

Annual Review  
2017-2018



Mental Health &  
Wellness Centre

**penumbra**  
your way to a brighter future

## About Penumbra

**Penumbra is one of Scotland's largest mental health charities. We support around 1600 adults and young people every week.**

Founded in 1985, we provide a variety of innovative services in communities across Scotland:

- **1<sup>st</sup> Response and Crisis Support** - Short term support for people experiencing a mental health crisis.
- **ARBD** - Recovery focused support for people with Alcohol Related Brain Damage (ARBD).
- **Carers Support** - Support for people who are caring for someone with a mental health challenge.
- **Nova Projects** - Services that promote recovery, social inclusion and self-management.
- **Peer Support** – Services where staff use their own experience of mental ill-health to help other people recover.
- **Self Harm Projects** - Services for both adults and young people who self-harm.
- **Short Breaks** - Supportive breaks for people to focus on their recovery.
- **Supported Accommodation** - Supported housing and tenancy projects.
- **Supported Living** - Practical and emotional support provided in people's own homes.
- **Wellness Centre** - Access a range of services in the community which promote positive mental health and support people to recover from mental ill health.

## Our vision for Scotland

We envisage a society where people with mental health problems expect recovery and are accepted, supported and have the resources to fulfil their potential. To achieve this vision our Strategic Plan sets out five aims (RPIII):

- **Recovery** - To ensure that all mental health services and activities are hopeful, personalised and recovery focused.
- **People** - To ensure a highly valued, skilled and involved workforce.
- **Innovation** - To develop, support and provide innovative responses that promote recovery, social inclusion and citizenship for people with mental health problems.
- **Influence** - To promote mental health and wellbeing in communities by influencing; policy makers, funders and others.
- **Improvement** - To ensure quality and continuous improvement in all business processes to achieve our mission.

RPIII is supported by objectives and a results and monitoring framework. As part of this framework, Penumbra services compile an Annual Review which summarises the work undertaken to meet the five key aims, to achieve our mission, and to realise our vision for society. This Annual Review is based around the RPIII structure, with sections for Recovery, People, Innovation, Influence, and Improvement.

## Service overview

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### About the service

Located in the heart of Elgin, the Mental Health & Wellness Centre opened its doors on 3<sup>rd</sup> April 2017. Operating as a community asset, the Wellness Centre uses recovery focused approaches to promote and maintain positive mental health. Following the core belief that recovery is achievable, the Centre delivers a range of evidence based interventions to support each individual recovery journey.

### Types of support provided

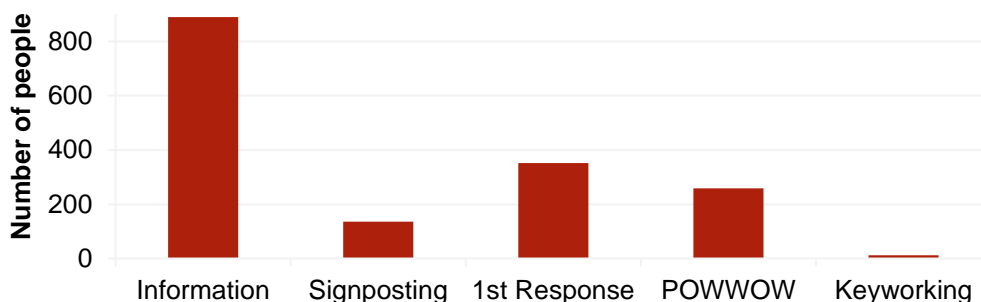
Personalised support is delivered across a comprehensive pathway. As part of the early intervention and prevention agenda; information and signposting is accessible to the public on demand. Short term support for people experiencing distress is available through 1<sup>st</sup> Response. Self Management group sessions are delivered through informed POWWOW programmes. Keyworking is also an option for those looking for medium term support.



## People who use our services

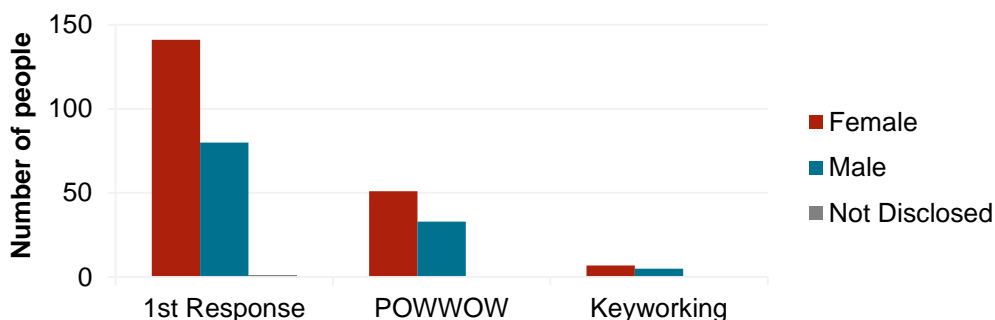
45% of people contacted 1<sup>st</sup> Response following signposting from their GP; 11% from a mental health professional, 2% from Social Work and 1% from Link Workers.

