A sense of belonging
A joint strategy for improving the mental health and wellbeing of Lothian’s population 2011-2016

Year 3 – Taking Stock
15 May 2014

“A conference for all stakeholders”
Dissemination and Learning Report
# A Sense of Belonging

Year 3 - “Taking Stock”

## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview</td>
<td>3</td>
</tr>
<tr>
<td>Outline of the day</td>
<td>4</td>
</tr>
<tr>
<td>Chairperson’s Welcome – Ella Simpson, EVOC</td>
<td>4</td>
</tr>
<tr>
<td>A Sense of Belonging...three years on (Linda Irvine)</td>
<td>5 - 11</td>
</tr>
<tr>
<td>The Royal Edinburgh Hospital, We said it would Happen (Dick Fitzpatrick)</td>
<td>12 - 13</td>
</tr>
<tr>
<td>People’s Priorities (Lothian Voices)</td>
<td>14 - 19</td>
</tr>
<tr>
<td>Mar’ri (Short Film by Los Pollos Hermanos, Edinburgh College)</td>
<td>20</td>
</tr>
<tr>
<td>Morning Workshops</td>
<td>20- 23</td>
</tr>
<tr>
<td>Afternoon Chairperson’s Welcome – Elliot Stark, STRIVE</td>
<td>24</td>
</tr>
<tr>
<td>The Importance of Self Care, (Dianna Manson and Eric Walker )</td>
<td>24 - 26</td>
</tr>
<tr>
<td>Seen but Not Heard (a film by people with lived experience of eating disorders supported by CAPS and funded through the Butterfly Bursary)</td>
<td>27</td>
</tr>
<tr>
<td>Afternoon Workshops</td>
<td>27 – 30</td>
</tr>
<tr>
<td>Words to end the day</td>
<td>30</td>
</tr>
<tr>
<td>How did it feel for you? - evaluation and feedback</td>
<td>31 - 34</td>
</tr>
<tr>
<td>Appendices:</td>
<td></td>
</tr>
<tr>
<td>Appendix 1: Programme for the Day</td>
<td>35</td>
</tr>
<tr>
<td>Appendix 2: Market place</td>
<td>36</td>
</tr>
<tr>
<td>Appendix 3: Evaluation Form</td>
<td>37</td>
</tr>
</tbody>
</table>
Overview

‘A sense of belonging – Year 3 “Taking Stock”’ was organised by NHS Lothian’s Strategic Planning Mental Health and Wellbeing team, with a group of key stakeholders and was held on Thursday the 15th of May 2014.

The event was attended by almost 200 people, and was a day long stakeholder conference held in the Edinburgh Conference Centre on Heriot Watt University’s Edinburgh campus.

One of the priority actions in delivering NHS Lothian’s 2011-2016 mental health and wellbeing strategy ‘A sense of belonging’ was to organise a yearly “Taking Stock” stakeholder event to “ensure that all are informed of progress and to sense check priorities within a rapidly changing context”.

Participants came from a variety of organisations and sectors, including NHS Lothian, local authorities, the voluntary sector, organisations representing people who use mental health services and people who use mental health services. The day included talks to update attendees on key developments and highlight recent work in the four ‘Commitment to Change’ areas:

- Tackling inequalities
- Embedding recovery
- Building social capital and wellbeing
- Improving services for people

The key aims of the conference were:

- To ensure stakeholders are well informed of progress
- To highlight key pieces of work
- To provide opportunities for networking

The evaluation forms and feedback gathered at the close of the event indicate that these aims were met. Overall feedback was very positive with attendees finding the programme enjoyable and useful.
Outline of Day

Initially, there were over 260 people signing up to attend this event.

On the day there were almost 200 people in attendance. There was great enthusiasm for the agenda, and a real sense of enthusiasm and participation from all to make the day a very enjoyable and effective experience.

Chairperson’s Welcome

The morning of the conference was chaired by Ella Simpson, Director of EVOC who welcomed all attendees. She gave a warm introduction to the event, outlining the purpose of the day and gave an inspirational overview of the work that is to be the focus for conference.

The morning speakers were:

- **Linda Irvine**, Strategic Programme Manager - Mental Health and Wellbeing, NHS Lothian, who gave a progress update on “A sense of belonging”.

- **Dick Fitzpatrick**, Project Manager for the Redevelopment of the Royal Edinburgh Hospital Campus, who updated the conference on the redevelopment of the Royal Edinburgh Hospital.

- **Donna Strachan**, of CAPS, along with colleagues with lived experience, who reported on the findings of the People’s Conference, an event that brought together people from across Lothian to discuss and share views on key areas of “A Sense of Belonging”. The presentation highlighted what people who use mental health services value in services and what they would like to see more of.

In addition to the morning speakers the day included an array of workshops and ‘marketplace’ where organisations could network, and promote their services.
A Sense of Belonging…three years on..
(Linda Irvine, Strategic Programme Manager, NHS Lothian)

Linda’s presentation gave an overview of the progress that has been made to date in each of the Change Areas of “A sense of belonging”. She gave an insight into how the Mental Health and Wellbeing Team work in partnership with other providers and people with lived experience and ended with some reflections on the ethos on the context of that work which very much focuses on relationships.

Progress in Change Areas……..

