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1

Offer a range of options to individuals in recognition of a diversity of life situations and levels of need

There is no **one** solution to meeting the mental health needs of individuals. Not all therapies or interventions suit all people with different levels of need or different life situations. The *Doing Well by People with Depression Evaluation* showed the value of a diverse range of responses from a range of sources, to address depression. These included: cognitive behavioural therapy, guided self help, self help, life coaching, signposting to practical help and advice. Offering choices and alternatives increases the potential for people to find the help that matches their needs and preferences.

2

Develop an enhanced stepped or collaborative care model

Stepped or collaborative care provides a means to address needs at multiple levels within an integrated system. There are a variety of stepped care models, including a framework from the National Institute for Health and Clinical Excellence (NICE) that indicate responsibility for care, the focus for care and outcomes in relation to levels of need. Enhancing stepped care to extend to socially based, community interventions that create opportunities for people to participate, engage in meaningful activity and enjoy social contact significantly enriches the options and the outcomes on offer. Achieving this multilevel approach requires effective, close collaboration between primary and secondary health care, social care and the voluntary sector within Community Health Partnerships.

3

Therapeutic relationships are essential even when delivering self-help interventions

In the *Doing Well by People with Depression Evaluation* many sites found that it was possible to deliver evidence based psychological interventions through non-traditional roles, such as self help workers, lifestyle coaches, primary care mental health workers and lay support people. Assuming that these roles are well supported and appropriately supervised, this can be one way to maximise capacity and capability. These roles retain the use of the therapeutic relationship which was highly valued by those who used these types of services. As some services move towards various options for self care or self management, it remains important to retain a focus on the value of the therapeutic relationship between workers and individuals in supporting the use of self help materials.

4

Integrated holistic care leads to better outcomes for people

Compelling evidence indicates that physical and mental health must be addressed in tandem. Studies reviewed in the *Resource Paper for Community Health Partnerships* show that depression has a negative impact on the health outcomes of those with heart disease and diabetes. People with severe and enduring mental illness (schizophrenia, psychosis, and bi-polar disorder) have a significantly increased risk of death due to infections and/or respiratory disease. To address these inequalities in health means forging partnerships and collaborative working between mental and physical health services as well as between health and social care agencies. Where these partnerships are developed and maintained they have a positive impact on addressing needs.

“Initiatives which aim to promote physical wellbeing to the exclusion of mental and social wellbeing may be doomed to failure” (Stewart-Brown, 1998)

5

Identify opportunities to support community level change and enhance community resilience

Mental health promotion and prevention of mental ill health at a community level can make a significant impact. Effective mental health promotion works by empowering individuals, strengthening communities and reducing structural barriers to mental health. The research reviewed in the *Resource Paper for Community Health Partnerships* illustrates there is a significant association between material deprivation, education status, employment status, life circumstances and adverse life events and the prevalence of common mental health problems. Where social conditions contribute to mental distress there is potential to change the conditions and / or focus on enhancing the resources and resilience of communities most at risk. It is important to integrate community wide promotion and prevention initiatives into mental health strategies to complement individual therapies. This provides an opportunity to tap into the assets and resources that communities offer.

6

Form and develop key partnerships and collaborative ways of working

Partnerships and collaborative working within and across sectors (health, local authority and voluntary sector) and key stakeholder groups enables change to happen whilst avoiding duplication. There is clear evidence to show that without effective partnership working improvements will be limited. Time and resources need to be committed to developing and maintaining partnerships. This way of working strengthens interpersonal relationships and communication which has real benefits for people who need services and the workers themselves. Partnerships need to establish a common purpose and agreed outcomes which are based on shared values and principles of working. They need to be clear about where accountability lies for their work and how decisions will be made within the partnership. They are more effective when they are explicit about the imbalance of power amongst members and find ways to address this.

7

Be clear about the outcomes, both short term gains and long term impacts

Effective programmes and projects set out with a clear sense of the short and long term outcomes to be achieved and are able to specify how the interventions proposed are expected to bring about those outcomes. Being able to track progress and demonstrate impact is important to maintain the engagement of stakeholders and partners. Working together from the outset to identify what information is needed can help clarify expectations and facilitate mutual accountability. Without clear information on both activity and outcomes, it is difficult to make a compelling case for sustainability.

8

Leadership and vision make change happen

Projects with leadership and vision innovate and sustain change. An overall learning point from the *Doing Well by People with Depression Evaluation* was that projects with clear leadership and a shared vision were most likely to succeed. This includes developing a clear understanding of the nature of 'the problem' to be addressed. The process of identifying problems should include an assessment of the scale and scope of the systems change required and of the collaborative relationships necessary to facilitate change.

9

Change needs to be understood in the context of the broader systems

Developing and implementing change can have an impact on the broader systems in which such changes might be embedded. This can have implications for the delivery of interventions, which might lead to increased referrals to other services or impact the distribution of resources. The *Doing Well by People with Depression Evaluation* illustrates how projects developed new partnerships to support change.

SDC have produced a supporting resource that gives examples from Scotland and beyond to demonstrate how each step can be implemented. This is available to participants who attend SDC's seminars for Community Health Partnerships or other primary care related work run by SDC.

Resources

Scottish Development Centre for Mental Health (2007), *Resource Paper for Community Health Partnerships: Promoting mental health and Preventing common mental health problems*. Edinburgh: Scottish Government

Scottish Development Centre for Mental Health (2007), *Developing social prescribing and community referrals for mental health in Scotland*. Edinburgh: Scottish Government.

Scottish Executive (2006) *National Evaluation of the 'Doing Well by People with Depression' Programme*. Edinburgh: Scottish Government.

Dr. Margaret Maxwell, Reader at Stirling University, SDC and the University of Edinburgh are involved in running and delivering a Primary Care Mental Health Research & Development Programme.

Our aims are to:

- Build capacity for mental health in primary care: increasing professional knowledge, capacity and capability
- Develop services and their delivery
- Contribute to and inform policy development
- Build capacity for mental health research in primary care

The programme spans promotion, prevention and the development of services and resources for those affected by mental health problems. We have been involved in several research and development projects since we started in December 2005.

Some examples of current work include:

- Running a series of seminars for Community Health Partnerships across Scotland to raise awareness of the issues facing primary care in relation to mental health, as set out in this document.
- A partnership project with the Royal College of General Practitioners in Scotland to improve outcomes for people who have either chronic heart disease or diabetes and mental health problems. The project is called 'Living Better' and will run from 2008 for three years, funded by the Scottish Government. Other key contributors are Depression Alliance Scotland, Diabetes UK and the British Heart Foundation.

If you want to know more about this programme of work or discuss how we may be able to help and support you to deliver on the primary care mental health agenda, please contact:

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Steps to Improving Scotland's Mental Health in Primary Care

These nine steps bring together the key learning points from work undertaken by the Scottish Development Centre for Mental Health and the University of Edinburgh joint Primary Care Mental Health Research and Development Programme. They offer evidence-based directions for sustainable change.

Contact us

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