### Delivery across the pathway



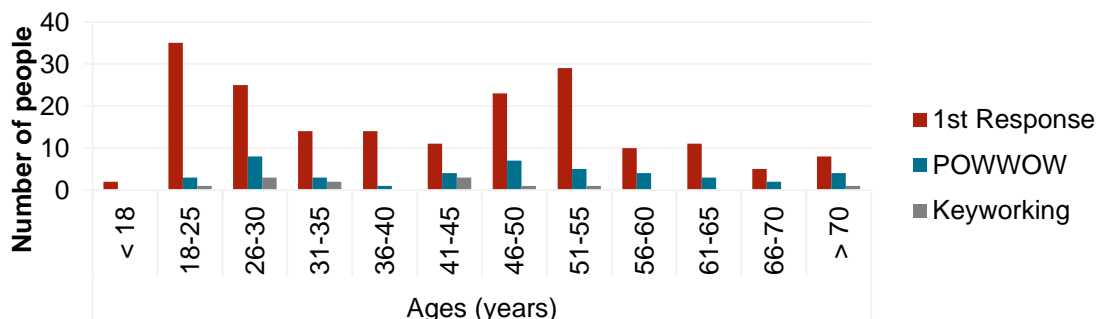
Total engagement within the first year equated to 1,646 instances of support. 21% short term, 1% medium term and 16% group sessions.

### Access by gender



The overall gender split is 63% female; a trend identifiable across each element. 1<sup>st</sup> Response 64% female, POWWOWs 61% female and keyworking 58% female.

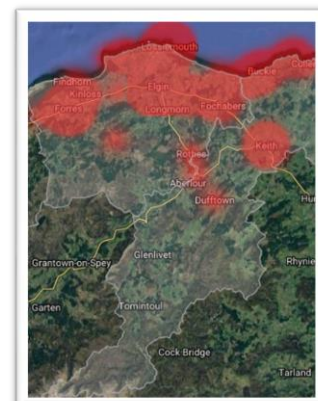
### Access by age



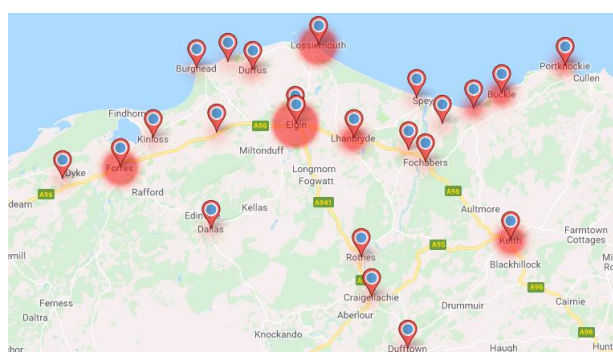
Key age ranges across the pathway are 18-30 and 46-55 years. (POWWOW data is only available for the third and fourth quarters).

## Access by location

The remit for year one was to deliver a quality service within Elgin, extending to the wider Moray area thereafter. During the initial 12 months, the combined service reach has extended beyond Elgin, with support accessed from people living along the entire north of the region, with key areas identified as Lossiemouth, Forres, Buckie and in land to Fochabers and Keith.



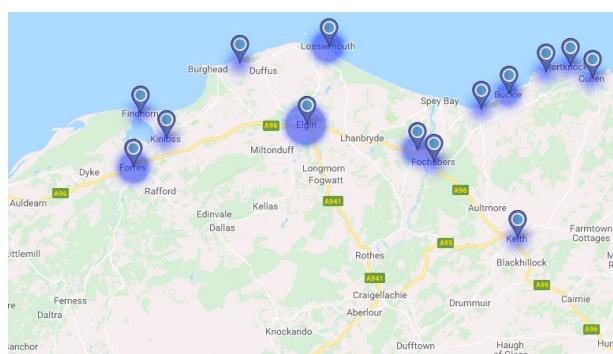
## 1<sup>st</sup> Response



Of the 222 people who accessed 1<sup>st</sup> Response on at least one occasion, there is a wide geographical spread outwith the key areas of Elgin, Lossiemouth and Forres.

Throughout the second half of the year, more detailed data has been collected to allow location to be mapped alongside GP Practices to inform second year planning.

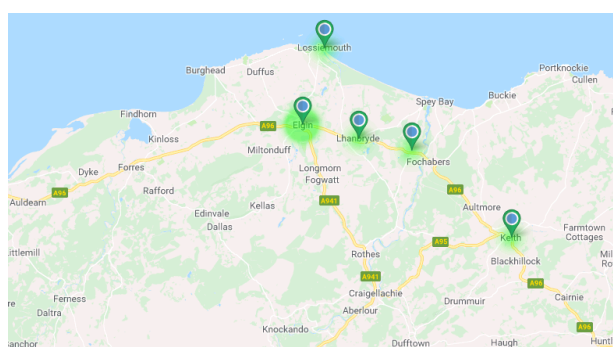
## POWWOWs



The same key areas are reflected in the geographic residential spread of the 84 separate people who accessed POWWOWs.