**Tackling Inequalities**
- Work on Safe Place, self harm and safe place to be – narrative research commissioned
- Gypsy / Traveller Carers Project led by MECOPP: Parliamentary debate; and reception; involvement in arts and creative opportunities training and casework; impact of welfare reform
- Autism – working with local authority colleagues to improve the care pathway for people with autism, including training and awareness and employment
- Early years- National parenting programmes – West Lothian one of the first test sites; Mother and Baby Unit – sustained excellence rating
- Focus on Looked after and Accommodated children - priority for the coming year
- see me – participation in recent national event; focus on rights and discrimination
- 12S - highlighting wellbeing; building partnerships; developing networks; training and capacity building; settings approach; senior buy-in
- Sensory Impairment – early work to improve services for children and young people
- Rollout of Veterans First Point Lothian model across Scotland
- Mitigating the impact of welfare reform – dedicated independent advocacy provision

**Recovery & Living Well**
- Pilot Peer Support Course at Edinburgh College – formal evaluation expected in the Summer
- Maximising Peer Support Potential – because it makes sense!
- Oor Mad History – new module on “Mad People’s History and Identity” just delivered – this will grow
- Learning Education and Recovery Network - LEARN – recruitment to new partnership underway
- Employment Opportunities – through the Works
- Transferability of our learning into other areas of health and social care

**Building Social Capital & Wellbeing**
- Growing participation in the national mental health arts and film festival
- Stress Control Classes - 93% participants would recommend to a friend
- Guided self help in Midlothian and Edinburgh
- Healthy Reading across Lothian with growing focus on different age groups and conditions including dementia
- Individual Placement Support Model – East Lothian, Willow and potential for pilot in prison settings
- The importance of education and life long learning – Outlook; Mad People’s History and Identity
- Branching Out; Greenspace; Men in Sheds
- Importance of space and our environment – places to be; places to play
**Improving Service for People; specific conditions (1)**

- Increasing importance of Service user led research
- Supporting carers, friends and families – focusing on different client groups
- Focus on dementia journey – dementia friendly city; post diagnostic support; Resource centre; community connections; Midlothian 8 Pillars Pilot; NW Edinburgh
- Small ADHD team now established – education and training; support to general mental health services and specialist input
- Improving access to Child and Adolescent Mental Health Services – 20% increase in referrals; Getting it Right for Every Child
- Eating Disorders – Success of Butterfly bursary; film, more training; recipe book; carers’ resource; accreditation of the regional unit
- Edinburgh Mental Health Review: Locality Partnership Model; Further Stakeholder event planned for 11 June
- People who may have attracted a diagnosis of personality disorder – matched care model for women – community; day programme and inpatient unit – early stages of development
- Closer working with colleagues working in substance misuse services
- Improving access to psychological therapies – reducing waiting time; ensuring equitable provision to evidence based therapies
Our Way of Working

The Transformation Station

- Build a sustainable and dynamic partnership between health and academia building on the strengths of both communities to promote and enable innovative service change and redesign.
- Funded by Economic and Social Research Council; Chief Scientist Office; Scottish Government; City of Edinburgh Council, Stirling University

Current Work streams

- Activate: Redesign of vocational rehabilitation and employment services
- Exploring the narratives of people with dementia to aid transformational change
- Making it CLEAR: what is resilience?
- Achieve Alliance: National Scottish research on autism
- Wayfinder – enhancing community and hospital support
- CIRCLE- Understanding children’s additional support needs and provision
- EVALUATE – did our redesign of Edinburgh’s older people service make a difference?
Social Public Partnerships (PSPs)

What they are
- Strategic partnering arrangements
- Based on a co-planning approach
- Connect with third sector organisations to share responsibility for designing services based around service user needs.
- Once designed and piloted, services can then be commissioned for the longer term through a competitive tendering process.
- Can be exceptions to this

What they are not
- A cheap option
- A way to steal ideas
- A monopoly of larger 3rd sector providers

The Three Royal Edinburgh Hospital PSPs and potential others
what can you imagine.....
what can you create.......
what can you grow........

its for real!

growing and eating
environmental Art
Community Participative Arts
therapeutic spaces
green exercise
green play
crafts

Volunteering  Peer Support  Paid Employment  Social Firms  What works for whom?
Radical Solutions: Preventing Harm

- Tackle underlying causes of poverty, unemployment ill-health, illiteracy, homelessness reducing crime and social conflict, insecurity and distrust
- Downstream measures – cope with the consequences of harm and focus on specific cases stop things getting worse
- Midstream measures which mitigate the effects of harm that has already happened – at risk or vulnerable groups Without output tacking the underlying causes of harm
- Upstream measures – preventing harm before it occurs and usually focus on whole populations and systems

Re:D Concept Tests –
Re:D: is an innovative collaboration that was established to combat the negative outcomes for individuals and communities arising from deep-rooted inequalities by delivering on a set of actions focused on:

- Changing the way services are developed
- Changing the way services are delivered
- Changing the way professionals work

Work underway:

- Pilot the use of interpersonal therapy with women who are committing low tariff offences.
- Enhance the psychological mindfulness of staff working in prison settings and improving the care, treatment and support of women with personality disorders in prison settings
- Establishment of Community Justice centre for women in Lothian using Willow model as a starting point Hub and spoke model covering Lothian and Borders
- Explore opportunities to pilot a problem solving summary criminal court for people with multiple and complex needs who commit offences
- Re:D Peer Programme – using PSP approach

Reflections....

Addressing the F Factor

- Fear of failure
- Fear of departing from the norm
- Fear of freedom
- Fear of the new
- Fear of friction with colleagues
- Fear of the “other”

Hambleton, et al, 2012
A Sense of Belonging

- Central importance on social relationships and communities
- Relationship between client and worker
- Building people’s capacity to live well with socially supportive systems that people can return to time and again

Support, kindness, care

Hambleton, et al, 2012

Reflecting on Relationships

- Generosity
- Trust
- Confidence
- Love
- Benevolence
- Commitment
- Involvement
- Delight
- Allegiance
- Esteem
- Accord
- Admiration
- Curiosity

(Fox, 1993)

Voices from Outside, 2013

And peer support workers can say ‘Come and have a look at this, come and see what these boys are doing’ ... to have something there that people can stand there and say ‘You know what, I want that life more...’.
The Royal Edinburgh Hospital- we said it would happen
(Dick Fitzpatrick, Project Manager)
Dick’s presentation gave an update on the progress of the redevelopment of the Royal Edinburgh Hospital campus. He outlined what had been completed to date and progress with planning. He also gave an insight into the thinking behind the architects brief, the clinical drivers for the design of the buildings and outside spaces and also the high level principals of the master plan for the development.

