



SCOTTISH EXECUTIVE

Health Department

Public Health Division

**Preventing Suicide and Deliberate Self
Harm**

**Laying the Foundations: Identifying
Practice Examples**

Project Report

July 2002

*Prepared for the Scottish Executive by Scottish Development Centre for Mental
Health*

1. Introduction

1.1 Identifying practice examples

In launching the National Framework for Suicide Prevention and Deliberate Self-harm Reduction, one of the key challenges will be to secure the interest, engagement and commitment of the wide range of sectors and agencies who have a role to play in this important area of social policy implementation.

This project set out to gather examples of practice and work on the ground that contribute in a variety of ways to the prevention of suicide and deliberate self-harm, as well as to the improvement of mental health and well-being. It was considered important to ensure that further policy development was founded on a recognition of the diversity and richness of existing activity in this area, which may not necessarily be explicitly identified as falling within the ambit of the Framework.

The aims of the project are to:

- complement the formal consultation on the Draft Framework
- inform the further development of policy and its implementation
- illustrate that the implementation of the Framework will build on a great deal of work already in place
- indicate the part that a variety of agencies might have to play in this area of social policy implementation.

The project focused on two areas of Scotland – the Scottish Borders and Edinburgh. Information was gathered on a selected range of projects and initiatives working with groups identified as potential high-risk groups in the draft Framework. The aim of the exercise is to provide an illustration of the range of work being undertaken rather than to provide a comprehensive data set.

This report presents the material gathered from the project. The services provided and approaches taken by each project are summarised in Tables 1 & 2, as are the target groups and issues facing project users. The key features of each project are also highlighted. Each example is then detailed in full.

2. Discussions with key groups

A second, linked project involved a series of face to face discussions with organisations, services, groups and individuals who were involved in, or affected by issues relating to suicide and deliberate self harm (DSH) prevention and to the improvement of mental health and well being. The aims of this project were to generate additional ideas, information and perspectives to enhance the Framework and to inform the process of implementation. This work is included in a second report.

Table 1: Edinburgh projects

Project	Target group	Issues	Services / approach	Key features
1. Be Well Craigmillar Health Project	Local people	Stress Anxiety Depression	Counselling Group work, incldg men's group Drop in Complementary therapies	Community development Mutual support and volunteering Developing skills and self-confidence
2. Time for Talking SAMH	SAMH employees	Personal and work related issues: e.g. stress, relationships, bereavement	Short term free counselling (5 sessions) Longer term requires self funding	Confidential Independent of employer
3. Men in Mind	Black and ethnic minority men with mental health problems	Isolation Racism Cultural identity Risk of suicide	1-1 support Group work Drop in and user Forum	Activities and interests to stimulate discussion and reduce isolation (drama, IT) 'Mental health by stealth'
4. Ward 1A, Edinburgh Royal Infirmary	Toxicology inpatient care, patients referred (fast track) from A&E or the Royal Edinburgh Ages 16-65	DSH, especially overdose Abuse Bereavement Relationships	Full assessment Treatment Follow up support in community Training for staff in Community and A&E	Opportunity to assess Time out for people, including to sober up in safe place Database of local resources for onward referral Good liaison with GPs Procedures in place to deal with regular attenders
5. Wester Hailes Youth Agency	Young people aged 8-25, living in W Hailes Vulnerable young people: 'low achievers'	Lack of confidence Bullying, violence Coping with independence	Adventure play Educational work in and outside school Prep for school leavers and college students Detached street work	Mix of formal, structured and informal, ad hoc work Building communication skills and confidence Help with choices and transitions

6. SACRO	Ex offenders, more recently incldg women	Mental health Drugs and alcohol Anger and aggression Women esp vulnerable – abuse, DSH and depression Most young offenders have been in care	Supported accom Hostel for young offenders Linking people in training and work opportunities Behavioural progs, group and individual work	Working holistically with an individual Get people settled, stabilised and work with them to build skills and self esteem
7. Grass roots community work Church of Scotland	Clubbers	Hopelessness Loss of connections and community Disillusionment with club scene	Building networks or resourceful friends and healthy structures	Working within the club culture Helping build connections
8. Stonewall	Lesbian, gay, bisexual and transsexual young people	Isolation and rejection Family relationships Identity Practical problems with housing etc	1-1 support by phone and email Groups Drop in Pen pals Practical social and emotional support	Focus on issues of self acceptance in relation to gender and sexual orientation Hard to reach groups e.g. people with a disability are a priority
9. Barnardos 16 plus	Young people 15 ½ to 21	Self harm Drugs Abuse	Practical and emotional support Drop in	Consistency - establish long term supportive relationships Develop problem solving skills
10. Student Counselling Service, University of Edinburgh	Students	Anxiety and depression Smaller numbers with severe mental health problems Increasing number of students are self harming	Assessment and brief counselling intervention Train other University staff and volunteers on Nightline	Proactive campaign to promote awareness of service Ease of access, encourage early use

					Training for Wardens and Directors of Studies to identify problems at an early stage
11. Nari Kallyan Shangho	South Asian women and children	Isolation Relationships Poverty Adapting to culture in UK	To identify learning points and improve quality of care	Groups Support networks 1-1 support	Dedicated youth worker Training for health agencies Mutual support
12. Lothian PCT Suicide Review Committee	Review of suicide incidents among patients			Examination of cases – situation reviewed, meet with care team	Reports to Clinical Governance: quality enhancement not blaming
13. Streetwork	Young people and rough sleepers at risk on the streets People with 'too many needs' for most services	Mental health Suicide and self harm Drugs and alcohol Homelessness		Assertive outreach to make contact Detached work, on the issues that people want to address Small goal directed steps, starting with basic needs Practical and emotional support	Fluidity around structure Active engagement of people who other services do not reach Acceptance and tolerance Providing a sense of belonging

Table 2: Borders projects

Project	Target group	Issues	Services / approach	Key features
14. Big River Turning Point Scotland	People whose lives are affected by drugs	Drugs Mental health Relationships Housing Many people have experience of suicide attempts or DSH	1-1 counselling Drop in Advocacy support and liaison with other services	Continuity of support Harm reduction focus
15. Health promotion NHS Borders	Age groups and local communities	Improving confidence and well being	Work in schools Community health development in disadvantaged local area Health and exercise class for older people GP exercise referral	Range of initiatives using community development and health promotion approaches
16. Burnfoot Community School	Pupils, families and community	Peer relationships Self esteem Bullying Bereavement	Drop in for pupils Family work and home visits by school nurse Activity based groups	Use of activity as basis for discussion of health and social issues Drop in provides accessible information and advice
17. Royal Scottish Agricultural Benevolent Institution	People in rural occupations	Isolation Loss of confidence Depression Relationship stresses Financial anxieties	Helpline operated by volunteers (due to end) in response to Foot and Mouth crisis	Loss of traditional community supports Impact of initial financial worries and increasing social isolation now being manifested as mental health problems

18. Penumbra Youth Project	Young people with mental health problems	Social isolation Abuse Family relationships Self harm	Drop-in in several towns 1-1 support on Harm reduction Developing coping strategies Practical support with housing, training etc	Self harm regarded as a choice people make Work with the whole person not just the self-harming behaviour Allow time and space for person to talk about deeper issues when ready
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1. Be Well (formerly Craigmillar Health Project), Edinburgh

Target Group

The Craigmillar Health Project was set up in 1988 to meet health needs of people living in the Craigmillar area of Edinburgh. Craigmillar is an area of considerable need in terms of high levels of social deprivation and poverty.

Issues

Local people tend not to separate 'mental health' and 'physical health'. The most consistent health need that people have expressed is help with coping strategies for stress, anxiety and depression. People who use the project may also be experiencing loneliness, isolation, low self-esteem or agoraphobia.

Services/approach

All of the activities that are undertaken at the project have been developed through the involvement of local people in identifying their own health concerns and needs. The project provides drop-in facilities, one-to-one work such as counselling, group work, as well as complementary therapies such as massage and relaxation sessions.

The drop-in, which is overseen by volunteers, offers company, a 'human response' and an introduction to new ideas. It is a supportive environment for people who may be experiencing loneliness, isolation, low self-esteem or anxiety.

Various different types of group-work are undertaken at the project according to need. The Heart to Heart group is for people experiencing, or recovering from, heart disease or surgery. The Life Support Group is a structured worker-facilitated group which provides an opportunity for personal growth and awareness.