POWWOWs were delivered from several community venues in Elgin, including The Inkwell and Cooper Park, as well as the Wellness Centre.

## Keyworking



All support was delivered within Elgin, with 8 people resident in Elgin, and 4 living outwith in Lossiemouth, Fochabers, Keith and Lhanbyde.

Self management activities are actively encouraged in the first instance, with keyworking an option for those who are not yet ready and require medium term support.

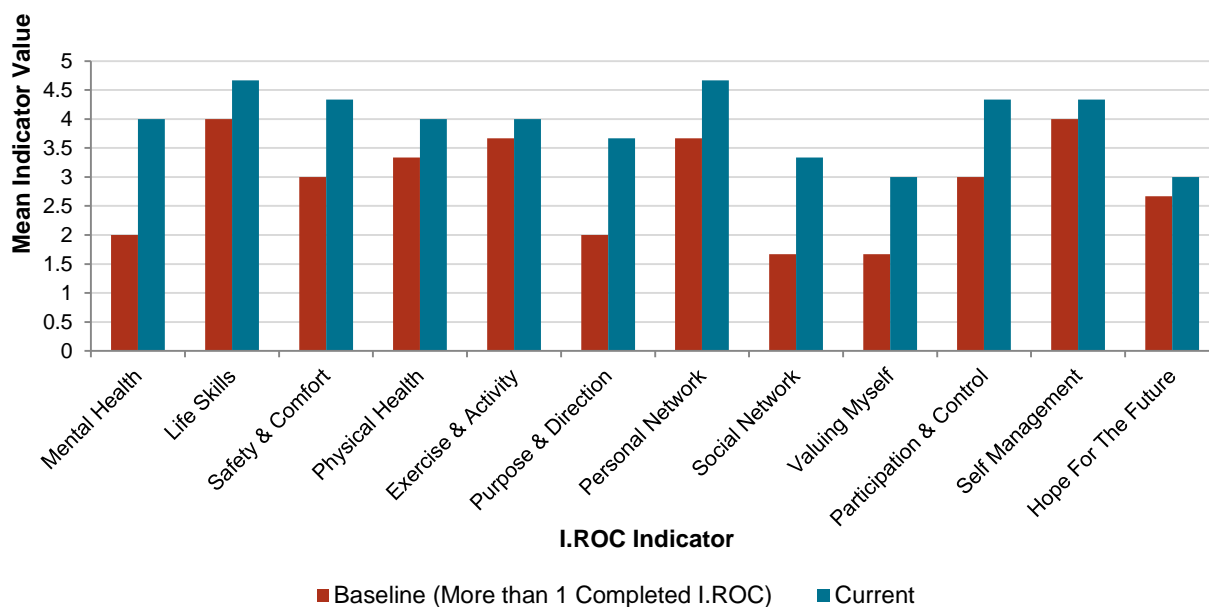
## Recovery

### I•ROC

The Individual Recovery Outcomes Counter (I•ROC) is an outcome measurement tool we created to measure recovery journeys. People who use our keyworking services complete an I•ROC by scoring 12 wellbeing indicators every three months. These scores allow us to build up a picture of their wellbeing over time, and assess and measure their personal recovery journey. Scores for everyone using a service can be averaged to show general trends.

During this reporting period, an initial baseline I•ROC and first quarterly review I•ROC are available for 3 people. This is due to the timeframe associated with the start of service. During this period, 2 people left service after an average of 17 weeks; one due to no longer feeling they need support and one felt unable to continue engaging and was provided with information about Link Workers as an alternate option. As keyworking continues to grow throughout the second year, more robust statistical insight will become available.

