



Mental Health Strategy Annual Forum
Creation of a Universal Health & Wellbeing Service:
What is the offer to citizens in distress?

Design Workshop Report
January 2020



Scottish Government
Riaghaltas na h-Alba
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DIGITAL
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DHI is a collaboration between:



Background

Scottish Government: Mental Health Strategy: 2017-2027

Challenges with mental health have touched every life in Scotland: from a young person struggling in school, or a colleague absent from work, to an elderly relative living with dementia. We have all seen, and often personally felt and experienced, the impact of mental health problems.

Many mental health problems will be preventable, and almost all are treatable, so people can either fully recover or manage their conditions successfully and live as healthy, happy and productive lives as possible.

Our guiding ambition for mental health is simple but, if realised, will change and save lives - that we must prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems.

That means working to improve:

- a. Prevention and early intervention;
- b. Access to treatment, and joined up accessible services;
- c. The physical wellbeing of people with mental health problems;
- d. Rights, information use, and planning.

At the Mental Health Strategy Annual Forum event held in November 2019 at the EICC 4 key areas of mental health were explored, with a range of stakeholder at afternoon workshops:

- Community Mental Health and Wellbeing: What does gold standard look like?
- Creation of a Universal health & Wellbeing Service: What is the offer to citizens in distress?
- Improving Access – Improving Quality
- Creating Joy in Work

Digital Health and Care Institute (DHI)

The Digital Health and Care Institute (DHI), one of the eight Innovation Centres (IC) in Scotland part funded by the Scottish Government, is a collaboration between the University of Strathclyde and the Glasgow School of Art and is also part of the Scottish Funding Council's Innovation Centre Programme. It supports innovation between academia, the public and third sectors and businesses with a focus on harnessing innovation to seek and solve key challenges for the health and care sector.

Over the past six years the DHI has worked with various partners to harness and co-design digital innovations that benefit service delivery and as a result have increased their expertise in uncovering transformational opportunities across a range of health related areas. During this period the DHI has also developed a design led innovation process in line with Scottish Design standards.

DHI was invited by Scottish Government to support the Adult Mental Health Collaborative in designing and delivering a range of activities and workshops to develop ideas and solutions to the complexity of mental health services. As part of this work the team were asked to lead a collaborative workshop at the Mental Health Strategy National Forum on the theme of:

“What is the offer to citizens in distress?”

Next Steps

The findings contained in this report will be submitted to the Scottish Government mental health directorate for consideration and possible inclusion in the adult mental health collaborative.

Creation of a Universal Health & Wellbeing Service: What is the offer to citizens in distress?

Following interviews and meetings with key stakeholders the team designed a range of tools to support a collaborative approach for identifying challenge areas and exploring new opportunities for individuals in distress who use the services currently available. The workshop, involving around 70 participants from a range of organisations took the following approach:

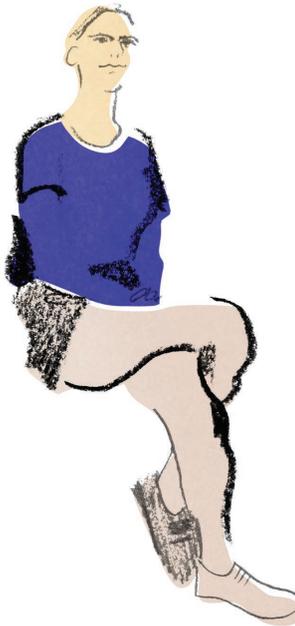
Guest Panel

After an introduction from Mr Jacques Kerr, Chair of the National Distress Intervention Group, each member of the panel gave an overview from their specialist perspective. The panel gave a general oversight from their perspective. Panel members included

- Scottish Government
- NHS (emergency services, psychiatric services)
- Police Scotland
- Navigator programme
- Independent specialists

Personas

Three personas were created prior to the workshop based on typical presentations/ circumstances of people requiring the support of distress services:



Distress Intervention Scenario One

Susan is a 40-year-old single parent living in Wishaw with her two young children.