What have we done since last year
Completed …
• Master Plan for the REH Campus
• Detailed design for the Phase 1 buildings and received approval for the Outline Business Case

Submitted and received …
• Approval for Pre-Planning in Principle application for Campus Master Plan from City of Edinburgh Council
• Approval for Outline Business Case from Scottish Government

Commenced work on the Full Business Case and started planning for Phase 2

Greenspace / Artspace Strategy
In the briefing to landscape architects, priority was given to as far as possible retain existing mature trees and hedgerows and provide space for:
• Gardening activity
• Art and artistic activity
• Walkways, nature trails and walks
• Mature hedgerows and natural growth
• Quiet meditation, reflection and relaxation
• Outdoor & indoor recreational activity (green gym)

Clinical Drivers
• Fit for purpose accommodation
• Single bedrooms
• Outdoor space
• Privacy and dignity

• Improved zoning of services
• Improved clinical adjacencies
• Increased opportunities for shared space

• Calming and therapeutic environment
• Ground floor accommodation for MH service users
• Improved morale
**Master Plan Principals**

The high level principles of the Master Plan development are:

- Improved patient environment & experience.
- Provision of high quality clinical accommodation to meet service user needs, and modern evidence based practice.
- Improved quality of external environment promoting therapeutic use of green and art spaces.
- Connections between clinical and outdoor space.
- Building design to move away from institutional style buildings (typified by long corridors and wards).
- Greater structure to the campus to provide clinical adjacency of related services.
- Clear routes through the campus providing easier access for service users, staff & visitors.
- Clear building line through the centre of the Campus.

**Architect’s Image**

You can see more images on the REH Campus website: [www.nhslothian.scot.nhs.uk/rehcampus](http://www.nhslothian.scot.nhs.uk/rehcampus)
People’s Priorities  
(Lothian Voices)

Donna Strachan, on behalf of Lothian Voices, and people who had participated in the recent People’s Conference which was held at Queen Margaret University on the 25 April 2014.

The event was a mix of presentations from community groups and activities that sought the views of participants on four areas of the mental health strategy (Tackling Health Inequalities, Embedding Recovery, Building Social Capital and Wellbeing and Improving Service for People).

Building Social Capital and Wellbeing

Volunteering

• More opportunities to volunteer without being penalised by the DWP and Job centre plus who assume that being able to volunteer one day a week with a huge amount of support equals “fit for work”.
• More help and support to volunteer in general.

Employment

• Training for people with mental health issues.
• Support to help keep us in employment.
• More understanding employers.
• Ability to return to work on a trial basis so not penalised financially.
• Reduce discrimination.
• Paid work - don't take advantage of us.

Peer Support and Socialising

• Funding and support to set up peer support groups for specific issues eg self-care, borderline personality disorder, people who identify as LGBT, eating disorders, bullying prevention etc.
• Funding for drop-in centres, recovery hubs, crisis centres throughout the Lothians.
• More activities for older people not just discos, bookies and pubs.
• More book clubs and chess clubs.
• Exercise, gyms - keep the Royal Edinburgh Hospital one open to out-patients and increase support available to access it. Someone to go with.
<table>
<thead>
<tr>
<th>Spirituality</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Groups for different faiths and secular groups.</td>
<td></td>
</tr>
<tr>
<td>• Improve and protect Chaplaincy services.</td>
<td></td>
</tr>
<tr>
<td>• Accessible services and venues.</td>
<td></td>
</tr>
<tr>
<td>• Don't make assumptions about people.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Green Spaces</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Supported walking groups.</td>
<td></td>
</tr>
<tr>
<td>• More support to access green spaces.</td>
<td></td>
</tr>
<tr>
<td>• Drop-in gardens.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Creative Arts</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• More opportunities to volunteer without being penalised by the DWP and Job centre plus who assume that being able to volunteer one day a week with a huge amount of support equals “fit for work”.</td>
<td></td>
</tr>
<tr>
<td>• More help and support to volunteer in general.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• More support and better access to courses such as computer courses.</td>
<td></td>
</tr>
<tr>
<td>• Courses / training relating to specific illnesses for people who have been diagnosed, their families and carers.</td>
<td></td>
</tr>
<tr>
<td>• Mental health education to be started at school.</td>
<td></td>
</tr>
<tr>
<td>• Educate the general population to reduce stigma.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Collective Advocacy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Political campaigning eg on Welfare Reform.</td>
<td></td>
</tr>
<tr>
<td>• Advocacy needs to be independent.</td>
<td></td>
</tr>
<tr>
<td>• More illness/symptom specific advocacy projects.</td>
<td></td>
</tr>
<tr>
<td>• Look at the mental health impact of insecure work.</td>
<td></td>
</tr>
<tr>
<td>• Help accessing advocacy - wheelchair access and someone to push.</td>
<td></td>
</tr>
<tr>
<td>• Listen to us!</td>
<td></td>
</tr>
</tbody>
</table>
Embedding Recovery

How people feel about recovery

Recovery is imposed from the top down.
It is now defined by and led by professions and politicians.
Some people feel it is undermining and belittling.
There is too much blame and pressure on the individual. There is an assumption that there is something wrong with you.
Some people are not getting the help they need and treatment is too often based on medication.
Peer support is very important in recovery
Recovery has become too academic
Advocacy helps some people
There is still stigma and discrimination around mental ill health

Tackling Inequalities

What makes people unequal?
• Having mental health and physical issues.
• Being over 60
• Having an eating disorder
• Identifying as Lesbian Gay Bisexual or Transgender
• Accessing services, eligibility criteria and missing appointments.
• Religion, culture, race and ethnicity
• Class and Education
• Only getting drugs based treatments
• The stigma towards mental health
• Having mental health and addiction issues
• Being a domestic abuse and trauma survivor
• Not getting information
Improving Services for People

Crisis Services

- Psychiatrists need to listen and stop over medicating people.
- Hospital are harder to get into – there needs to be out of hours, outreach, crisis and prevention services across Lothian designed around people’s needs not professional’s hours.
- Self care should be the default position. Don’t assume people have others in their life to look after them.
- There should be more focus on advanced statements, it should be part of the initial assessment.
- There should be information on advocacy.
- It’s hard to get past the gatekeepers especially GPs and GP receptionists. GPs need to be better educated.
- It’s fragmented, it’s not clear what’s out there. If your homeless and have mental health issues it’s hard to know where to go.
- The voluntary sector is fragmented. It’s political and in competition, it’s not useful when you are using them.
- Midlothian services are not LGBT friendly.