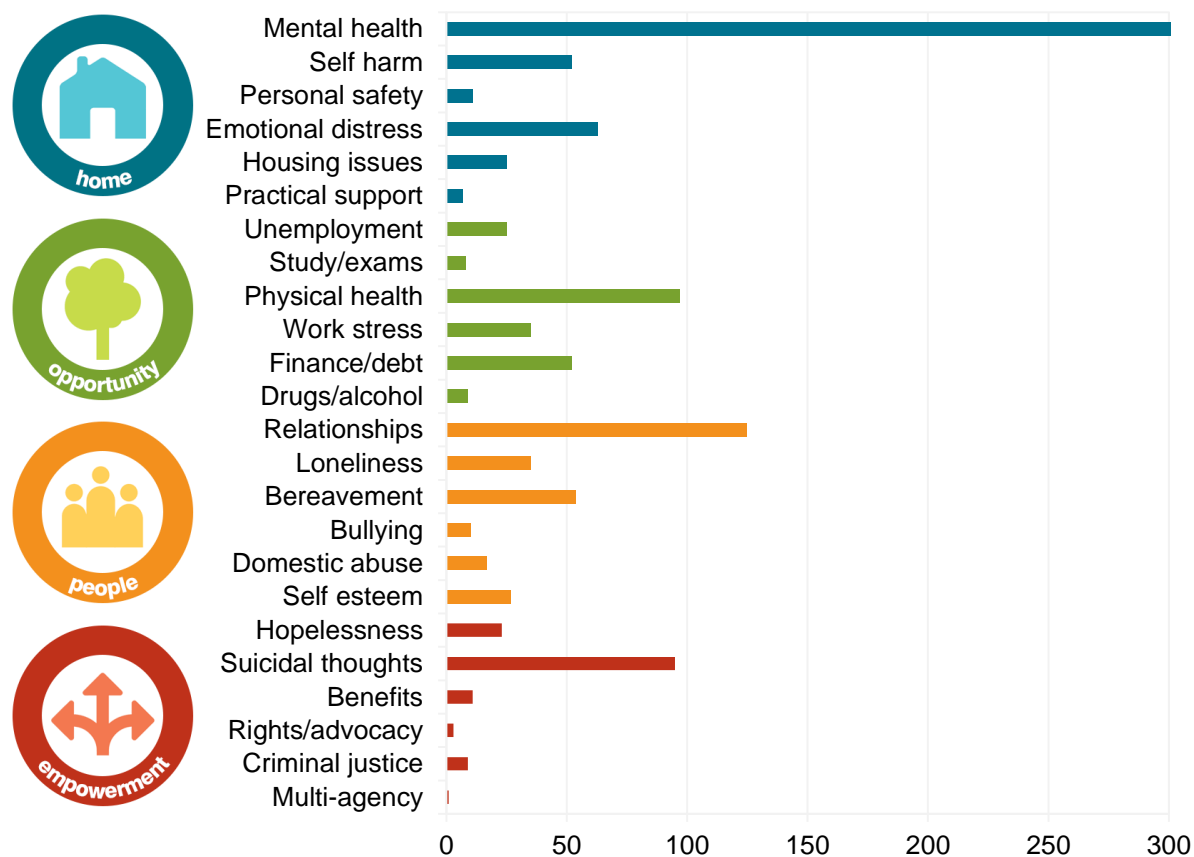
**Baseline and Current I•ROC scores for Mental Health & Wellness Centre, 2017/18**



I•ROC data reflects an increase across all 12 indicators of wellbeing, with the most significant improvements in *mental health*, *social network* and *purpose and direction*. This is indicative of working towards the goals of promoting positive connections within the community and social inclusion.

## 1<sup>st</sup> Response

Due to the nature of short term 1<sup>st</sup> Response provision, it is not possible to complete an I.ROC or subsequent review. However, reasons for accessing support are mapped across the HOPE Framework areas of Home, Opportunity, People and Empowerment.



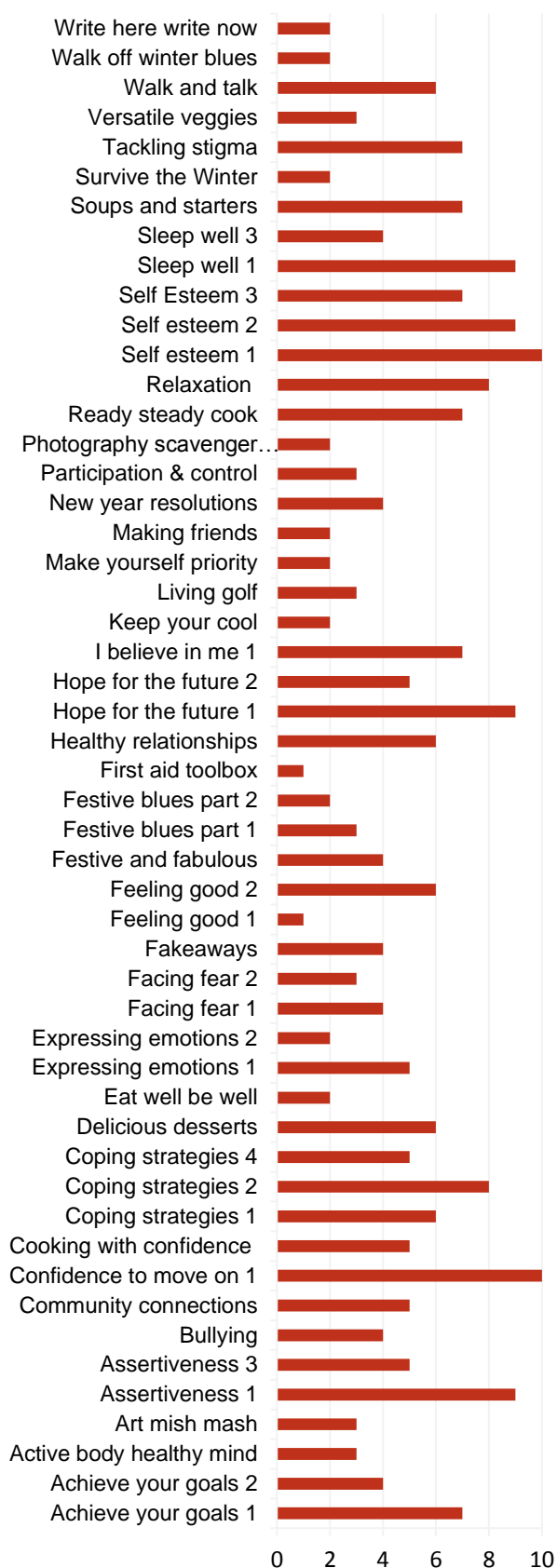
Suicidal thoughts were reported in 27% of responses. The highest demographic was women aged 18-25 (36%), followed by men aged 26-30 (28%). The overall gender split for *reported* suicidal ideation was 61% female and 39% male. Current research would suggest this reflects trends in accessing support rather than prevalence of suicidal thinking.

