# ORKNEY'S MENTAL HEALTH SERVICES

## 20 NOVEMBER 2017

## EVENT REPORT

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ORKNEY BLIDE TRUST


JANUARY 2018

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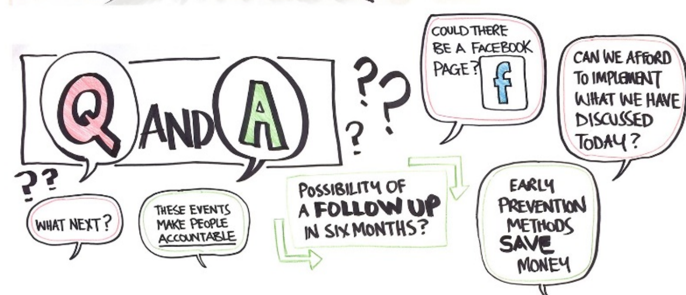
## VISUAL RECORD OF THE EVENT

Alex Leonard, a local artist, provided a visual record of the presentations and points raised during the day's events.

This will be displayed publicly within Orkney Blide Trust to act as a reminder that this is a work in progress!



# 1.0 Introduction

1.1. On 5th December 2014, a public consultation was held at the St Magnus Centre, Kirkwall attracting 46 people from a variety of backgrounds, including 19 members of the public, 14 from the Third sector and 11 from Orkney Health & Care.

1.2. At the close of the 2014 event it was agreed that the findings from the various workshops would be worked on by a group that became known as the Mental Health Stakeholder Group, which included the Service Director of Orkney Blide Trust, the All Age Learning Disabilities and Mental Health Service Manager, Manager of Crossroads and 3 people with lived experience of mental ill health. Latterly, membership of the group expanded to include Relationships Scotland Orkney, Advocacy Orkney, Ypeople and Orkney Alcohol Counselling and Advisory Service.

1.3. In 2015, a review of the Community Mental Health Team in Orkney was conducted, and a report written containing 33 recommendations (Thomson, 2015). There was a similarity between the information being collated by the Mental Health Stakeholder Group and the recommendations made by the author of the CMHT review, David Thomson.

1.4. In April 2017, a report based on the above review entitled Primary Care Mental Health Transformation (Gask, 2017) was published proposing a new framework and presented to the NHS Orkney Board.

1.5. Between 2015 and 2017 the Mental Health Stakeholder Group presented its findings to the Healthy and Sustainable Communities Development Group (HSCDG) in the form of an 'Activity Plan'. At the initial presentation, the HSCDG agreed to be monitor the development of the plan, giving guidance and assistance when needed. It was also agreed, at a later stage, that another public consultation should be held to consider the recommendations contained within the Thomson and Gask reports.

1.6. The purpose of this event was to elicit the views of the public along with statutory and third sector organisations on the provision of Mental Health Services in Orkney with an emphasis on improvement based on the proposed framework. The event was planned by Orkney Blide Trust, NHS Orkney and Voluntary Action Orkney.

1.7. This event was attended by 66 people from a variety of backgrounds, 20 more than the previous event:

| | |
|---|---|
| Public: | 17 |
| OHAC/NHSO/CMHT/Social Workers: | 22 |
| GPs: | 2 |
| Third Sector: | 20 |
| Scottish Health Council: | 1 |
| Orkney College: | 1 |
| Orkney Islands Council: | 1 |

and, Liam McArthur MSP

1.8. A copy of the programme for the day is at Appendix 1 and shows the presentations that helped form discussion in the workshops. The workshops were facilitated by colleagues from Voluntary Action Orkney and Relationships Scotland Orkney.

## 2.0 Workshop 1 - Proposed Framework, Pathway and Joint Working

2.1 Everyone in attendance divided into three groups and all worked to the same theme 'Discuss the framework, existing pathway and joint working'. Facilitators from Voluntary Action Orkney and Relationships Scotland Orkney led the workshops. Each group was provided with copies of the recommendations in the Gask report (2017, p. 36) and several copies of the full report for reference purposes.

2.2 The primary aim of the first workshop was to discuss the proposed framework for Community Mental Health Services contained in the 'Primary Care Mental Health Transformation Report of a Review' by Linda Gask.

2.3 The main points raised during the discussions were recorded on flipcharts.

## 3.0 Workshop 2 – Complementary Therapies

3.1 Most delegates had received a copy of the report (Complementary Therapies, 2017) along with the event programme, however, there were so many people in attendance some would have missed out. Due to time constraints, the second workshop did not take place as planned and instead a discussion about Complementary Therapies took place involving the whole audience. Although not ideal it was the best option. Once again, the comments made during the discussion were recorded.