Hospital Services

- We should be thinking about how things could be done better rather than just building a new hospital. Local hubs, a range of services and safe places to go.
- There is a lack of communication between Health and Local Authority.
- There isn’t anywhere to go if you don’t fit the criteria.
- General hospitals need to recognise mental health.
- Wards are not good at picking up on physical health issues. You need an alarm bell to get noticed especially if you’re disabled. People are often neglected.
- People leave too early from hospital and the support isn’t there when we get out. People have social and welfare needs. There needs to be another team for social needs. It is a revolving door.
- There is more to life than just medication. Other services are important like physio, dietician, gym, occupational therapy, podiatry and dentistry. Some of these services are difficult to access when you’re in hospital.
- There needs to be better links and more co-ordination with community services. When you are discharged you are lost.
- Everyone should have a proper care package.
- Funding is an issue and staff are under a lot of pressure. They are often doing cover up jobs. There is more funding for community services and the hospital services are stretched
- We need to move forward, the Andrew Duncan Clinic is a dump
Carers, families and friends

- It’s harder to get into hospital and people are coming out on more medication than in the past. This can be ‘too much’ for families and friends.
- Organisations should know the person they’re working with, they often don’t know friends and family. There is a multiple people caring for each other.
- Informal support can be difficult to manage for supporters. You need an organisation to turn to/help step in and help you manage the relationships and how much you can give.
- There is support out there but you have to know about it.
- I don’t like asking: will I have to pay. I don’t feel entitled. Others are more in need, I don’t like taking something away from others.

Employment

- Welfare reform and benefit claims issues are taking over people’s lives.
- Employment, benefit and education services need more funding for welfare rights, benefit advisors and advocates so that mental health services can concentrate on helping people recover instead of dealing with the fallout from welfare reform and DWP screw ups.
- More training courses about mental illnesses so that friends, family, carers, GPs, support workers, and DWP staff can support us more effectively. This should include courses for people with a diagnosis so they can find out more about it. Information is power!
- We need more information and signposting to all sorts of services.
- There is a difference between what employers consider as a person fit to work and what the benefits system does
- There needs to be more support for part time working or self employment. More flexibility needs to be built into the benefits system
- The sanction system needs reworked it’s not fair that people loose such a large amount for very little things
- Access to benefits and welfare needs to be a core part of planning with one person who has responsibility for this.
- What is done in schools? What should be done? – support from a young age, life skills support, community building, there is prejudice from a young age.
- There is not enough employment support for mental health, there needs to be increased awareness in Human Resources for the types of accommodation that can be made.
- We need more information about what happens to benefits if you go into hospital – not everyone can read a leaflet
- The demand on advocacy, welfare, benefits advice is going up. We need to look at the big picture and the impact of external factors like housing and not having enough food on mental health. We need a more holistic approach.
- We need to look at the impact of Personal Independent Payments and how the low rate DLA is being phased out. The severe disability premium of Employment Support Allowance is being phased out with universal credit
- People are opting out of benefits applications, as it’s just too much.
- Medical evidence to assessors needs to be better coordinated.
Community Services

- More safe places to go, drop-ins, peer support groups and specific peer support groups like one for Borderline Personality Disorder.
- Better access to talking therapies and choice in what is offered. Don’t penalise people if they miss appointments and put them back at the bottom of the list.
- Talking therapies need to be local. There are transport and accessibility issues.
- There is over reliance of ‘by the book’ therapy.
- IT therapies are not appropriate.
- Religious places don’t understand mental health issues.
- Midlothian’s Orchard Centre is held in high regard but why is Tynepark in Haddington considered a bad idea? There is no funding or support for people who still meet there.
- Funding cuts have reduced the quality of services. Services seem in competition. There needs to be long term funding for security and continuity of care.
- More services are having to rely on volunteers to keep running.
- There is only an LGBT centre in Edinburgh, there should be local hubs.
- There is a postcode lottery for services.
- There should be quicker, earlier intervention services for eating disorders and more education in schools and at an early age.
- There needs to be more and better information of what is out there. More cohesion and a dedicated phone line.
- On leaving hospital, people should have a specific person to help them know about what’s out in the community.
- There should be hospital co-ordination for families when patients are discharged.
- Waiting lists stop people getting the help they need, when they need it. It makes drop-ins and places like Red Hall Walled Garden so valuable.
- Self referral is so important. Gate keeping is really unhelpful.
- There is poor communication and things are mismanaged (within Community Mental Health Teams) There needs to be two way communication.
- There is an unevenness of services. You have to find out about things yourself then suggest it to your GP.
- Some Community Psychiatric Nurses are very negative. They were condescending, judgemental and had poor communication skills. It is assumed that you are at fault and you are the problem.
- There needs to be better community links.
- Knowing what is out there in the community should be part of the GP’s work
- Services are becoming about ticking boxes and are time limited. It is cruel to expect someone to recover in 9 months.
- Going to community centres can be frightening. There needs to be specialist drop in centres where there are staff who are trained in the needs of people with mental health issues.
- You need a safe place to go where you can be upset and unwell and this be tolerated.
- There should be a buddy system where people can accompany you to places. They should have lived experience of mental health issues.
- The self-directed support options need to be given in more detail.
- There should be a service that provides this kind of support to people including help with banking.
- There should be a service that allows people to come off psychiatric medication in a controlled and safe way and does not allow people to stay on medication for years.

The full report from the event can be accessed from: The Consultation and Advocacy Promotion Service, Old Stables Eskmills Park, Musselburgh EH21 7PQ contact@capsadvocacy.org
MAR’RI
Short Film by Los Pollos Hermanos, Edinburgh College

The film that was shown as part of the morning programme was made by a group of students at Edinburgh College for the Scottish Mental Health and Arts Film Festival 2013. Colleges and universities across Scotland were challenged to make a film in 48 hours by NUS Scotland’s Think Positive campaign. The theme for the film challenge was mental health.