In order to measure the impact of 1<sup>st</sup> Response on a person's sense of wellbeing, a distress rating scale was implemented in January 2018. This is a simple self-rating tool where a person quantifies their distress at the start and end of support. This tool is only employed where appropriate, without causing insensitivity or interruption to the unique nature of the response. Data from this self assessment scale is available for 60% of responses in 2018.

A decrease was reported in 82% of responses, with an average improvement of 2.21 points. Only one person reported an increase following their response, which they attributed to increased awareness of their situation.

It is naturally not possible to measure the impact of early intervention activities (information and signposting) on mental health outcomes.

## Self management opportunities



During the first year, a total of 51 POWWOW and self management workshops were delivered by the team.

Each group is limited to a maximum of 10 people, in order to create a comfortable size for people to learn and share. The average group size has been 5.

A Winter Wellbeing programme was delivered over the festive and New Year Period. This extensive 3 week schedule was seasonally themed, with the aim of providing a mental health resource to support people through a potentially difficult time period for people. The learning we can carry forward from this was that there was not a high demand for workshops, which may be reflective of poor weather, alternate plans, or people deferring support until after the festive period.

78 (21%) POWWOW applications were received from people who had accessed the Centre on a walk-in basis seeking information and signposting. 69 (19%) applications were in response to signposting from a Link Worker. 48 (13%) resulted from signposting from our Moray Peer Service and 39 (11%) each as a result of a 1<sup>st</sup> Response session or GP suggestion.



## Ellie's story

When I first accessed support, I was at an all time low. I felt unable to cope and suicidal. I was supporting my child through 4 years of poor mental health with very little support. This culminated when she was discharged from local services as they felt she had not made progress. I told them that as she was still suicidal (following a failed previous attempt) and I had no reserves left to manage, that I had contemplated killing her and then myself. This was genuinely how I felt at the time. I went to my GP as I knew my thinking was not healthy and was given a phone number and offered pills. I do not like talking to people over the phone so telephone counselling was not for me.

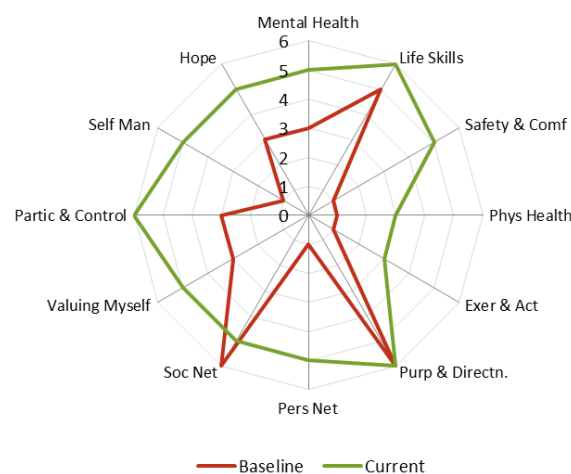
I knew of the local Wellness Centre and in a last ditch attempt to feel well and keep going, I came in on my way to 'end it all'. I was distressed, angry and had completely had enough. I went through 1st Response. This I think saved my life, and set me on a different path.

Face to face support has been pivotal in my recovery. I was so nervous that first day walking through the doors as I worried about being judged; however the peer support element took that away. My Peer Workers 'got it', had been there, and were able to show me there is life after mental illness.

Through using I.ROC, I was able to identify where I needed to make changes. It brought to light for me that I had no work-life balance. I recognised, with support, how I prioritised everyone's needs above my own. Face to face support gave me the breathing space to see what I needed to aid my recovery and I took the decision to reduce my work hours.

When times are difficult, I use wellness tools such as my journal and a jar of helpful things and happiness tools to give myself the lift I need, along with Living Life to the Full resources. These tools have had a lasting impact on me, but would not have worked if I had not also been able to talk things through with a Peer. I had previously tried using wellness tools online but without having someone to help tease out my inner feelings they had not worked.

I have received first class support through face to face meetings, at times of crisis and in ongoing support. I feel that this face to face peer lead support made the greatest difference to me. I truly do not know if I would be here otherwise.