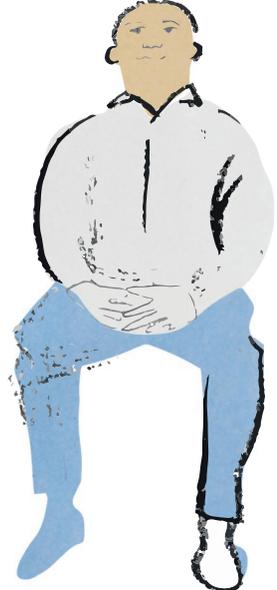
On a Friday night, Susan becomes intoxicated after drinking two bottles of wine at home. That evening there are no other adults present with her in the house. She has lost hope and is having suicidal thoughts, threatening to take an overdose of tablets. Her next door neighbour hears disruptive behaviour in the house and decides to call 999.



Distress Intervention Scenario Two

Leanne is a 39-year-old woman living in Inverness.

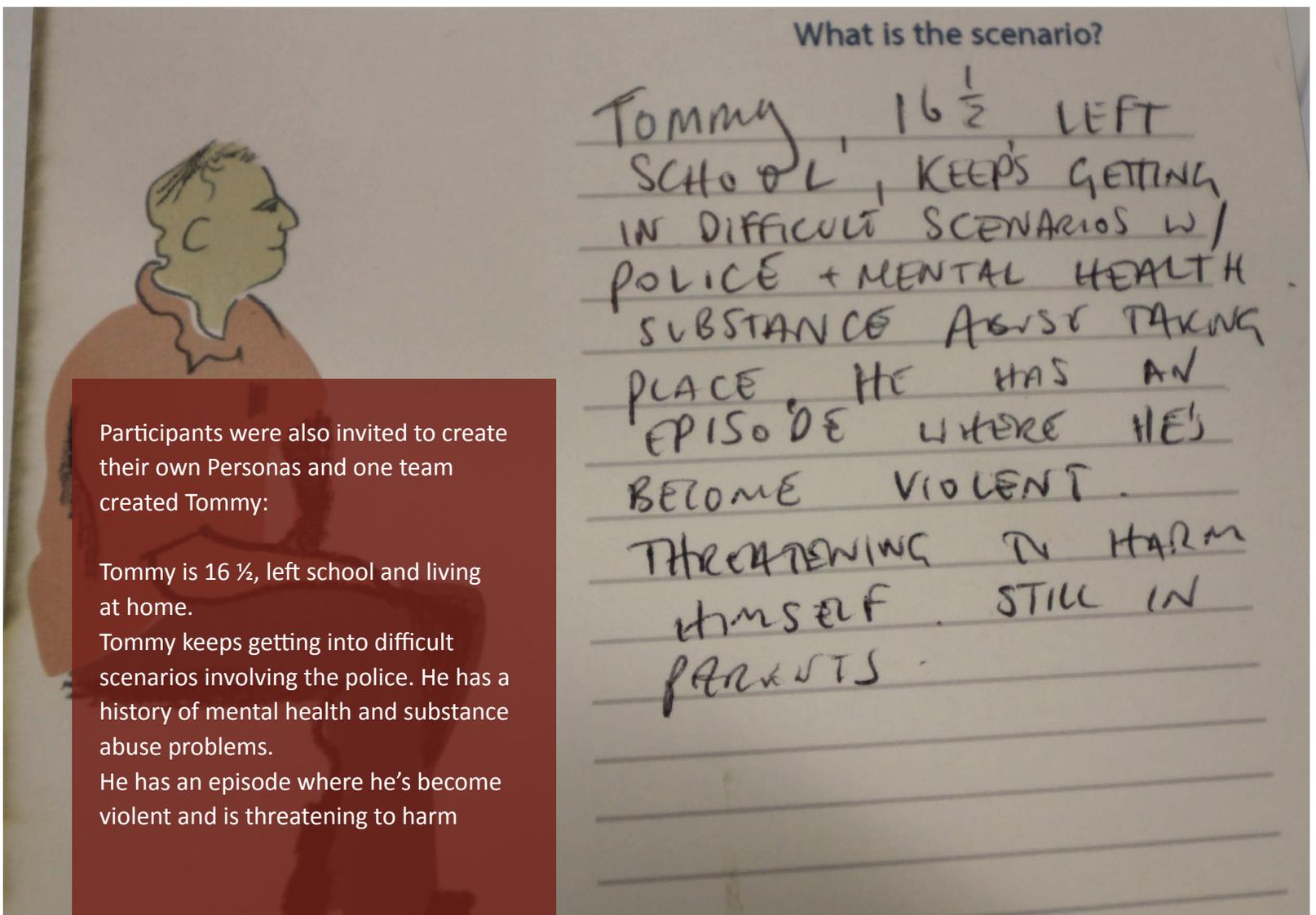
She is a victim of domestic abuse. Leanne has a history of offending, mostly for possession of Class C drugs. Along with this, she has a history of anxiety and depression and is known to the community mental health team. Whilst at her local supermarket she is caught shoplifting groceries by the police and is detained in custody.