This short film depicts a young woman’s experience of depression, focusing on social isolation and the benefits of friendship. It used little dialogue, but used the idea of depression as a physical presence that the individual sees and lives with.

The film and the other films made as part of the NUS Scotland film challenge can be viewed at: https://www.youtube.com/watch?v=DXGvSwwj2Nw&list=PLU0tEpN8PQhmqTShjzbXAmO4Q-gY9J3Hy

Morning Workshops
Participants were invited to select one workshop to attend from a choice of seven.

Mad People’s History and Identity
(Facilitated by: Clare Ashton, Elspeth Morrison, Elaine Ballantyne, Kirsten MacLean)

“Mad People’s History and Identity” is a course by, about and for people with lived experience of mental health issues. Inspired by a similar course in Canada, it places the narratives, experiences and history of people with experience of mental health issues at the centre of the curriculum.

Workshop Feedback

Someone commented how levelling it was to do the “self labelling” exercise, where all in the group had to think about the words and labels they use to describe their mental health.

Powerful to hear feedback from students on the course and also from Clare and Elspeth who taught on the course.

There was a comment about how the labels we use to describe ourselves, shift and change and are in flux. However, in contrast the ones given to people by psychiatric services tend to “stick”.

20
Innovative Mental Health Services in Dementia Care: The Edinburgh Behaviour Support Service & The Bridging Team
(Facilitated by Dr Jacqueline Wilson, David Haldane)

The workshop was facilitated by team members from the Edinburgh Behaviour Support Service and the Bridging Team. It demonstrated the initial findings from the Edinburgh Behaviour Support service, a Health & Social Care Integration Project for people with behavioural problems and dementia in terms of decreasing client distress, reducing hospital admissions, and reducing the use of unnecessary antipsychotic use for such clients.

Workshop Feedback

Key part of the workshop was information giving on a range of topics including on EBSS service, dementia and diagnosis

How is EBSS being evaluated and how can we ensure permanency as it is funded through the Change Fund

Good to get explanation of the EBSS model and discussion about care planning for people with dementia with behavioural problems

Custody: ‘Place of Safety’ or a ‘Safe Place to Be’?
(Facilitated by Frances Simpson, Support in Mind)

This workshop presented the findings from a narrative research project commissioned as part of the “Safe Place to be : Place of Safety” work initial experiences of a small group of people who have been in custody as a place of safety due to being in mental distress to encourage discussions and a sharing of ideas of how we can improve the person’s experience.

Workshop Feedback

We explored the impact of lack of resources and the way in which this puts pressure on staff which can impact on their compassion levels

A Place of Safety with quiet space enables people to be calm and to manage their crisis better

Risk is assessed differently by different professional groups, and this can have an impact on how and where someone is treated
Making it CLEAR in Leith: Understanding and Supporting Resilience in Older People
(Facilitated by Jacqueline Pentland & Amanda Gibson, The Transformation Station)

This workshop examined the findings from a unique partnership which is exploring what resilience means to older people and what supports resilience in older people.

Collaboration with older people and professionals/volunteers from health, social care, voluntary sector, housing and the community were considered and opportunities to discuss the Making it CLEAR resources were encouraged during the workshop.

Workshop Feedback

Making it Clear resources may be useful for populations/groups in addition to older people i.e. general health

Resources help clinicians to build confidence engaging with clients and open new areas for conversations

Resilience and MC questionnaire as self help tool i.e. people using concepts/resources individually to identify low resilience and measure

Walking on Eggshells
(Facilitated by Michelle Lloyd, MECOPP and community members)

This participatory workshop, led by Gypsy/Travellers and MECOPP, highlighted some of the issues faced by Gypsy/Travellers on a daily basis and considered the impact this can have on mental health and wellbeing.

Workshop Feedback

There is a need to share and listen and learn from communities, and practitioners need to know this takes time.

Some issues are very difficult to discuss in words or are ‘beyond words’- art can help express this

There was a sense of surprise and shock at the levels of stigma and discrimination still faced by Gypsy-Travellers.
Volunteering – A Protective Factor for Service Users with Forensic Histories  
(Facilitated by Marion Findlay< Volunteer Centre and Susi Paden, The Orchard Clinic)

This workshop included a presentation on the role of volunteering in improving the health, wellbeing and social capital of people with forensic backgrounds, current practices within in-patient and community settings, understanding & disclosure of relevant personal information, and addressing the challenges for community organisations in engaging people with forensic backgrounds as volunteers.

Workshop Feedback

There were questions from participants about disclosure practices

Suggestions about how individuals could be supported through disclosure processes for example support from independent advocacy

There were a number of factual questions about current services and processes

Education for Capacity Building - Student involvement within Outlook  
(Facilitated by Margaret Drysdale, Outlook Project)

This workshop included presentations on the work of the Outlook Project demonstrating the role that adult education has for people who access mental health services in Edinburgh. Participants on the workshop were invited to take part in group work and discussions to explore capacity building within community settings.

Workshop Feedback

Accessible information – who has the information and how it reaches people.

Places & spaces for people / groups to meet. It was felt that there is a lack of places that ‘self run’ groups could use and are free.

Following changes in mental health service some people have become much more isolated and or find it much harder to access things like Outlook and other community groups (no natural progression as there was before).
Afternoon Chairperson’s Welcome back

Eliot Stark, Chief Executive of STRIVE in East Lothian facilitated chaired the afternoon session. He gave an overview of the work of the day so far, of the work of the programme and by thanking Linda Irvine for her continued support and commitment in delivering “A Sensei of Belonging” across Lothian. Elliot then ran through the programme for the afternoon which began with “Community Voices”

The Importance of Self Care
(Dianna Manson and Eric Walker, Community Voices)

Dianna and Eric outlined the work they are doing with Community Voices, a group of people who use or have used mental health services. The group meets to share their experiences and views and to campaign for developed and improved to meet the needs of people living in the community. The group are supported by Advocard, Independent Advocacy.