**“While my life remains challenging, I now have the resilience and coping strategies in place to deal with it and feel better than I have in years”**

## People

### Staff

The service has 7 staff members under the leadership of an experienced Service Manager. Adopting a Recovery Teams approach, there are 2 full time Recovery Practitioners who supervise 2 Peer Workers. A further 3 Recovery Practitioners (Peer) complete the team.

### Training

A comprehensive 2 week induction programme was completed prior to the launch. Areas of learning included in this were I.ROC (Individual Recovery Outcomes Counter; our fully validated outcome tool), coaching approaches, safeTALK, self harm awareness, maintaining boundaries and embedding practice reflection. Drawing on our experience across the organisation of delivering direct access support to people in distress, the team were able to share best practice from current 1<sup>st</sup> Response Practitioners across a range of topics.

The continuous learning and development programme has been designed to prepare the team for each new element of the pathway. The inception of self management activities was preceded by bespoke group facilitation training. Risk enablement and personalisation training was delivered prior to launching keyworking. The team has also completed level one WRAP training and Scottish Mental Health First Aid training.

### Relief pool

With the inception of the keyworking element, a relief pool was created in order to provide enhanced operational flexibility. Following a successful recruitment process in October 2017, a relief Peer Worker was inducted in to the service.

An application was received for this post from a person previously supported by our colleagues in the Moray Peer Service. Supporting this person to move towards their goal, we were able to signpost them to the Ready Steady Work programme delivered by the Moray Peer Service, in order to help them develop the skills needed to return to work.

### SSSC registration

All staff are fully aware of the SSSC Codes of Practice and incorporate these in to their roles. The registered Service Manager has completed SVQ 4 and level 9 Leadership and Management Award.

## Innovation

POWWOWs have been delivered by the team since June 2017. Feedback from the Sleep Well workshop included a request for more physical orientated workshops to promote wellbeing. Combining this with analysis of I.ROC data across the organisation which identified *exercise and activity* as a consistently low scoring area, the Active 4 Autumn programme was delivered. Embracing the spirit of our FIT 150 initiative, activities included Living Golf, photography based scavenger hunt, walk and talk support and linked to wider healthy living through a cooking with confidence workshop.



The overwhelmingly positive feedback to these sessions informed the content of the Winter Wellbeing and February Fiesta self management programmes. With an overall focus on how the mind and body work together to stay well, a comprehensive and holistic choice of activities included: Positive Coping Strategies, Assert Yourself, Ready Steady Cook, Fakeaways and a seasonal twist of Post-Pudding Pilates and Beat the Festive Blues.

## Achievements

Reflective of our aim to provide an accessible community resource for all, a schedule of improvements to the building base has commenced. Key elements were identified as being comfortable, safe and secure and most importantly inviting and welcoming. To date, the reception area has been overhauled to create a fresh and vibrant environment. The 1<sup>st</sup> Response room has been decorated and furnished to promote an atmosphere conducive to comfortably sharing personal stories. The Recovery Resource room needed to be fit for purpose and reflect the creative, informal and varied nature of self management activities we offer. We have created an area that is colourful and comfortable, and encourages positive engagement.





Combining 1<sup>st</sup> Response data from this service with our Aberdeen and Aberdeenshire services revealed only 30% of those accessing are male. A YouGov survey on behalf of the Mental Health Foundation in 2016 found that 35% of men would take at least two years to confide in someone about a mental health problem, if they ever did. To put the implications of these figures in to perspective, the Office for National Statistics shows that in the same year, 76% of all suicides were men.

The reality of this is that we need to find a way to connect with men who may not otherwise consider seeking support for their mental health. A report from the Men's Health Forum earlier this year, entitled 'Mind your Language', provided some insight into possible barriers.

The terminology often used around mental health doesn't 'speak' to men in a way that they are either familiar or comfortable with. In other words, there is a disconnect in communication and the message is not being heard and does not resonate.

This is backed up with Australian research where men who had recently attempted suicide were asked about the language they would use to describe their feelings, warning signs, what would effectively interrupt a suicide attempt. Findings revealed that men prefer to use colloquial terms. The key message was that in order to increase engagement, providers need to use the terms men use themselves rather than those used in professional circles.

To address these issues, we launched the #MENTionIt campaign and materials in March 2018. Using wallet sized cards and coasters, we have created a design with real and relatable questions which can start a conversation. No medical or clinical language; just everyday lay man's words. Incorporating a QR code, people can discreetly scan details into their smartphone and link to a 1<sup>st</sup> Response webpage. The webpage features a real and honest story from a man who has experienced and successfully overcome his own poor mental health in a way that men can identify with.

Throughout the design process, we were fortunate to have the collective knowledge of our Distress Brief Intervention partners from Police Scotland and the Scottish Ambulance Service. Using the group insight, we ensured the designs 'speak' loudly to people and could act as an interruption to a person's current thinking and create a different trajectory.