Distress Intervention Scenario Three

Mark is 23 years old, unemployed and living on his own in Hawick in the Scottish Borders.

He has a history of substance abuse and had trauma in his childhood. Mark isn't receiving any social support and is about to lose the tenancy on his flat. He calls 999, the police attend and find a plastic bag of marijuana in his flat.



What is the scenario?

Tommy, 16½, LEFT SCHOOL, KEEPS GETTING IN DIFFICULT SCENARIOS W/ POLICE + MENTAL HEALTH SUBSTANCE ABUSE TAKING PLACE. HE HAS AN EPISODE WHERE HE'S BECOME VIOLENT. THREATENING TO HARM HIMSELF. STILL IN PARENTS.

Participants were also invited to create their own Personas and one team created Tommy:

Tommy is 16 ½, left school and living at home.

Tommy keeps getting into difficult scenarios involving the police. He has a history of mental health and substance abuse problems.

He has an episode where he's become violent and is threatening to harm

Journey Mapping

Participants, working in groups of between 8 and 10, were asked to create a journey map for their chosen persona capturing the possible emotions of the person, touchpoints they may have with services and data they may use or need. An example for Simon was provided to stimulate discussion and is shown below.

EXAMPLE CURRENT STATE - JOURNEY MAP PERSONA: Simon*




	Emergent concern	Emergent concern	Seeking help	Seeking help	Seeking help				
DESCRIPTION	Simon has an argument with his wife, finds he can't cope and ends up trying to self-harm.	Fortunately his wife stops him from causing himself some serious damage and urges him to go to the hospital.	On his way to hospital he calls the 111 service from his car.	Calls his local surgery and speaks to the receptionist, who advises him to go to the walk-in centre at the local hospital.	Drives to the local walk-in centre.	Parkes his car.	Walks up to reception...		
STORYBOARD									
TOUCHPOINTS			Telephone 111 Operator	Telephone Receptionist	Local centre car park Wayfinding signs.				
INFORMATION			Assessed over the phone and advised to call his GP	As he has a physical injury, he is advised by the receptionist to go to his local hospital.					
EMOTIONAL JOURNEY	Has had enough - he wanted to die	Too numb to respond Feels no physical pain, as he had "released the pain inside"	Bewildered, maybe in a state of shock - is he in the right state of mind to be driving?	Still in a state of shock.	Still in a state of shock and bewilderment..				

INSTRUCTIONS:
A journey map is a tool that can help you outline the experience of someone step by step. It can help you illustrate the overall experience a persona has with a service, a physical or digital product, or a brand.
The experience could be recognising a need, searching for a specific service, using the service, as well as may be complaining if something goes wrong, or using the service again.
Our journey map tool asks you to focus on the ideal future state and asks you to imagine what you would like that future journey to be like.

STAGE: Group the steps into stages or phases (do this at the end).

DESCRIPTION: Describe what's going on in each step of the storyboard.

STORYBOARD: Draw (stickpeople will do!) each step of the process.

TOUCHPOINTS: Where does your persona encounter something/someone as part of their experience of the service?

INFORMATION: Describe the communications and information involved in the process. What then happens to this information?

EMOTIONAL JOURNEY: Describe how your persona might be feeling during each step of the journey.

* Inspired by 'Accessing NHS services in a crisis' case study found on the Mind mental health charity website <http://tiny.cc/fl6bgz>

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Challenges and ideas

Once the persona journey had been mapped, the groups were asked to identify key challenges, their impact, opportunities for change and new ideas which would respond to that challenge. These were captured using the Challenge Board. Teams were encouraged to use the How Might We method to help develop ideas.

What are the **challenges** to implementation? | Highlight with the stickers where these challenges are on your Future State Journey Map. 