The presentation focused on their Self Carers Campaign which seeks to have self carers acknowledged as a recognised category.

WHY WE DID IT
• We live longer
• Families break away
• Intensified isolation
• We are told to be independent
• ... but little support available
• Stigma
• Lack of credibility...
• We fall through the net

WHAT WE DID
• Researched amongst service users but also health, social care and voluntary sector professionals.
• Held a Rapid Improvement event
• Gathered stories and views
• Produced a report to put our concerns forward

SELF CARER RAPID IMPROVEMENT EVENT
3 SEPTEMBER 2013
WHAT WE NEED

- Recognised category
- Appropriate care (medical and social)
- Centralised and multidisciplinary
- One coordinator/point of contact
- A holistic and continuous approach
- Prepare for an increase in self carers

GOING FORWARD...

- Our report has been taken on board
- We are now an identified category
- Keep campaigning to help reduce the level of crisis, isolation and suicide
For more information about the Community Voices Group and the Self Carers Campaign please contact AdvoCard Head Office: 332 Leith Walk, Edinburgh, EH6 5BR. www.advocard.org.uk
Seen But Not Heard
Following the presentation on Self Care there was a screening in the main auditorium of Seen But Not Heard, a film made by people with lived experience of eating disorders supported by CAPS and funded through the Butterfly Bursary.

The film documented though interviews, visual art and poetry the experiences people with eating disorders.

The film raised awareness of eating disorders and aimed to improve services and treatment.

Key themes were people experiencing eating disorders on their own and it was a long journey to getting support and treatment. However when people did get support, key sources of support that were highlighted were peer support and this was evidenced by the making of the film, and interviewees talked about the support they received from the Lothian Anorexia Nervosa Intensive Treatment Team (ANITT) and the Cullen Centre.

Recovery was also a theme and it was expressed by the film participants as a journey and not a linear process.

The overall aim of the film was highlight how important it is to spot the signs of eating disorders earlier in order to intervene earlier and to encourage people to seek help.

The film was very positively received by the Taking Stock audience. Following the screening two of the film participants and contributors spoke of the positive experience they had in being involved with CAPS and the making of this film

Afternoon Workshops
Participants were invited to select one workshop to attend from a choice of seven.

Life In Progress Theatre
(Facilitated by Emily Steedman, health in mind)

This workshop consisted of the viewing of a short film about the forum theatre play ‘Reality Bites’ which was performed at the Scottish Mental Health Arts and Film Festival 2013.

This was followed by a fun and interactive brainstorming exercise looking at some of the suggestions and issues raised by the audience during the original performance. This was a chance to engage creatively with some of the burning questions faced by people using mental health services, working in services and caring for loved ones

Workshop Feedback

Build capacity for experience-led training. More people with lived experience trained as trainers

People encouraged to write or formulate their own stories, and to take ownership of evaluating their own work.

Understanding from those with access to information that they are the gatekeepers and to act with compassion, trust, empathy and positive attitude
Models of recovery in addictions and mental health – similarities, differences and opportunities for working together
(Facilitated by Dave Carson, NHS Lothian)

This workshop explored different approaches to recovery in addiction and looked at how these approaches relate to the recovery movement in mental health.

Participants heard from people who work with several organizations with different approaches to recovery in addictions. Workshop participants were encouraged to reflect on these models.

Workshop Feedback

Common issues and differences between recovery in addiction and mental health were explored stigma was highlighted
Opportunities for working together were identified e.g. Service can unify to support a person, information sharing

Be respectful of differences and acknowledge definitions of recovery will be very different

Why Advocacy needs to be Independent!
(Facilitated by Chris Mackie, Advocard)

Workshop participants heard from some of the Independent Advocacy providers and also from a new group of people who have experience of using advocacy. People in the group are from all over Lothian and have worked with a range of Independent Advocacy Providers.

Workshop Feedback

The workshop feedback was really positive, with the comment “best thing since sliced bread”.

There needs to be more availability of advocacy.

The ideal would be people speaking up for themselves, which Advocacy helps them to do.
Self Directed Support
(Facilitated by Karen Alexander and John Armstrong, City of Edinburgh Council)

This workshop gave participants an example of how Self Directed Support can change support plans making them person centred. The facilitators talked through the steps to achieving this and participants heard about a Service Provider who helps individuals manage a budget and set up the service they want.

Workshop Feedback

10 year strategy that changes the way local authorities assess need and deliver services.

It improves service user choice in setting up a support plan that is personalised.

It is available to everyone.

The Riches of Social Capital, Keeping people well, Supporting recovery
(Facilitated by John Palmer & Lesley Reid, NHS Lothian)

This workshop explored how participants can maintain and increase social capital.

Workshop Feedback

Maintaining strengthening social capital in a person's life involves them identifying a wide range of assets.

It involves working with them to enable the assets to work together for good.

How does social capital differ for introverts and extroverts? A lot of it at this point seems around groups.
This workshop shared the experiences of those involved with the re:discover befriending service and helped in shaping the future direction of the service.

**Workshop Feedback**

- Uplifting and inspiring to hear the stories of those involved.
- Both befriender and befriended benefit from the service.
- There is a greater demand for the service than the service can cope with.

The brief descriptors and feedback only capture the essence of the workshops – you really did have to be there!

**Words to end the day**

After the second workshop, participants came back for a final discussion and words to end the day. Elliot invited all speakers to the podium and invited questions from the participants.

This part of the conference was an opportunity for people to share thoughts, ideas, reflect on what they had heard and learned and to discuss any issues they felt relevant to the next stages of the implementation of the strategy.

Several of the initial questions focused on the re-developments to the REH, and the impact on services and set up in the community. There were also positive comments about learning from the day, and the sharing of work from across different organisations.

The key role the Third Sector was highlighted and it was noted by both participants and members of the panel that a key success factor is the commitment of people with lived experience and carers to share their stories and use their experience to shape future developments and service provision.