The Mid Years Women's self-support group offers support and information to women during and after the menopause. Many women start to use the group because they are experiencing stress, depression, anxiety or agoraphobia. The group explores ways of improving their ability to cope, such as meditation, relaxation and complementary therapies. The Group also go on day trips which can help improve the self-confidence of women who have been experiencing agoraphobia.

The men's group is a self-support group offering a meeting place for men which they themselves decide how to use. The emphasis is usually on various different activities. However, the trust and intimacy which grows from shared activities has also created an environment in which the men who use the group have supported each other through crises and difficult life situations.

The project has an in-house crèche which enables people with children to attend groups and use the project.

Local people have been keen to try complementary therapies, such as aromatherapy, massage, acupuncture and Reiki. Various different complementary therapies are therefore available at the project. Many people who use the project experience panic attacks, anxiety and depression. They find the relaxation groups and complementary therapies particularly useful for dealing with these issues.

In Craigmillar there are high levels of poverty, and because of this, also poverty of expectation – people have no idea when their poverty is going to end which can cause people to have little hope. This can also affect young people, in that they see their parents not going out to work on a long-term basis, or permanently. If you have a job and money, your choices in life tend to be greater.

People who use the project get a growing sense of self-esteem, a sense of well-being, and a sense of hope that things can change. For example, if someone feels that they can't go on with life any more, and then receive support at the project and have people at the project who spend time listening to and talking to them, then they get a sense that others care about them. The situation that they are in may not have changed, but their sense of it may have.

Some people use the project for many years, others come along occasionally. The idea is that people can use the services that they want, and can do things at their own pace. Sometimes it will take someone years to feel that they have moved on in life. At other times, someone may feel better after using the project a few times.

Sometimes people come to the project near the end of their ability to cope with the situation that they are in. The project can make a big difference if people start to use it before they have become seriously suicidal. The project is not open at night, and cannot undertake therapeutic work with people in their own homes, so people who are really desperate would probably not be able to use the project.

The project also runs a club for people with dementia which is operated by volunteers who are themselves users of the project, but who have received training in working with people with dementia. This training can in itself increase the confidence and sense of accomplishment in the volunteers.

Key features

- Community development
- Mutual support and volunteering
- Developing skills and self-confidence

For further information, contact:

Gillian Strang, Project Worker

Be Well

14 Niddrie House Park

Edinburgh, EH16 4UL

Tel 0131 657 4174

2. Time for Talking, Scottish Association for Mental Health

Target Group

Time for Talking is a counselling and support service which is available to all members of staff within Scottish Association for Mental Health (SAMH). SAMH is a provider of mental health services that operates across Scotland.

Issues

Time for Talking is able to provide counselling support around a range of issues, which can be either personal or work-related. Support can be provided for issues such as illness, bereavement, relationship difficulties, or anxiety, depression or loneliness. Employees can also receive support for work-related issues such as difficult relationships with colleagues, coping with redundancy or retirement, work-related stress or coping with change.

Services/approach

The service was introduced in 1993 in recognition of the fact that in order for staff to offer care and support to others, they need to feel cared for and supported themselves. Whilst SAMH has a range of support structures in place it was felt that staff could also benefit from the availability of support that was provided independently of organisational structures. The service is therefore provided by an external organisation.

The aim of the service is to provide SAMH employees with support at times of crisis and stress and also provide a form of support that might prevent difficulties from developing into a crisis. The aim of the counselling is to create greater well-being. Talking with someone is often the first step towards solving problems.

The service operates an independent telephone number which employees can contact whenever they need to. The service can provide up to five counselling sessions free of charge. The aim is to help people resolve their difficulties within these sessions. If someone feels that they need continuing support, they can carry on working with their counsellor for a while longer on a self-funded basis if they wish. Alternatively, the counsellor can help identify other sources of support.

The Time for Talking process is entirely confidential. All personal information about a member of staff who is using or has used the service is retained by Time for Talking, and is not made available to anyone within SAMH.

Key features

- Confidential
- Independent of employer

For further information, contact:
Mark Raeburn, Information Officer
Scottish Association for Mental Health
Cumbrae House, 15 Carlton Court
Glasgow, G5 9JP
Tel 0141 568 7000

3. Men In Mind, Edinburgh

Target Group

Men in Mind was set up three years ago by the Edinburgh Association for Mental Health to provide support services for black and ethnic minority men with mental health problems. The project accepts self-referrals, and referrals from other agencies.

Services/approach

The project provides a variety of services that provide support, as well as raising awareness about mental health. The project works with 'mental health by stealth'. The aim is to help people with their mental health, but not be 'in your face' about it.

One-to-One Work

The project offers one-to-one work, giving people an opportunity to talk about issues that might be troubling them. The project workers come from ethnic minority backgrounds, so the men who use the service can feel comfortable in talking to them.

People can face difficulties due to racism, and how they are perceived by other people, and these issues can be talked about at the project. Sometimes the men who use the project have problems with their identity, due to the fact that they may be living across two cultures. They may be rejected by one culture, but not necessarily have an identity with another culture.

The project has supported people with suicidal intent by providing one-to-one support. For example, someone may be a refugee who is escaping horrific experiences in their home country and they may want one-to-one support for this.

In terms of self-harm, little research has been undertaken on black and ethnic-minority groups. There are people who self-harm, but Men in Mind don't tend to be contacted about this. The lack of research means that it is difficult for the project to establish the extent of need. People often don't want to talk about their experiences, for example, sexual abuse. It is very difficult for the project to know what can be done about supporting people who self harm, without additional resources.

Drop-in service

This is for men to get together, share experiences and give each other mutual support. The project works with people who can be quite isolated, and this is something that often affects their mental health problem.

The Forum

This is an opportunity for service users to provide feedback to the project on how the project is doing and to discuss service gaps and future developments in the project. The Forum is also used as an opportunity to bring in outside organisations such as benefits advice agencies to talk to the men at the project. This type of contact can be beneficial in that, for example, the reasons why so few men from the project have accessed the benefits advice service in the past can be explored and acted upon.

Other services

The project also helps people deal with issues such as unemployment, financial difficulties, difficulties in getting welfare benefits and housing. The project also helps men get in touch with other agencies that might be able to help them.

Many of the men have lost confidence and have little self-esteem. The project can help build these back up again as well as help people identify coping strategies. Many people who use the project have been long-term users of mental health services. It is difficult to get back into the community, and racism can cause difficulties, affecting a person's self-confidence. Stress management and help with relaxation are important. An external agency provides weekly massage sessions at the project.

The project runs an environmental issues group that organises day trips out of town. It can take people a while to see the relevance of this to their mental health, but people who use the project have found that both getting out of the city, and having an opportunity to take part in outdoor activities can have a positive effect on their mental health. It can also help people tackle their isolation and anxiety, and to access places that they wouldn't usually do due both perceived and real barriers.

The project also runs drama workshops, and service users staged a play 'The Drama of Life' which was an opportunity for people to talk about mental health in their own words. A cyber group is also run which helps the men gain confidence in themselves and their ability to use computers. The group helps people express themselves by giving them the opportunity to work with editing software on photos that they themselves have taken. The group has been important in helping people get through the barriers of learning new skills, and by helping people with accessing other educational opportunities.

The project recently published 'Silence of the Lads' on the mental health of men from an ethnic minority background. The report identified needs that had not been met already, and explored the concepts that people have of mental health. It identified that current services need to adopt approaches which fit better with perceptions that are held by people with mental health problems.

The project uses a developmental approach in that it is always evolving according to the issues that it has to tackle, and the needs that it has to address. For example, the project is currently putting together a training pack on black and ethnic minority men and mental health for health, housing and other workers. The aim is also to influence health policy developments.

Key features

- Activities and interests to stimulate discussion and reduce isolation
- 'Mental health by stealth'

For further information, contact:
Sylvain Ayite, Development Worker
Men In Mind
56 Queen Charlotte Street
Leith, Edinburgh
Tel 0131 553 3344

4. Ward 1A, Royal Infirmary of Edinburgh

Target Group

Ward 1A has nine toxicology beds, plus it operates an overspill into the medical assessment wards. The team undertakes all toxicology work – both accidental or drug-related. The ward sees approximately 3000 presentations per year.

Sometimes people are referred to the ward from local psychiatric hospitals, for example, the Royal Edinburgh Hospital – people who have overdosed whilst in hospital there. They would be treated medically and then transferred back.

The ward will take anyone aged 12 upwards. At times it may be felt more appropriate for young or elderly patients to be placed on one of the other wards within medical assessment.