	 WHAT IS THE CHALLENGE?	 WHAT IS THE POTENTIAL IMPACT?	 WHAT IS THE LIKELIHOOD OF THIS HAPPENING? <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	 WHAT CAN YOU DO ABOUT IT?
CHALLENGE 1			Why?	
CHALLENGE 2			Why?	
CHALLENGE 3			Why?	
CHALLENGE 4			Why?	

Feedback and panel review

Following the interactive group sessions, the workshop participants were invited to share their ideas and any questions they might have with the panel and for wider discussion.

Workshop outcomes

What follows is a summary of the outcomes from each of the collaborative group discussions:

How might we develop options that could avoid police custody and/or hospitals?

Idea: Create a hub set up where people can go to when in distress. The hub should have 'experts in communication' who can also help with other issues, such as, providing help in supported housing and tackling other complex issues.

Requirements / Questions to the panel: How might we secure funding and agreement for this type of activity?

How might we do more cross agency working?

Idea: Create a daily huddle for information sharing between staff from relevant services from the Public Sector, Third Sector etc. to ensure no one falls through the net? Information could then be passed onto the future relevant services.

Requirements / Questions to the panel: We would need a Gold Standard for information governance and IT to be put in place to allow information sharing between all relevant services.

How might we remove police* from various situations?

*The panel agreed that police presence is not always the best solution as any criminal act is likely to be secondary to what is causing the actual distress.

Idea: Have a distress specialist who is the first point of call helping remove emergency services from the equation.

Requirements / Questions to the panel: We would need to ensure you can match the person with distress with the most suitable service by taking a whole person approach to avoid them having to engage with lots of separate agencies and services. This would provide integrated care with one route into all support:

- Service should be led by the user needs. Do "with" them and not "to" them
- Person should have a named distress support person (support services – single contact)
- We could create a database of individuals' preferred distress intervention plans (at a time when they are not in distress), that can be accessible to all relevant agencies – find a solution to the blockages.
- We should ensure all organisation's have Mental Health first aiders (similar to first aiders).

How might we better ensure people are aware of the different ways they can get help?

Idea: Introduce and make it clearer to call e.g. '444' (Distress crisis service) rather than '999' - to support the crisis service and better understand what the person needs, establish a rapport and determine how best to meet their needs.

Idea: Promote an '888' service to youngsters at an early age for crisis support.

Requirements / Questions to the panel:

There could be an 'At home', 'Distress Hub Safety Place' or a Hospital (short term) to deal with the initial crisis, while looking at solutions for more substantial and sustainable options for medium to long term needs. This would also avoid involving the police at the early stage.

How might we develop a process where police undertake a risk/health assessment in a custody 'suite' which is a safe, non-threatening and nurturing environment and where the police officer in direct contact with the person is trauma informed and compassionate.

Requirements / Questions to the panel:

There is a 'reachable moment' at the point of being in custody where the police could create a really meaningful intervention to 'remove the fluorescent divider' (uniform). The police can be seen to be the most compassionate and the trust is there so how could we build on this?

How might we increase human to human connections for people with distress?

Idea: Increase the level of mobile units to provide human connection.

Requirements / Questions to the panel: Is it possible to resource vehicles and vans? How can we increase public knowledge of how to support distress?

How might we ensure there is continuity for the person. By having a crisis care plan in place and the ability to contact someone familiar to the distressed person?

Idea: Community support provided by a "multi-skilled" navigator. This support can happen at home or in a community setting.

Requirements / Questions to the panel:

Solution should be bespoke for each individual.

Further challenges/ questions/observations

- » If there is a new government/new management, how do we ensure sustainability of any new solutions proposed? **Response:** The team (all of us) have to 'own it' 100% and have to be committed to the proposal/solution and making it work.
- » There is stigma surrounding criminality and whether this influences how we support someone. Can we change it? Particularly if the police involved are worried about not appropriately dealing with offences but are also worried about not providing the appropriate/needed support.
- » We need to ensure that all the staff involved are trauma informed and compassionate.
- » We need to ensure there is workforce capacity at all times including out of hours. This needs multidisciplinary working and collaboration across organisations.
- » We need to develop joint information sharing across different services for continuity etc.
- » Previously all of our services were reliant on emergency details but there is scope for information sharing around the importance of compassion and care.
- » Continued /increased referral to third sector providers.
- » Continued help for individuals to navigate through their situation.
- » Frontline services are usually frustrated at the lack of empowerment; they are already compassionate (which is not the issue) – how can we address this?





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