**What next?**

Linda concluded by summarising several actions which will be take forward including the a report being written up and circulated; a presentation about the day and ideas emerging from today the Lothian Mental Health and Wellbeing Programme Board. The Mental Health and Wellbeing team will also consider the workshop feedback and the ideas around priorities for the coming year. This will mean incorporating new ideas and emerging priorities into the action plan for the strategy and the work streams of the team. Elliot thanked all for attending, with special heartfelt thanks to Annie Lampard and Prappy Campbell for their amazing organisational skills.

See you all next year!
How did it feel for you?

Attendees were asked to fill in and submit an evaluation form at the end of the day. (Appendix 3) Sixty-five evaluation forms were returned.

Summary and Key Themes

Overall, the day was evaluated extremely positively.

Many people commented on the wealth of interesting information about projects and initiatives. The comments in the evaluation and comments on the day indicated that people felt encouraged and inspired by the breadth of work that is taking place across Lothian and the creativity of individuals and groups.

People also commented on the diversity of the day and the balance between people with “lived experience” and those developing services and the partnership approach to addressing mental health and wellbeing across Lothian.

There were of course challenges in organizing an event of this size and many helpful comments were received that will help improve future events. Of note was the difficulty in creating enough space to meet the demand for the conference and in doing so we changed from our previous table format to an auditorium set up. Some people have commented on the impact this may have had on networking and the feel of the day and we will be considering this when planning next year’s event. In addition we will improve the information given in advance about workshops for next year.

How did you rate the day?

The chart below shows the overall rating of the day by participants who completed an evaluation form. As can be seen the day was rated very positively by almost all those completing a form, with the average rating being 8.4 out of 10.
The following table details the rating for other aspects of the day and includes comments from participants. These comments will be considered when organizing next year’s event. Many thanks to everyone who completed an evaluation form.

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
<th>Themes and Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you have adequate information before the event?</td>
<td>Yes: 95%</td>
<td>Communication</td>
</tr>
<tr>
<td></td>
<td>No: 5%</td>
<td>▪ Very clear communication</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Good updates pre event</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Although our workshop had only 1-2 sentences to describe it, it would have been good to have more descriptions of aim/outcomes/offerings of workshops</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Exception – feedback on confirmed workshop allocation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Currently I have no IT, difficult to get info</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Some workshops were not well described which was a shame</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ No - But guided well through it</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Organisation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Very organized</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Even though I hadn’t formally applied for a place! I got the info as I was facilitating a workshop</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Information on time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Good updates pre event</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Useful to have full workshop info before the day (from memory that’s new)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Could have been provided sooner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Looked online</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Would have liked the information on the workshops earlier</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ The timetable could have been printed/published sooner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Perfect</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Fantastically inspirational</td>
</tr>
<tr>
<td>Was the venue suitable?</td>
<td>Yes: 100%</td>
<td>Environment</td>
</tr>
<tr>
<td></td>
<td>No: 0%</td>
<td>▪ Bit warm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ I like it – nice rooms, nice helpful staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Good – great that it was out of town and green space around</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Herriot Watt was an excellent venue</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Excellent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Preferred the tables rather than the auditorium set up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Accessibility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Good venue, but not very central for us East Lothian folk!</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Excellent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Although quite long to get to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ V. good</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ But too far away from city centre</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Food and Drink</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Could have more water available to drink</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Nice refreshments</td>
</tr>
<tr>
<td>Question</td>
<td>Rating</td>
<td>Themes and Comments</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Were there adequate opportunities to learn about projects and current work in Lothian?</strong></td>
<td>Yes: 97%</td>
<td><strong>Content</strong></td>
</tr>
</tbody>
</table>
|                                                                         | No: 3%     |  - Great to hear about lots of different projects going on in Lothian  
  - Albeit brief outline, with selected opportunity in some workshops for a deep dive  
  - Very enlightening, I found out a lot about projects I had no idea about  
  - Felt very positive and some interesting presentations, but a little bit too Edinburgh centered  
  - Really encouraging  
  - Yes - In relation to adults  
  - No - Not at all in relation to children and young people  
  - Stalls excellent  
  - Fascinating, good opportunity to network  
  **Recommendations/ Improvements**  
  - Email links would be good too  
  - It was good but at times felt a bit rushed... a bit more networking time  
  - List of projects in pack would have been useful  
  - It would have been good to hear about more services funded through each strand – and to hear not only that they are there, but outcomes they are achieving. |
| **Did you feel you able to participate in the way you wanted to today?**  | Yes: 85%   | **Discussion**                                                                                                                                                                                                                                                                                                                                   |
|                                                                         | No: 15%    |  - Questions after each presentation would have been good  
  - Could have had more time for discussion, although end session covered this  
  - Active participation was well received  
  - Perhaps not enough chance to network and respond creatively  
  **Workshop Content**  
  - Too short a time in workshops  
  - We were only scratching the surface in our workshop! Interesting stuff  
  **Ease of participation**  
  - In small groups in one workshop the experienced people talked all the time and no one said “say your name, experience etc” so I felt a bit unvalued  
  - I was in small group discussions in addiction/recovery workshop and older people and resilience sessions which were not facilitated and therefore a bit of a shambles  
  - Felt a bit overwhelmed in workshops, some of the small group discussion was not that helpful  
  - That it was being broadcast live on radio prevented me (service user) feeling safe to ask questions (without knowing who is hearing). OK in workshops  
  - First workshop yes (older people and resilience)  
  - Didn’t get chance to speak in the first workshop because people kept talking over me  
  - As a user did not really understand what was looked for at life in progress theatre workshop, but this was more to do with me  
  **Other**  
  - Wheelchair user – people were very kind but it was difficult  
  - Nice friendly atmosphere  |
**Additional Comments**

**Content**
- Brilliant and informative
- I really like Ella Simpson’s talk at the start
- Excellent films
- Great balance of speakers and those with ‘lived experience’. Excellent update and great to see so much partnership working
- Excellent presentations – informative and diverse I particularly enjoyed the Mecopp workshop and the Life in Progress workshop. Linda Irvine is a star!
- Not too professional focussed which was welcome and in the spirit of the strategy.