Issues

The ward assesses and treats people who have deliberately harmed themselves – this will be all kinds of self-harm, as well as drug overdoses.

The follow-up service for people who have been on the ward works with people around issues such as abuse, bereavement or relationship difficulties.

Services/approach

The team at Ward 1A are unusual in that they admit people who don't necessarily require medical intervention, for example, if the person has already been sutured at Accident and Emergency. The idea is that it gives the team time to assess the person, and time out for the person as well. It is not always appropriate for someone to be assessed at Accident and Emergency. It also gives the person time in bed and time for relatives and friends to make contact. And if the person is under the influence of alcohol, it gives them an opportunity to sober up.

It is known that they will give people a bed in the ward, so in order to prevent dependency on the system, they keep a Frequent Attender File. Frequent patients would be encouraged to attend for medical treatment but will not be assessed psychiatrically on each occasion. They would be discharged once medically fit. This would be for cases where a comprehensive assessment has already been undertaken on the ward, and contact has already been made with the person's GP. They review individual cases every three or six months.

Accident and Emergency will fast track people to ward 1A instead of letting the person sit around in A&E for hours. This is less stressful for the person, but also better from a clinical point of view, in that if, for example, the person has overdosed on paracetamol, they have to be treated within a certain time frame.

The team have a database of local resources – debt advice, counselling, housing, GPs, emergency contacts, etc, which they use to help people access other services. They also use other databases, such as InTouch and the HEBS database. The Charge Nurse also makes links with other organisations in order to smooth referrals. It is important to know what is available in the community and to give patients a choice and ideas to think about.

The Charge Nurse also offers a follow-up service to people who have been on the ward. She will work with people around issues such as abuse, bereavement or relationship difficulties. She will also work closely with the person's GP – liaising with primary care services is important. The case-load is around 3-12 people who she sees either weekly or fortnightly. The follow-up service gives people more space to talk, and people often use the opportunity to disclose what is going on for them.

The follow-up service is important in that work around reducing self-harm involves finding a window of opportunity for the person to disclose what is going on for them. The service also helps the person look at triggers to self-harm, work out alternative ways of coping and helps people link into self-help groups.

If the self-harm is chronic and it is felt that a person needs a lot of help, they will sometimes refer them on to specialist organisations such as Wounded Wings. If, for example, the person is coping with a specific issues such as having been abused, they would refer on to a specialist organisation such as the Pathway project.

Some people they see at Ward 1A need specific psychological help. The psychiatric staff will refer people onto appropriate services. They will also refer people onto local psychiatric services if necessary.

The DSH team also provides training for workers at community-based projects as well as to hospital-based workers such as staff in Accident and Emergency. The training covers issues such as the difference between a suicide attempt and deliberate self-harm.

Key features

- Opportunity to assess
- Time out for people
- Database of local resources for onward referral
- Good liaison with GPs
- Procedures in place to deal with regular attenders

For further information, contact:
Sandra de Munoz, Charge Nurse
Ward 1A
Royal Infirmary of Edinburgh
1 Lauriston Place
Edinburgh, EH3 9YW
Tel 0131 536 1000

5. Wester Hailes Youth Agency, Edinburgh

Target Group

The Youth Agency works with young people aged 8 – 25 year olds on the west side of Edinburgh. The Agency runs a variety of different projects.

Issues

The different projects within the agency work with issues such as self-esteem, confidence building, how to deal with difficult situations, and developing communication skills.

Services/approach

Adventure play

The adventure play project works with nine local primary schools on the west side of Edinburgh. The project trains playground supervisors in how to play various different games with children. The games are focused on co-operative play that is non-competitive and non-bullying. The project also trains Primary Seven pupils to work with younger pupils in a 'buddying' system. Workers from the project also visit the schools and take part in games.

Adventure play is also undertaken in the evenings with children aged eight to fourteen. Group work is undertaken in small groups with a maximum of 13 pupils. The high ratio of staff (3 workers) enables relationships to be developed with the young people in the group. The adventure play is undertaken within blocks of four weeks, each with a different theme. Subject areas may include health, outdoors, water, winter, etc. The self-confidence of the young people is boosted by undertaking activities that are challenging and fun, and which they wouldn't usually have an opportunity to take part in.

Environmental work

A wildlife club is run for 8-11 year olds. They look at wildlife in the local environment, such as around the local canal. The group also made a wildlife garden, visited the City Farm at Gorgie and have organised pet shows.

For 11-16 year olds there are two evening groups that help young people obtain two John Muir Trust Awards which are around improving rather than just observing the local environment. The young people play survival games, such as building shelters, sensory games and treasure games. They also undertake projects on the local canal.

For 16-25 year olds, the Wester Hailes Environment Action Training (WHEAT) project is provided. The project is for those leaving school, or who have just left. The aim is to help people with training to employment through work placements with conservation agencies. The WHEAT project offers both structured work and a drop-in service. Some young people are involved with WHEAT for a while. Others just use the service for a few weeks. The aim is to help build self-confidence, and give people the support they need to reach their potential.

Educational work

The target group for educational work is 15-25 year olds. However, most of the people that they have contact with are aged between 14 and 18 years.

The project operates a detached service. Workers go out in pairs and work with young people wherever they are – eg in the streets, in parks, by local shops. The young people may sometimes be excluded from other services. The support offered is sometimes immediate. Alternatively, the young person can come in to the project the next day. They can work either with groups or with individuals.

The project works with any issues – relationships, housing, employment, benefits, drug use, sex education and so on. A lot of work is also undertaken around territorial issues such as gangs and violence. The workers can also act as a ‘go-between’ between young people and the local police.

School Leavers Programme

Transitional work is undertaken at four local secondary schools with young people who are having problems and who have been seen as ‘low achievers’. The project also takes people after they have left school until the young person feels OK. The programme offers help with finding work, training, or further education.

Work with-in schools

The project also works with ad-hoc groups in schools. The work involved will depend on the particular school. The project workers will speak to the young people at the request of the school, and find out what the young people need. Group work is often undertaken around confidence building and working in teams.

Evening clubs

The project also offers a drop-in service for young people aged S3, and S4 upwards. The drop-in provides access to workers, advice and information, access to the internet, an opportunity to play pool, chat and drink coffee.

Learning Centre

Young people can use the learning centre to help them tackle any issue that they would like help with. People who don’t have enough confidence to access college courses can also use the centre. Several computers are available with links to Stevenson College, and tutorial support and careers advice are also available, as well as advice on other issues such as welfare benefits and housing.

Young people around 17-18 years old are being trained as peer educators to work with others at the centre who may need help with, for example, literacy and numeracy.

Key features

- Mix of formal, structured and informal ad hoc work
- Building communication skills and confidence
- Helping with choices and transitions

For further information, contact:
Valerie Innes, Senior Youth Worker
Wester Hailes Youth Agency
12 Drumbryden Road
Wester Hailes, Edinburgh
Tel 0131 442 4015

6. SACRO Criminal Justice Services, Edinburgh

Target Group

SACRO provides a number of supported accommodation services in the Edinburgh area for ex-offenders: shared flats; single flats; and, a seven-bed hostel for young people. Services are for both men and women, although provision for women is a recent development.

The organisation works with a range of ex-offenders. For example, they are contracted by City of Edinburgh Council to work with people who are not under a statutory order – within a year of a person's release (they are very vulnerable at this stage), as well as with people who have been out of prison for over a year.

Issues

Work is undertaken around issues such as anger, aggression, alcohol, drugs, physical and mental health. Women often have different issues to deal with. Many female ex-offenders experience depression and some also self-harm. Some female ex-offenders will have been abused, and may be experiencing additional difficulties such as having children in care.

Services/approach

SACRO undertakes behavioural programmes in groups and with individuals on subjects such as anger management – helping people cope with things in different ways. They also work with issues around domestic violence, as well as work on addictions such as looking at alcohol linked to offences.

In the supported accommodation service, they see people go through highs and lows on a regular basis, and will see people at different stages of distress. Suicide is an issue that affects SACRO in that some clients have committed suicide. If someone is very distressed, they might help them by, for example, moving them into a more stable flat with supportive, stable flatmates. The project would also refer the client on to mental health services.

If someone living in the young offender hostel is recognised as vulnerable in terms of possible suicide attempt or self-harm, then the hostel staff will undertake spot checks and maintain a close watch on the person. They would discuss the situation at a team meeting and agree how often to check on a person. They would also refer people on to specialised services. Many of the young people in the hostel will already be in touch with other services. About 80% of them will have been in care, and will already have contact with services because of this.