We are hoping that with this campaign and these materials, we can encourage men to 'mention it' and start a conversation which could help someone to turn a corner. Future plans are to distribute these materials in venues such as coffee shops, leisure venues, barbers, taxis and sports clubs to try and reach a more male biased audience.

## Future plans

- Drawing on the Health as a Social Movement programme (NHS England, 2016) we are keen to promote the role of the community in planning their future support options. As such, we would be looking for future POWWOW programmes to be planned in conjunction with those who have previously or currently use our services, as well as identifying commonalities from service activity records and welcoming input from partner organisations and providers
- Co-delivering self management activities with other external agencies to benefit from bringing together specific knowledge and expertise
- To promote supported people's involvement in deciding the people they work with through providing meaningful input into future recruitment processes
- Engagement with the Peer Development Programme for peer members of the team
- Promoting the principles of participation, choice and control through providing a public access Wellbeing Point. Affording the opportunity for independent access to digital wellbeing resources, this resource will have equality of access and adhere to all current GDPR regulations
- As per the original service specification, the move to year 2 increases the geographical area of provision from Elgin to the wider Moray area. The team will be working across 4 locality areas, identified by demand, to build strong local connections and positive working relationships with community resources and organisations

## Influence

Intentionally locating the Mental Health and Wellness Centre amongst everyday shopping and leisure venues on a busy street in Elgin town centre, shares a positive and inclusive message to challenge the stigma of mental health. A high profile visible presence has been reflected in the volume of people who have accessed the Centre via a walk-in basis seeking information and signposting. 7% of people accessing 1<sup>st</sup> Response report doing so because they simply 'walked past' and thought this would help them at that time.

A Facebook page was launched for the Centre in January 2018, affording the opportunity to connect with the local community via social media. This page is used to promote self management programmes, share recovery stories to inspire hope and link people with other current local activities.



The service has been actively involved in a number of local events, including Making Recovery Real events hosted by SRN. Following a conversation café event in November 2017, attended by Maureen Watt MSP (Minister for Mental Health), the Centre was hailed as a way for people to 'speed up their recovery without waiting to be referred by a GP'. *Press and Journal, 4/11/2017.*

The team joined fellow Penumbra services in the North for the Celebrating Recovery event in March 2018, to showcase recovery focused initiatives across the region. Taking centre stage, the team used a FIT 150 energiser to get the audience up on their feet, followed by screening a video of how the team incorporate FIT 150 into their daily lives! Members of the team also co facilitated taster sessions on Living Life to the Full and a conversation café on peer working and how it aids self management.



I loved the interactions; brilliant day!

Motivating and learned so much about peer support

I left feeling totally inspired!

## Improvement

### Care Inspectorate

Following registration gained in August 2017; the service is yet to be inspected.

### Quality Assessment Framework (QAF)

As part of Penumbra's quality monitoring process, each service is assessed every 12-18 months. The Quality Assessment Framework ensures that Penumbra is continuously improving its services.

This is planned to take place in May 2018 following a full year of operation.

### Challenges

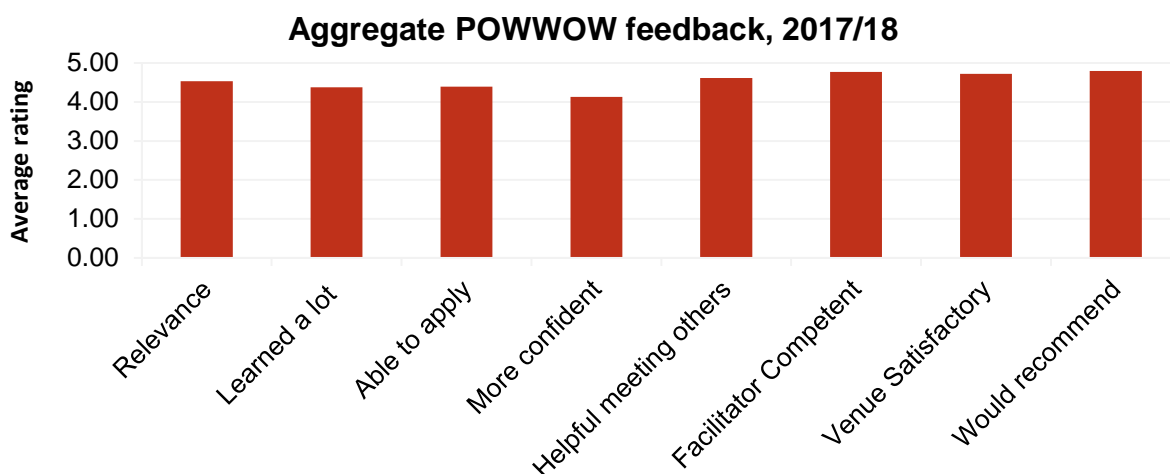
At present, the staffing complement is exclusively female as it has proved difficult to attract male applicants. There have been two successful recruitment processes throughout the initial year, of which only a fifth of applications received were from male candidates. The ideal would be for the service to have a diverse staff team to provide a more flexible response to the specific needs of the people seeking support.