**Feeling connected**
- This is a great way to share the amazing work that is going on across Lothian. It is also a good chance to take learning into our own programmes and work more closely to provide better care for our patients/participants
- Because in the end it’s about people, connections and developing a sense of belonging amongst all of us in Lothian.
- Hope users get listened to so things really change
- Always helpful way for increasing awareness of Lothian developments. Good to have a range of inputs from perspective of lived experience – powerful and informative
- I was pleased that there was a good balance of people using and developing services.
- Very useful to stop and reflect on good practice, network and to hear peoples stories to improve services and practice

**Networking**
- Good information stands. Excellent networking
- Great to catch up with folks!
- This is a nice conference to share the opinions in different levels
- Great opportunity for networking and building partnerships. Time to pause, reflect and refocus

**Workshops**
- Felt some workshops expected a previous knowledge
- Good to have access to information from workshops that we could not attend
- More time for active participation in workshops would have been better
- Improved briefing on workshop content, focus to enhance selection and value obtained

**Future suggestions**
- Good. How about next year a two day event? Would help us all connect more, forging working relationships and let partnership working continue to increase.
- Morning presentations long and rushed at times
- I’m reminded that my role is part of a wider vision to support mental health and wellbeing!
- First workshop – didn’t take time for people to introduce themselves. It definitely would have helped with productive networking!
- A second break in the morning would have been. Helpful, as would info on the degree to which the workshops were interactive (so you can decide whether to be passive/listening or active!). Thank you for today and all the work gone into organising. The event had a lovely warm atmosphere (emotionally rather than temperature wise).
- Microphones final session!
# Appendices

## Appendix 1 – Programme for the day

"A sense of belonging" – A joint strategy for improving the mental health and wellbeing of Lothian’s population 2011 -2016

Year Three: “Taking Stock”

A conference for all stakeholders
Thursday 15 May from 9.30 – 4.10 pm
James Watt Auditorium,
Edinburgh Conference Centre, Heriot Watt Campus, Riccarton

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.30</td>
<td>Registration and Coffee</td>
</tr>
<tr>
<td>10.00</td>
<td>Chairperson’s Welcome - Ella Simpson, Director, EVOC</td>
</tr>
<tr>
<td>10.10</td>
<td>A sense of belonging…three years on..</td>
</tr>
<tr>
<td></td>
<td>Linda Irvine, Strategic Programme Manager, NHS Lothian</td>
</tr>
<tr>
<td></td>
<td>The Royal Edinburgh Hospital – we said it would happen!</td>
</tr>
<tr>
<td></td>
<td>Dick Fitzpatrick, Project Manager</td>
</tr>
<tr>
<td>10.35</td>
<td>From the floor: <em>Feeling Down</em>, Sheena Lowrie</td>
</tr>
<tr>
<td>10.40</td>
<td>People’s Priorities</td>
</tr>
<tr>
<td></td>
<td>Lothian Voices</td>
</tr>
<tr>
<td>10.55</td>
<td>From the floor - <em>Young People Services</em>, Rachel King</td>
</tr>
<tr>
<td>11.00</td>
<td>MAR'RI - A short film made by Los Pollos Hermanos, Edinburgh College, as part of the SMHAF Festival 2013</td>
</tr>
<tr>
<td>11.15</td>
<td>From the floor - <em>Developing Services for Women</em></td>
</tr>
<tr>
<td>11.20</td>
<td>Refreshment break</td>
</tr>
<tr>
<td>11.45</td>
<td>Morning Workshop</td>
</tr>
<tr>
<td>1.00</td>
<td>Lunch</td>
</tr>
<tr>
<td>1.50</td>
<td>Chairperson’s Welcome Back - Elliot Stark, Chief Executive STRiVE</td>
</tr>
<tr>
<td>1.55</td>
<td>From the floor - <em>The importance of Self Care</em>, Dianna Manson</td>
</tr>
<tr>
<td>2.05</td>
<td>Seen but not heard - A film made by people with lived experience of eating disorders</td>
</tr>
<tr>
<td>2:35</td>
<td>Refreshments</td>
</tr>
<tr>
<td>2.50</td>
<td>Afternoon Workshop</td>
</tr>
<tr>
<td>4.00</td>
<td>Words to end the day</td>
</tr>
<tr>
<td>4:10</td>
<td>Close</td>
</tr>
</tbody>
</table>
Appendix 2 – Market Place

Stalls
• Consultation and Advocacy Promotion Service (CAPS)
• Legal Services Agency
• Children and Young People’s Strategy (NHS Lothian)
• Health in Mind
• Stafford Centre
• Occupational Therapy in the Community, NHS Lothian
• Bipolar Group
• New See Me Campaign
• Moving Minds Display (MECOPP)
• Support in Mind
• Lothian Centre for Inclusive Living
• “Helping you to Help Yourself”- Midlothian Occupational Health (Change fund project)
• Men in Recovery Project
• NHS Lothian- Mental Health & Wellbeing Team

Art Works
• Self Harm
• Outlook
• PDA Course- end of course art work
• Health in Mind
Appendix 3 – Evaluation Form

“A sense of belonging” : “Taking Stock Year 3”

Evaluation Form

Please let us know your thoughts on today’s event, this feedback will help us plan future events

Did you have adequate information before the event? (Please tick one)
Yes               No
Any comments:

Was the venue suitable? (Please tick one)
Yes               No
Any comments:

Were there adequate opportunities to learn about projects and current work in Lothian? (Please tick one)
Yes               No
Any comments:

Did you feel able to participate in the way you wanted to today? (Please tick one)
Yes               No
Any comments:

Overall how would you rate the day?

<table>
<thead>
<tr>
<th>Of no value</th>
<th>Very worthwhile</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

Any other comments
mental Health and wellbeing programme team
http://www.nhslothian.scot.nhs.uk/ASenseOfBelonging

July 2014