A lot of work is undertaken on training and employment. This is particularly the case for young people at the hostel. In terms of their mental health it is important that they have structure to their day, and things to do with their time. SACRO will help people link in with training organisations, and with getting into college. They also help people get accommodation and welfare benefits.

For sex offenders it can be very difficult getting work, as they have to disclose information about their criminal record. And it can be difficult getting them to develop

their self-esteem. Many training facilities are out of bounds as, for example, premises may be near a children's nursery.

At SACRO, staff try to use a holistic approach – try to look through everything with a person, rather than focus on just one issue. If someone also has a statutory worker working with them, then SACRO will work closely with this person.

Some of the people who use SACRO services have depression. SACRO will help the person with this in one-to-one work, and will also refer the person to psychiatric services. Some clients also have diagnosed mental illness such as schizophrenia and personality disorders. A large element of the work is around self-esteem, as it is very important to help people feel good about themselves. Some of the women who use SACRO self-harm, and a lot of work is undertaken with women around self-esteem. The young men are often into offending for a laugh – it is what their friends do, whereas the needs of the women who use the project tend to be different.

Often the work that SACRO does with people takes a long time to show results, but it usually does make a difference, even if the impact isn't immediately obvious. The more basic work such as helping people get accommodation is relatively easy compared to helping people stabilise within the accommodation and to start to take care of themselves.

Key features

- Working holistically with an individual
- Helping people become settled and stabilised
- Working with people to build skills and self-esteem

For further information, contact:
Dorothy Fraser, Service Manager
SACRO
Criminal Justice Services
Epworth Halls
25 Nicholson Square
Edinburgh, EH8 9BX
Tel 0131 622 7500

7. Grass roots community work, Church of Scotland, Edinburgh

Target Group

The initiative is targeted primarily at people who are, or have been, on the 'club scene' in Edinburgh.

Issues

People are getting tired and too old for the rave scene, particularly people in the city's housing estates. People are often now in their 30s, are feeling a bit desperate, lonely, angry, and isolated. They want to do something inspiring, rather than feel like 'damaged goods'. People are often lacking the support structures that they need to get them where they want to be in life.

Services/approach

The project is a grass roots collection of people and groups – not an organisation. It doesn't have a name. They have recently acquired a flat in the city centre as a base, with room for a music studio, arts studio and a quiet space. The idea is to get a diverse range of people together for the betterment of the city - a wide range of people to inspire each other to change the atmosphere of the city.

The project began when the Church of Scotland asked the current part-time worker to go round night clubs and make contact with people, to try and understand how people feel about themselves – asking some questions – what is your passion, your dream, what makes you rage? What is your main concern in life? Recommendations were then made to the Church on how it is perceived, with a view to re-appraising the parish system – to make it mobile and culturally focused, as well as geographically based.

The initial idea was to develop a service based in a club - a kind of chaplaincy. People would be there to be generally supportive. Instead, they decided to start a grass roots project, a communal thing, rather than a service in just one club. The idea was to get people to help who are clubbers themselves.

A local church initially funded a part-time worker to develop this idea. He got everyone together for a Dream Day – asking people – what do you want to do to change the city? The day generated a lot of ideas.

One group of people decided to start up a night club – tried to make it different, collective, non-elitist – a space for different musicians to play. In Edinburgh it is very difficult for musicians and artists as there are few outlets. This venture is dependant on getting premises.

The worker helps people who are not wanting to go clubbing any more to look for fresh things to do, ways of putting something back into the city.

Like any culture, the club scene has bad areas, good stuff and a lot of bland in-between. There has been a negative image of clubs, the idea that there are a lot of people on drugs, etc. People involved with the club scene feel that in terms of organising clubs, what they have done for society hasn't been recognised, in terms of bringing people together.

The idea is that the Church can help support the good bits about the club scene and help challenge the bad stuff. The worker's role is to show the Church all the good things that can be supported. A lot of people have great expectations, but the support structures that are needed in order to help people get to where they want to be in life are small, and there is a huge gap of pain and anger. The Church can help keep people going, give them hope, give them ideas on how to make relationships long-term and helpful. And can help people obtain a support structure to help them get what they want out of life.

The aim is to develop multi-coloured forms of community – a diverse range of people coming together in networks across the country – people from a lot of different paths/directions, such as artists, musicians, activists, social leaders, and people who undertake pastoral work. No one group can solve the loss of identity and disappointment that many young people feel. The aim is that the most vulnerable young people (for example, those at risk of becoming involved with cults/sects) can find a 'healthy' community – resourceful friends and healthy structures. In order for this to happen, many different groups of people need to find common ground in order to give young people hope about a common future.

The aim is also to help people gain confidence in order to get out of places, for example, to make a 'corridor' between housing estates and city centre projects - to help people get unstuck from a 'present' which can seem overwhelming and hopeless. The aim is to support people in this, because when people manage to change their life, they can easily discover that the new life is not what they expected it to be. People need to not be alone, and need to have hope.

In clubs there is a strong feeling of community – people caring about each other. Club culture has been a very positive thing – without it a lot of people would have struggled, and suicide and self-harm levels would have been a lot higher. The idea is to help people maintain this.

Plans for the future include a ten-year nation-wide programme for supporting/funding inspirational adult role models, as well as a 'dream day' for the whole of Scotland, for people to think – 'what do you dream for Scotland to become?'

Key features

- Working within the club culture
- Helping build connections

For further information, contact:
Paul Thomson, Community Worker
E-mail: dm011c2890@blueyonder.co.uk

8. Stonewall Youth Project, Edinburgh and Lothian

Target Group

Stonewall Youth Project operates primarily in the Edinburgh and Lothians area. It also employs a project worker in the Borders who links in with the Edinburgh-based services.

The project provides support to young (aged 13 – 25) men and women who are lesbian, gay, bisexual, or transgendered. The project is the only place in Scotland to offer such support. Hard to reach young people are a priority, such as disabled people, people from ethnic minority backgrounds, or people who live out-with Edinburgh.

Issues

The project helps people with many different issues such as isolation, depression, self-harm, lack of self-esteem, difficulties with self-image, coming out, sexuality, relationships, family problems, difficulties with housing, poverty, and issues around transgender. The project works a lot with people around self-acceptance – this is a big thing for people - people finding out that they are normal. This is helped a lot through peer support - people meeting other young people in the same situation.

Transgendered people often face a whole range of issues such as poor family connections, a lot of family strife, physical and sexual abuse, issues around sexuality as well as issues around gender.

Services/approach

The project can help in a number of ways:

- one-to-one support work at the project
- support by e-mail, which is very important for young people who are gay, but may not be able to be open about it to people around them.
- one-to-one support by telephone - not everyone who needs support is able to come into the office – they may live too far away.
- help to find pen-pals, as well as help in getting in touch with people who are the same age who live locally.
- support groups and drop-in – for example there is a support group for transgendered people.

The support offered is diverse: practical and emotional support, help with developing a sense of well-being, help with accessing other services, and help in obtaining information (for example, people can access the internet from the project). Many of the people they see do not need ‘hardcore’ support, but some people have severe emotional issues and mental health issues – some of the causes are sexual abuse, difficult families and difficulties around gender identity. The project supports people in talking about self-harm – a lot of the young people self-harm, and attempt suicide – particularly young transgendered people.

Many homeless young people are gay, so the project tries to work closely with local housing agencies. Many of the people who use the project have been asked to leave by their family, or it is no longer OK for them to live at home. The project can help someone find accommodation, and can refer them on to supported accommodation if this is

needed. The project also provides training to housing workers – awareness about what it is like to be gay or transgendered and how this can affect your housing situation.

It is very difficult to help people get additional emotional support. For example, if the person is overdosing once a month, it can be very difficult to get them the mental health support that they need – they are often not thought of as ill enough for the Royal Edinburgh Hospital, but may still have poor mental health.

Transgendered people can receive a lot of mutual support at the group at Stonewall. If group support is not the right setting for a person, then they can still receive one-to-one support. They can often experience self-denial and self-hatred, confusion and depression, and can very vulnerable as a result. The consequences of breaking out of the normal gender mould can be severe and people can often receive hassle at work and hostility from others in general. A lack of role models, and lack of validation can also lead people to be very vulnerable.

The project can help people with coping strategies, will help validate the person's experiences, and help them understand their situation. The project will work with the person's family if they want this, or with their workplace, and can also help them with their transition to a different identity. The project can also work with other workers that the person sees, such as social workers and staff at the Young Persons Unit at the Royal Edinburgh Hospital.