Due to the nature of the building base, there was concern that there may be potential access concerns for people with mobility issues. During the first year, there has only been one instance where a person has been unable to attend a POWWOW in the 1st floor Recovery Resource room. This was identified in advance of the session, as everyone who books a POWWOW is contacted to talk through their individual needs. Should physical accessibility be identified as a barrier to participating in activities, then alternative venues will be sought within the community to mitigate.

## Feedback

As people move on through the keyworking element in year two, feedback will be collated via our standard End of Service questionnaires. This will capture satisfaction ratings across a range of aspects including participation in planning own support, involvement of people important to the person, achieving goals and the positivity and personalised approach of keyworkers.

POWWOW participants are asked to provide feedback on each workshop. Questions use a 0-5 Likert scale ranging from Strongly Disagree to Strongly Agree, with higher scores reflecting more positive feedback. In addition, participants are asked to rate the extent to which they would feel able to recommend the POWWOW to others, and to provide any other feedback they may have.



Feedback was provided by 94% of participants. The most common response was to rate each element as either Strongly Agree or Agree. The lowest level of agreement related to a participant's own perception of their confidence to apply POWWOW learning; highlighting a clear area of focus for future POWWOWs.





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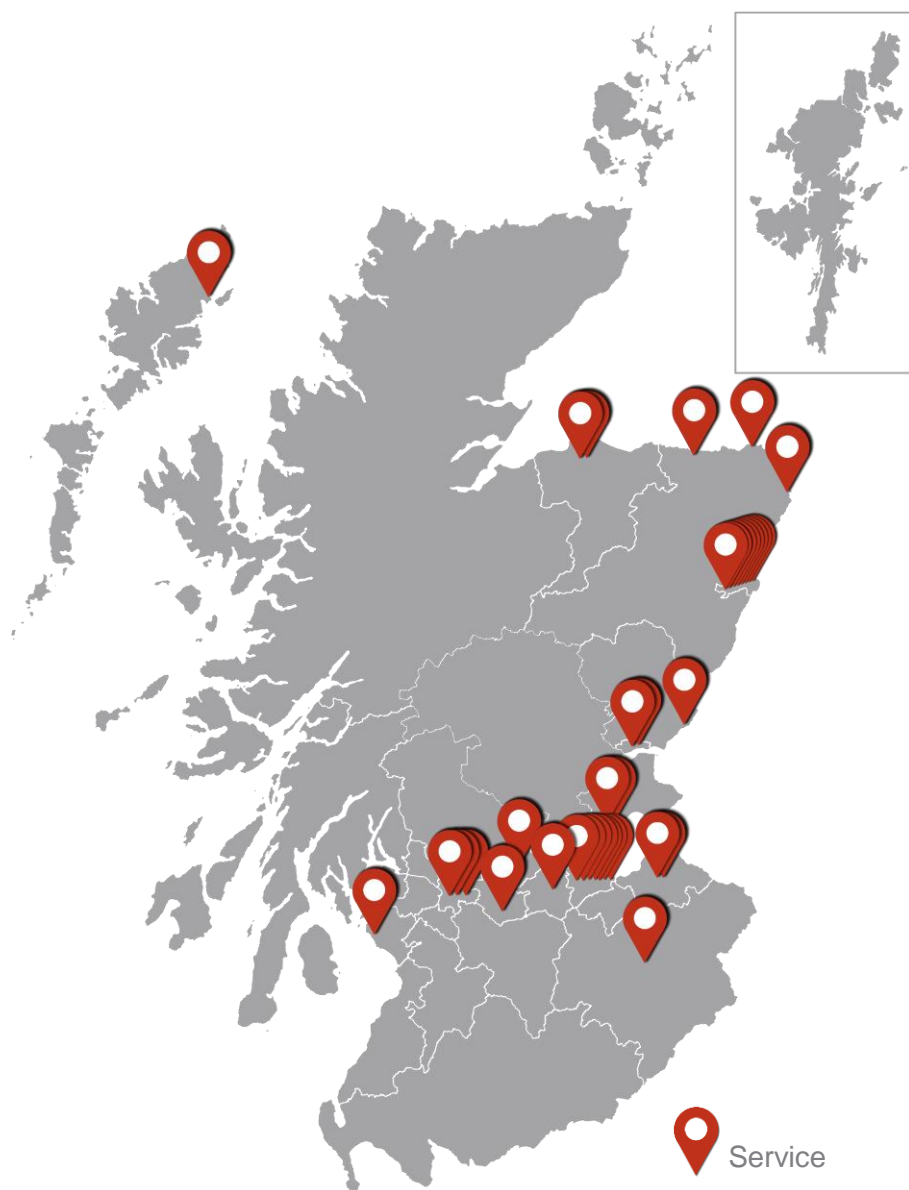
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