklist to ensure you and your organisation is doing what is needed.’
- ‘It’s good practice.’
- ‘A greater understanding across primary care.’
- ‘We need to have a best practice model for organisations to follow and adapt for their needs locally.’
- ‘I believe that the service user should always be at the centre of care, and carers (with consent) should be given as much information and influence as possible.’

Anything from the event you would like to take forward, either within your carer service, your user service forum or service?

- ‘Going to make our project visibly more mental health friendly.’
- ‘Increase mental health awareness amongst my team, to support carers who they engage with.’
- ‘Feedback from carers to change services and support.’
- ‘Continuation of partnership work.’
What would you like to see come out of this event?

- ‘More awareness for those caring for person with MH issues, more support in accessing mental health support, more welcoming attitude from CAMHS.’
- ‘Mental health to be less stigmatised and for services to become more rural as well as more understanding.’
- ‘Increase in mental health professionals working with young people.’
- ‘National framework to de-stigmatise mental health in communities, such as dementia friendly communities model.’
- ‘That positive change takes place and the concerns are raised.’
- ‘Greater understanding of the challenges associated with delivering and accessing mental health services within a remote and rural area.’
- ‘Coordinated approaches to collaborative knowledge sharing...’
- ‘Feedback captured and shared in a way to improve services for everyone affected by mental ill health. Important to keep participants today updated with progress.’
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Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

website: spsp.scot

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999