The project can offer practical support, such as tips about clothes, support around hormone treatment, and help with linking into medical services. The project can support the person through the long process of 'passing' – gradually moving from being identified as one gender to the other. The project will occasionally support someone who might be related to a transgendered person, or the person's partner.

The project can then also support a transgendered person through the long process of medical treatment. A person may struggle with their identity for years, and will then have to go through a 'real life' test for several months or years in order for a doctor to be sure that the person is transgendered. The wait for hormones can then also be long, followed by a wait of several more years for surgery. Some individuals are refused treatment due to poor health or unstable mental health, and such people are severely at risk of suicide.

Key features

- Focus on issues of self-acceptance
- Hard to reach groups are a priority

For further information, contact:

Simon de Voil, Project Worker

Stonewall Youth Project

John Cotton Centre

10 Sunnyside

Edinburgh, EH7 5RA

Tel 0131 622 2266

9. Barnardos 16Plus Project, Edinburgh

Target Group

The project supports young people aged 15 ½ - 21.

Issues

Some people who use the project have self-harmed in the past as a coping mechanism. This may then evolve into taking drink and drugs, and the subsequent alcohol and drug problem may, in reality, be to do with self-harm.

Many of the young people who use the project have experienced sexual abuse.

Services/approach

Social work cases will sometimes be closed, so Barnardos may be the main agency working with a person. It is important that the project is not a social work agency – they can offer a different type of service with more intensive support. They also have a different image, which can be important for young people.

The philosophy at the project is to work holistically, as it is often not possible to separate practical tasks such as getting a job from support for emotional issues. The idea is to help people link in with other services as the workers at the project don't expect to have the knowledge and expertise to offer in-depth support on every issue that may arise for someone. The team doesn't undertake formal therapeutic work, so will refer someone on to another service if they need counselling.

The project supports young people by undertaking individual and group work, as well as helping them link in with other agencies. The project worker will establish a good working relationship with the person – explain procedures, and try and build a rapport. Many young people who use the project have had negative experiences and it may take a while for them to trust someone. The project is able to build up an in-depth relationship with a client, and can provide support on a long-term basis.

Support can be practical – for example, if someone is homeless and has no social worker, they may help them to obtain housing through the Housing Department Access Point.

The project also provides emotional support – a lot of work with people is around helping them develop self-esteem and self-confidence. This is often about building a good relationship with people and seeing what helps make them tick. The project helps people build on their competencies and to use problem solving skills, as self-esteem can't be developed in a vacuum. The project will also give people feedback on their achievements. The aim to be consistent – the project will be there for someone when things have not gone as intended, and will help the person work out what went wrong.

The project holds regular reviews with clients. They look at how they think they have developed and on what areas they feel they still need support. The idea is to help people take charge of their own issues.

The project also operates a drop-in session. Issues such as self-harm come up, and discussions may be held on behaviour around self-harm, and the boundaries around

displaying self-harm within the project. For some people who self-harm, self-harming becomes their identity. This may mean that services that are based around harm reduction may not succeed.

The project has a policy on dealing with suicidal behaviour. They sometimes see young people desperate for psychiatric input, but it is often difficult to obtain psychiatric support. Young people also sometimes experience anxiety around being labelled as someone who uses the local psychiatric hospital Young People's Unit. There is sometimes a difficulty in motivating people to go to their GP as a result of this. The young person may then miss out on potential treatment, putting them in a vulnerable position.

The project encourages people who have experienced sexual abuse to get additional support. However, there are not enough support services, particularly for young men who have experienced abuse. Young men are also more difficult to engage. There is also a gap in local services around youth counselling in general, and the structure and services offered by mainstream adult services are inappropriate for young people. There is also a shortage of residential places offering therapeutic support.

Key features

- Establishing long term supportive relationships
- Develop problem solving skills

For further information, contact:
Rona Gray, Project Manager
Barnardos 16 Plus Project
22 Broughton Place
Edinburgh
Tel 0131 558 3033

10. University of Edinburgh Student Counselling Service

Target Group

The Student Counselling Service was set up in 1968. The service aims to work with students who have emotional and psychological problems, to restore them to good academic functioning as soon as possible. The service employs 10 counsellors (4.7 FTE), and offers a service to both undergraduates and postgraduate students.

Issues

Students who use the service are either anxious, depressed or both – a feeling of being out of control or being unable to cope. There are also a growing number of students who self-harm and are presenting with this. Anxiety or depression is usually the result of several stress factors - breakdown of relationship, isolation, complications in home life (family of origin or their own relationship) such as parents splitting, parents who are ill or who have died.

Services/approach

The service will see people for assessment within one week, and then offer counselling within two weeks. During assessment, the counsellor will assess how urgently intervention is needed, as well as whether the student is going to be able to get anything from the counselling.

The service offers brief intervention - 4 sessions initially. This is often enough for the student. Contact with the student can progress to 8 sessions if required.

The service doesn't usually enter into long-term therapeutic work as the resources for such work are not available, and for the majority of students, long-term work is not suitable. However, if it is clear that long-term psychotherapy is needed then the service will help the student to find an alternative service. Occasionally, it will be clear after a few sessions that a student has a long-term need, but that disengagement would also be harmful. The counsellor would therefore continue to see them. If such long-term work is undertaken, the counsellor would take a narrow focus, to help gain insight into patterns and origins of behaviour.

The service also refers a small number of students for psychiatric assessment for a mental health problem such as manic depression, OCD or schizophrenia. Counselling at the Student Counselling Service for students in this situation is usually an adjunct to help support them. For example, if they are experiencing an onset of chronic mental health problems, the service will help them to adjust to that new element in their lives.

When working with a student the counsellor would explore the primary problem, and look at factors such as environment, and at the student's own psychological process in order to identify the areas where the student is stuck. The idea would be to look for something that can be adjusted. Once the student comes to an understanding of why they are feeling the way they are, they often obtain immediate relief. Once it begins to make sense to them and they realise they are not 'going mad', their mood lifts and anxiety levels drop, and they are able to look at ways of coping. Most students in the process of being listened to will make sense of things themselves. The idea is therefore to support them through making changes and finding ways of coping.

The service aims to help the university community to recognise symptoms and to encourage students to seek help at an early stage. The service holds workshops for Directors of Studies and Wardens of Halls on how to recognise signs of potential disturbance. The service tries to send out the message to staff and students who have contact with students with difficulties that a robust, matter of fact approach is the best. The service also aims to increase awareness in staff and students about mental health issues and to change attitudes. The message that the counselling service always puts out is one of vigilance and care (within the counselling service and within the community). The counselling service can't see everything and they rely on others (staff and students) to refer students they are concerned about.

The network of services at the university is very important, such as wardens, and schools liaison workers, as well as bodies such as the Welfare Consultative Group which feeds in to the Student Affairs Committee (which feeds into Senate and Court). It is important to change attitudes at the top as well as other levels. At Edinburgh, counselling is firmly lodged within the institution - the ethos is that it is integrated. It is accepted without question that there is a need for such a service. This is very important when trying to encourage a change in attitudes in the university community.

The Students Association were keen that suicide prevention work should not place an extra burden on students to look after each other. So the Student Counselling Service intensified outreach work with staff responsible for the welfare of students and widened it to those with an administrative function as well as to students involved with Nightline.

The service ran a campaign from November 2000 onwards with a credit card sized card on 'what to do if you are feeling down' with phone numbers of places to get in touch with. Also, a radio campaign was undertaken at the beginning of the academic year. The campaign is on-going. The Students Association have taken over the campaign and are now also funding it.

The image of the counselling service has also been re-vamped. The service decided to take a more informal approach to students - eg comfy waiting room with music, a more relaxed atmosphere, rather than a quasi-clinical atmosphere.

Key features

- Proactive campaign to promote awareness of service
- Ease of access
- Encourage early use
- Training for Wardens and Directors of Studies to identify problems at an early stage

For further information, contact:

Craig McDevitt
Student Counselling Service, University of Edinburgh
31 Buccleuch Place
Edinburgh, EH8 9JS
Tel 0131 650 4170

11. Nari Kallyan Shangho, Edinburgh

Target Group

Nari Kallyan Shangho was set up in 1987 as a health and welfare project for South Asian women and children living in Edinburgh.

Issues

Some of the difficulties for the women who attend the project are social deprivation, isolation, economic poverty, marital problems, and trying to adapt to living in a foreign country. The project tries to help the women find ways of coping with these issues.

Services/Approach

The project aims to improve the quality of life for South Asian women and children – many of whom experience both social isolation and social deprivation.

The project provides group work. Twelve different groups undertake a variety of activities that are designed to foster the self-growth of the women.

Health education and information is also provided. A booklet 'Dealing with Depression – a Guide for South Asian Women' has recently been produced in three different languages. The booklet explains what depression is, and the kind of help that can be available.

Training on the health needs of South Asian women is also given to other agencies. A Cultural Awareness Training Pack has recently been prepared and training sessions for health service providers have been undertaken in order to raise awareness of South Asian cultures.

The project also enables the development of support networks - a platform for women to come together. The support networks are very important for women who are often very isolated. The idea is that it is a place for people to meet people from the same culture, in order to give and receive mutual support.

One to one support is also provided. The workers look out for the women and are there to talk to. The project also supports the women by providing an advocacy service. Women can be accompanied to GP clinics and hospital appointments.

The project see many cases of women on anti-depressants who are then able to come off medication six months later through having been at NKS.

Women are referred from a number of different agencies, and can also self-refer. The project workers would initially visit the woman being referred – ask her what her needs are, help her decide which groups to go to, and then try and help her along to the groups. The project can help with transport. The workers would help a woman come along 4-5 times – then they would start coming themselves.

Social and economic problems and isolation are the root cause of depression for many of the women. It can be a vicious circle – they have problems, so isolate themselves, so the problems get worse. If they are introduced to the project, the isolation is then broken and

they see that they are not alone with their problems. They also get to talk to other women and make friends – see women coping and getting support. The workers can't necessarily solve the woman's problems, but can support her, and offer services such as welfare benefit advice. The project can give them strength to cope with problems and find solutions for themselves.

NKS also runs youth groups for younger women, as well as one-to-one work with a youth worker - someone to confide in about cross-cultural issues, and issues specific to their culture. If they have no-one to talk to, these issues can build up and cause depression.

The project also provides child-care facilities from 9am til 3pm so that women can get out and undertake part-time work or education. This is important to help women develop their confidence and self-esteem.

Key features

- Dedicated youth worker
- Training for other agencies
- Mutual support

For further information, contact:

Naina Minhas, Coordinator

Nari Kallyan Shangho,

Darroch Annexe

7 Gillespie Street

Edinburgh, EH3 9NH

Tel 0131 221 1915

12. Suicide Review Committee, Lothian Primary Care NHS Trust, Edinburgh

Target Group

The Suicide Review Committee reviews suicide incidents among patients in secondary care services – people under the care of psychiatric services at the time of death. Any suicide within Royal Edinburgh Hospital, the hospitals at Rosslynlee and Herdmanflat, and day care and out-patient facilities is reported to the Committee, as well as the suicide of anyone who has received care services from community-based Trust staff.

Issues

The aim of the review process is to identify learning points and to improve the quality of care.

Services/approach

The committee consists of local psychiatric consultants plus other health professional representatives.

If a suicide has happened, the Review Committee will meet with the team responsible for the person at the time of death. The team would consist of staff working for the Trust, and staff from the local authority or voluntary organisations working with the patient. The review will examine the care received by the person up to their death. The Review Team will ask for a history of the situation, a description of what led up to the death, mechanisms for supporting relatives following bereavement, and support for workers and other patients.

The mechanics of the process are covered by the Trust suicide review policy which covers everything regarding the suicide from the time that it happens until ‘closure’.

At the end of the meeting, agreement will be sought as to the learning experiences. A report will be circulated to the responsible medical officer and review team members. The Review Team meets every six weeks to review all recent reports. The report will also be fed back to Trust management through the Trust’s system for clinical effectiveness and clinical governance.

Safety issues will also be acted upon separately – there is a mechanism for reporting such issues as the need for collapsible curtain rails or other action immediately to the Trust.

It is often discovered that the team did everything that is reasonable to prevent suicide. It is often difficult to know how the care team could have intervened differently to prevent the suicide from taking place. Even if the person is known to be at risk, it is difficult to know when they might commit suicide.

In the past, the responsible medical officer conveyed the outcome of the meeting to relatives, but the Committee may change this practice, as it may be easier for the relatives if someone independent of the care team undertook this task.

In Lothian, service providers are looking at how to re-shape emergency and crisis responses, as well as develop the idea of one-stop shops to make it easier for people to access services in general.

Key features

- Reports to Clinical Governance
- Quality enhancement, not blaming

For further information, contact:

Dr Diana Morrison
Royal Edinburgh Hospital
Morningside Place
Edinburgh, EH10 5HF
Tel 0131 537 6249

13. Streetwork, Edinburgh

Target Group

Streetwork works with people in Edinburgh who are at risk on the streets – young people and rough sleepers, both in the city centre and the outlying housing schemes.

Issues

The project was set up in 1992 following concern about the numbers of young people at risk in the city. The aim was to provide informal education plus work with young people in a severe crisis.

In 1997, the project was expanded to tackle the wider issue of street homelessness, with funding from the Rough Sleepers Initiative. The project now consists of the Youth Services Team and a Homeless Services Team, which is split into two smaller teams (the Streetwork Service and the Complex Needs Service which works with people with multiple issues who are in a rough sleeping environment). The project also runs a coffee stall training and education project. This part of the project helps people gain self-confidence as a step towards other employment opportunities.

Around half of the rough sleepers who use the project have been identified as having mental health difficulties. A big problem for people is not being able to access psychiatric services – for example, people not being admitted to hospital because they haven't got a 'mental illness'. If a person needs counselling or support it is also often not available.

Suicide and self-harm are big issues for the project, and there have been several serious suicide and self-harm attempts on the premises. Self-harm amongst young people is frequent. The project often gets people in crisis who are self-harming, and young people involved in high risk behaviours, such as hanging – whether or not it is a suicide attempt or not is irrelevant as the outcome can sometimes be death. And, in terms of drug overdoses it is sometimes difficult to know the extent to which drug-taking is accidental, deliberate self-harm, a suicide attempt or something else, such as to access services.

Services/approach

The philosophy behind the project is that it undertakes 'detached' work - 'detached' meaning an open agenda – 'you tell me where we should start'. The same principle of detached work is undertaken with every age group – the project workers find out what people want from the project and then provides it.

Streetwork works with people who do not easily fit into existing provision or meet service expectations - people who may not be seen as the responsibility of any one agency and who may remain on the margins of, or be excluded from, a number of agencies and services. People who use the project are also often disconnected from their families.

The project workers work (and walk) around the centre of town to find people who may need a service. People also access the service themselves and can be referred by other agencies. The project refers people onto other services, and provides support in accessing their services.

The project starts by helping people with basic needs such as a place to stay, but also helps them with a sense of belonging – group activities with other people and staff - both in the youth work and work with older people. The workers often see immediate improvements - people taking more care of themselves. Streetwork will start to help someone straight away as it is easy for people to get into a cycle of depression and for their problems to escalate. The aim is to be patient and accepting of people, and allow them to take small steps. The project doesn't just focus on one aspect of a person but tries to work holistically.

People often self-harm because they are bored and isolated - on their own with nothing to do. The Project gives them things to do, people to meet, informal counselling and an opportunity to talk about self-harm, but also structured activity which is important in that it reduces self-harm. The project sees that it is important not to encourage people to self-harm, but at the same time to operate a climate in which it is OK for people to tell the workers that they are struggling. Streetwork doesn't exclude people for doing something like cutting themselves, which can be a reason for exclusion at some projects.

The project is able to respond to people who sometimes need a service, but who are also sometimes OK. It is also important for people to know that they don't have to be in a crisis in order to use the project – this knowledge also helps people to stop self-harming.

The project works with 'fluidity around structure'. For example, the project runs a recreational group one afternoon a week for young homeless people. The project expects that they will have to remind people about the arrangements, and be flexible with meeting times in order not to exclude people. Many people that the project works with live very impulsively from day-to-day. The project helps people get out of this way of thinking and to realise that, for example, it is normal to have a good morning but a bad afternoon. This way of working helps people to reduce their self-harming.

The project has recently published 'The Homeless and Hungry Guide to Surviving the Streets' which is a practical advice book which includes sections on self-harm and mental health problems.

Key features

- Fluidity around structure
- Active engagement of people who are not reached by other services
- Acceptance and tolerance
- Providing a sense of belonging

For further information, contact:

Tam Hendry and Katie Owen

Streetwork

Castlecliff

25 Johnston Terrace

Edinburgh, EH1 2NH

Tel 0131 622 6660

14. Big River Project, Turning Point Scotland, The Scottish Borders

Target Group

The Big River Project is a free, specialist service for people whose lives are affected by drugs, managed by Turning Point Scotland, and funded by both the Borders NHS Board and the Scottish Borders Council. The project operates in several areas across the Scottish Borders, including the major areas of population.

Issues

Many issues affect the lives of people who use the service – their drug use (or the drug use of a family member), and many other issues such as their health, housing situation, abuse, bereavement, relationships or financial situation amongst others. Mental health issues underpin them all.

Many people who use the project attempt suicide or self-harm. Drug use itself can sometimes be seen as a form of self-harm. People who use the project also sometimes undertake more ‘traditional’ forms of self-harm such as cutting themselves.

Services/approach

The project offers counselling, support, drop-in and work around harm reduction.

One-to-one support is provided by appointment. The service aims to be flexible - people can use the service as often as is needed at that particular time in their lives. The counselling is at the individual’s own pace and is person-centred, working around what the individual feels would be useful, as well as forward looking. This way of working can help people develop a sense of hope.

At the drop-in service people can chat, have a cup of tea, and receive support and advice from one of the workers. Ear acupuncture is also available. The drop-in service works particularly well for people who find specific appointment times difficult to manage.

In terms of helping to prevent people from attempting suicide, the project can provide somewhere for people to turn to, and a supportive relationship. The project can help a person look at what makes them feel better and explore the reasons for feeling suicidal.

The project aims to have good working relationships with other workers who are involved in supporting people who use the project - this can be very necessary when people are feeling seriously suicidal. The project also helps people by acting as advocates, helping them to link in with health, psychiatric and other services before they hit a crisis.

It is also important that there is good communication within the team. Also, that more than one worker is involved with each client, so that when the worker is away for whatever reason, then the client will still receive a service. This is very important for the times when someone is in a crisis and possibly at risk of attempting suicide. The project also ensures that staff can follow the procedures that should be used if someone is in a crisis.

The project tries to involve people as much as possible. For example, people who use the project chose the paint for the premises at Eyemouth. And, when the project has to liaise with other agencies, they will let the project user see the information that is being passed on, and give them a say in writing the letter. The project also asks people what they think about the project. If people are being listened to, then this can have a positive effect on their confidence levels.

Taking people seriously also helps the situation when someone either self-harms or is feeling suicidal. For example, not using phrases such as ‘a cry for help’. When supporting someone who harms themselves, the project may help the person explore the issues that prompt them to cut as well as work around other areas in their life which may be affecting them.

The project undertakes a lot of work around drug use and harm reduction, such as how to avoid accidental overdose. When people are withdrawing from drugs, project workers can provide one-to-one support for this – helping people keep themselves going, and an opportunity to talk through ways of coping with the withdrawal.

The way that people feel about themselves is very important, and the project can have an effect on this. If someone feels valued, they are far more likely to value themselves. The project can give a person positive feedback. If the project can see that a person is making progress, then this can be pointed out to them – this can help people feel better about themselves. The project also has a policy of not requiring that people go back on the waiting list if they haven’t been in touch with the project for a while, or if they miss an appointment. Also, the project will send an informal note out to someone if they haven’t had contact for a while.

The project makes acupuncture available. This is good, not just as a treatment in itself, and the relaxing effect that it has on people, but also because it allows people to engage without having to talk. It is easier to come into the project for acupuncture, and then get speaking to project staff than it is to say ‘I want to talk to someone about my drug problem’.

Key features

- Continuity of support
- Harm reduction focus

For further information, contact:
Kirsteen Bristo, Project Leader
Big River Project
9 Bank Street
Galashiels, TD1 1EN
Tel 01896 759740

15. Health Promotion, Borders Primary Care NHS Trust

Target Group

Different age groups and local communities are targeted.

Issues

The services help people by improving confidence and well-being.

Services/approach

Work is undertaken through a variety of different projects and services: Schools Work; The Burnfoot Health Project; The GP Exercise Referral Scheme; Guid Fettle; The Mental Health Promotion Group; and, Caring for Ourselves.

Schools Work

There has been agreement between Borders Primary Care NHS Trust and Borders Council that the emotional well-being of pupils should be the main focus of the health education curriculum and ethos in schools. Two New Community Schools, in Eyemouth and Burnfoot, Hawick, are leading in this. The Breakfast Club in Burnfoot is making a positive impact on the behaviour of pupils. 'Twilight' exercise classes in Eyemouth are offering girls the chance to work on body image and self-esteem.

A strategic position paper had been agreed between NHS Borders and the Education Department but things have come to a standstill with the current financial crisis in the Education Department.

The Burnfoot Health Project

The Project is a community development initiative in one of Borders most deprived areas. The activities provided promote participation by the community, and local people take a part in deciding what's on at the project. Topics requested by the community include: cooking skills, weight control, life skills, a men's health group, social support, and aromatherapy. The steering group for the Project comprises of local people. The Project helps people feel valued, feel secure, develop self esteem and have a sense of control over their lives. It can help people cope before a crisis gets worse.

The GP Exercise Referral Scheme

This gives people subsidised personal exercise programmes in leisure centres throughout the Borders. Many users say this improves their mental health. Some people with minor mental health problems have used the scheme. Again, it is about people feeling good about themselves, gaining self-confidence, and improving personal well-being.

Guid Fettle

The Guid Fettle health and exercise classes for the 50+ age group promote mental and social as well as physical health. The core content is exercise suitable for the age group and other topics are chosen by the participants. These have included relaxation, aromatherapy and benefit advice. In evaluation, improvement in well-being has frequently been reported.

The Mental Health Promotion Group

This is a sub-group of the Joint Commissioning Team for Mental Health Services. It has agreed to focus on mental health in primary care, providing early interventions for people with minor mental health problems. This is based on the recent HEBS research, showing the gap in service provision for this group. A proposal for a pilot is currently being worked on by Health Promotion, public health, the voluntary sector and the LHCCs.

Caring for Ourselves

This is a course for NHS Borders staff helping to deal with stress. This has evaluated positively.

Key features

- A range of initiatives using community development and health promotion approaches

For further information, contact:
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Borders Primary Care NHS Trust
Health Promotion Department
Tweed Horizons
Newtown St Boswells, TD6 0SG
Tel 01835 824485

16. Burnfoot Community School, Hawick

Target Group

The school nursing service covers the whole of Burnfoot in Hawick, including children who live in Burnfoot but who don't attend the primary school, for example, children with special needs.

Issues

The drop-in service deals with any issues that the children bring along. A lot of work is undertaken around issues such as bullying, children falling out with friends, and how to get on with people.

Services/approach

There are many initiatives being run at Burnfoot Community School – some by the school nursing service (the drop-in); others that are undertaken collaboratively.

The drop-in service (for primary school-aged children) came about as a result of work undertaken by a community health worker at the school. This was work with Primary Seven children on 'life skills', getting them to think about themselves and how they themselves and other people see them. The aim of the work was to raise self-esteem, to be positive and self-affirming. From that work came the idea of work around how people treat each other and how they get on with peers. It was decided that the best forum for such work would be a drop-in service.

One lunchtime session per week is provided for children in the age group up to Primary Five, and two lunchtime sessions per week are provided for Primary Six and Primary Seven. It is a confidential service which gives the pupils a chance to talk in private with the school nurse. Pupils either come individually or in groups.

The aim of the service is to give children a safe place to talk about issues of concern. They are explicit and honest in advance to the children about confidentiality and when this has to be breached – for example, when a child discloses information about something that is illegal. The school nurse will help them find strategies to deal with different issues, and give them a chance to talk about how they feel about it, and to think through how others feel in the situation.

A drop-in service operates at the high school as well. This is a good opportunity for the school nurse to help young people find out about and link in with other appropriate services such as local health services. For example, if a pupil is having a difficult time because they are gay, then the nurse can put them in touch with appropriate services for additional support.

The community school also runs a Breakfast Club between 8.15 – 9am every morning for children. The ethos is of mutual respect, and the aim is to be nurturing. The social aspect of the club is also important. The Club is a café where children are served by adult volunteers.

Inter-agency work is undertaken between the school nursing service and the social work department in providing Primary Seven pupils help with their transition to high school.

High School pupils from S1 come and talk to them about what it is like to be at High School. They also do a mock high school timetable, and visit the high school a couple of times. They also have an opportunity to talk through the scary myths about being at High School.

Work with families includes the school nurse home visiting service and a healthy eating group. At home visiting, parents can talk about anything that is affecting them such as how to get time to yourself, strategies to cope with different things, or anger management. Other more specific issues are raised such as coping with bereavement – the school nurse can help the parent find somewhere appropriate to go for support. The idea is that families should be treated with respect.

After school activities are provided at the school for all ages of children - badminton, guitar, gymnastics, sewing and more. Some of this is under threat because of local cuts. For example on Thursday evening, activities are provided for young people of high school age. The sessions are quite formal – arranged activities such as computers, break dancing, aerobics, arts and crafts, cooking and beauty. This includes the talk time session run by the school nurse. This is a group discussion with the children – they choose topics for discussion. All sorts of social and mental health issues are covered.

The after-school activities are important in that they give young people an opportunity to talk. For example, it may be very difficult for a young man to talk about his life and how he is feeling about it. But if he is undertaking an activity at the same time, such as sewing, then it is much easier for him to talk.

There is a computer suite at the school which is used by people of all ages. A course is run in the suite by specialised trainers for people who are trying to get back into employment. The course is an opportunity to look at how to write a CV, how to use computers and the internet, as well as other personal and social skills. The idea is to help people to build up their self confidence, as well as a chance to look at future options re education, work and training.

Primary school pupils have also been teaching computer skills to their parents– the Flying High group. At this after-school group for parents, children taught the parents how to use the internet by helping them to find a design for a kite. They then built the kite together and then flew it in a competition. The school is hoping to do a similar thing again.

Key features

- Use of activity as basis for discussion of health and social issues
- Drop-in provides accessible information and advice

For further information, contact:

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Burnfoot Community School
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Tel 01450 373 043

17. Royal Scottish Agricultural Benevolent Institution

Target Group

RSABI provides financial help to people who are, or have been, in a rural occupation (farming, aquaculture, forestry, horticulture and estate work).

Issues

The recent Foot and Mouth crisis has caused a lot of depression and other mental health problems amongst farmers, and existing mental health problems have also been aggravated by the crisis. Initially, help needed by farmers was around crisis management and financial aid. Latterly, the need for help has been around the impact on mental health.

Farmers have found that being confined to their farm for three or four months has left them struggling to find the confidence to go out. People are finding it difficult living with images of slaughtered animals, and are also finding it hard to concentrate, and experiencing a loss in self-confidence. Farmers are also finding it difficult financially – struggling to re-stock to the same level.

People sometimes need to talk through issues such as marital problems – for example, it will take a farmer several years to re-stock after Foot and Mouth, with no immediate income. Situations have been highlighted where a couple find it difficult to adjust to these reduced circumstances and a case is known where a couple have separated because of it.

Farming is more isolating now than previously. Many farmers employ few farm workers these days, and farmers' wives are often out at their own work. Also, due to Foot and Mouth there have been no shows or marts – places where farmers usually meet each other. The farming community can also be quite insular – it is not easy to come forward for help – people often find a great deal of difficulty in sharing problems. Many would feel very uncomfortable if they thought their neighbours knew they were having difficulties.

Changes in banking practice have also led to difficulties. A lot of the infrastructure that used to help people, such as local branches have disappeared. Many people who work in banks these days have little knowledge about farming and the financial issues that affect farmers.

Services/approach

RSABI employs Welfare Secretaries who co-ordinate the help given to beneficiaries. The organisation uses a country-wide network of Honorary Local Secretaries and local activists to help identify those who may be in need.

Assistance takes the form of crisis grants, annual payments, help in kind (for example, the payment of TV and Road Fund licence fees), advice and friendship.

The RSABI also set up a 24 Hour Careline in March 2001 in response to the Foot and Mouth crisis. The line was staffed by a number of volunteers who worked overnight and at weekends and holidays. The aim was to stop the service in March 2002. The idea was that if someone was struggling, they could phone the Careline and talk to someone with

experience of farming and rural living. The volunteer spent time listening to them. When people finally call RSABI, they are often at rock bottom.

The phone-line helped people cope with very complicated situations – people who are living on their savings who wish they had phoned to get benefits advice 6 months previously. Difficulties are also caused by the large amounts of paperwork which are routinely required of them. People often complete subsidy forms wrongly, or don't fill in the right forms. The effects of such mistakes can often lead to mental ill health such as depression.

There is a danger in talking about suicide amongst farmers – talking it up. If a person is depressed it is good not to talk about suicide too much. It is not very helpful for farmers to be categorised as committing suicide. Also, it is always thought that suicides amongst farmers are undertaken with the use of guns – however most people tend to hang themselves or take overdoses.

The farming community don't traditionally access benefits agencies, so often don't know about benefits such as the Working Families Tax Credit. RSABI can give them advice about this kind of thing, and how to access benefit agencies.

Key features

- Loss of traditional community supports
- Impact of initial financial worries and increasing social isolation now being manifested as mental health problems

For further information, contact:
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18. Penumbra Youth Project, Galashiels

Target Group

The project provides a variety of services to young people with mental health problems.

Issues

Common issues that people face are abuse and breakdown in family relationships. Many of the young people are very socially excluded because of the practicalities of where they live. Suicide and self-harm are both issues faced by the project.

Services/approach

The core services provided by the project are one-to-one support and a drop-in service. The project operates the drop-in facilities in local towns as and when the demand is there. The project does not operate a 24 hour crisis response service.

Difficulties are faced in running drop-in and one-to-one support services in such a rural area. The project links in with Volunteer Driver Schemes as there is a huge problem with public transport. For example, if there is an eating disorders group on at the Eyemouth project, a young person may have to travel over 40 miles to get there. This situation is all the more difficult for someone if they have poor mental health.

With the one-to-one support the project staff can help people talk through and explore what has happened to make them self-harm. They can then help the person look at different ways of coping with the situation they are in. The philosophy at the project is that if a person needs to self-harm, then that is their choice. The project does not encourage it or condone it, but recognises it, and recognises that it is a coping mechanism. If a person self-harms, staff would check to see if they need treatment – would take them to see the practice nurse at the local health centre. The project sees suicide and self-harm as separate and different, and works with them in different ways.

The project has a library of literature on subjects such as self-harm that people who use the project can borrow. They can also lend the books to the families of people who self-harm so that they can gain an understanding about what's going on. If the supporters of a young person are OK about it, then the young person doesn't have to be secretive, which can cause difficulties.

If someone has been referred to the project from hospital, it has usually been a suicide attempt. The project works with people to try and help them not feel the need to attempt suicide again. The work is on the young person's terms – they don't proscribe. The project will give the person one-to-one support, and they can also come along to the drop-in sessions where they will get peer support from people in similar situations. If someone is very suicidal, the project will also refer them on to other appropriate services. The project will work with people around assertiveness, self-esteem, anger management, and how to cope with new or difficult situations. Dealing with these issues can help people to avoid the need to either self-harm or attempt suicide.

The project will work with the person, not the 'illness', and will look at everything that is going on for them, not just the suicide attempt. Sometimes the best way of working is to not focus on the suicide attempt at all. Working this way gives the young person space to

talk about themselves and the issues in their life which precipitated the suicide attempt. It can sometimes take a long time for the young person to feel able to talk, and for trust to develop.

The project will also help the person with practicalities such as housing. Basic issues such as getting a roof over your head can do a lot in terms of feelings of self-worth and self-esteem. The project also includes the Borders Supported Living Service which provides the support component of a supported accommodation scheme for young people living in the Borders.

The project also undertakes specific work on reducing alcohol and chemical intake – there is a specialist drug and alcohol worker who works on harm reduction. However, the project doesn't work with contracts around this. Instead, they will help the person manage their lifestyle if, for whatever reason, they don't want to reduce intake.

The young people also have access to complementary therapies such as Reiki and Indian head massage. This can be very relaxing for someone who has recently been through a suicide attempt, and the person can actually feel that they are doing good to themselves which is important.

The project is also in partnership with Apex and the Scottish Borders Council in managing the New Futures Intouch Project which provides support and guidance on employment, education and training to young people in the Borders area. Penumbra try and help people develop as many skills as possible through the Intouch project. However, it is very difficult to motivate people who are despairing of life already. It is not possible to tell the person that becoming trained will lead them to the hope of a good job with good money because the current employment situation means that it is probably not true.

There are many financial cuts across Community Education and Social Work funded projects in the Borders just now, and the future of the project is uncertain.

Key features

- Self harm regarded as a choice people make
- Work with the whole person not just the self-harming behaviour
- Allow time and space for person to talk about deeper issues when ready

For further information, contact:

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