## 4.0 Emerging Themes

4.1 While the presentation on Complementary Therapies took place, the facilitators worked on collating the themes from each of the workshops. These were presented to the audience at the end of workshop 2.

4.2 The themes which are summarised below resonate with the general findings of all of the reports/reviews mentioned above:

4.2.1 **Information** – there needs to be clarity on where to go to get help combined with a long-term awareness raising campaign making use of a variety of ways to get the message across about the available services.

4.2.2 **Patient Centred** – service users at the centre of planning support, home based therapies, social prescribing and embed mental health and physical health into any advice and/or prescription. Support needs to be sustained.

4.2.3 **Training/Information Sharing** – a need for coaches and mentors in all parts of the community, mental health training for

all but especially joint training involving Police, OHAC, Third Sector etc.

4.2.4 **Build Resilience** – intervention in schools at an early stage.

4.3 The comments recorded during the workshops have been collated into one document – see Appendix 2.

## 5.0 Collaborative Approaches – Complementary Therapies

5.1 This presentation included the results of small scale research carried out by two Blide Trust members, Diane Morrison and Amanda McKirdy, into the availability and usefulness of complementary therapies in Orkney. Their report is shown at Appendix 3.

5.2 A discussion took place about the findings and what the audience felt about the use of Complementary Therapies. In general, people were in favour of them with the usual caveat that there needs to be a clear evidence base, however, some of the therapies discussed had plenty of evidence e.g. Mindfulness. It was suggested a check of NICE and SIGN databases would prove the necessary evidence for use in Orkney.

5.3 This presentation provided the most impact when three people who have experience of mental ill health gave their personal stories of how complementary therapies and Orkney Blide Trust have improved their wellbeing.

## 6.0 What next?

6.1 **Theme 1 - information**

The Orkney Information Hub hosted by Voluntary Action Orkney (VAO) for the public and any organisation to access relevant information on a wide range of topics is in existence and is accessible via http://www.vaorkney.org.uk/information/orkney-information-hub/1714-orkney-information-hub-2 and could be developed further. A multi-agency (including service users) mapping exercise was recommended in David Thomson's review (2015, p. 23) and a database does exist but needs to be promulgated to other organisations and the public. As can be seen by the results of this consultation, access to information on mental health services, where and how to get support etc is lacking in Orkney or at the very least needs clarifying.

6.2 **What next 1**: Revisit or implement the Information hub concept either in full or specifically for mental health information.

6.3 **What next 2**: To meet the expectations of those involved in this consultation any strategy would have to ensure mental health was included as part of raising awareness of well-being in general i.e. that mental health is not separate from physical health. This would help people understand the message that we all have mental health, sometimes it is good and at times people may need support in a

variety of ways. However, awareness of mental health issues with an emphasis on recovery, that people can and do recover from mental illness and the use of positive recovery case studies/stories should feature in any media strategy.

6.4 **Theme 2 – Patient Centred**

*'Patient centred! Service user at the centre of it all'*, this comment taken from one of the workshops demonstrates a common theme that also came out of the 2014 event. Further comments as shown at pages 3 and 4 of Appendix 2 tend to emphasise the opinion that services were not person centred.

6.5 **What next 3**: Address the issue of why people in receipt of services believe they are not receiving person centred care. Workshop comments indicated the following issues:

- Someone needs to ask the question of the client
- Individual pathways (i.e. one size doesn't fit all therefore pathways must be able to meet the individual's needs)
- Act on what people say
- Make sure people are heard and feel they are heard
- Service user must be taken seriously
- Not discharging people for missed appointments
- Improved experience for service users
- Agree information sharing process to achieve best outcome for service user (agreed with professionals and service user)
- Careful/clear communication with service-users about where their information is going and why.

6.6 **Theme 3 – Training/Information Sharing**
As can be seen from the workshop feedback, information sharing was a common theme. An information sharing protocol between Statutory and Third sector organisations has been written but not yet fully implemented or has not yet been cascaded to all parties involved.

6.7 With respect to training there have been positive moves in this area, before and since the event, for example, Mentalizing Behaviour training has taken place accessible to all sectors, Living Life to the Full training is another example. However, there are times when duplication of courses occurs or conflicts regarding dates of different courses arise. For example, Behavioural Activation training was delivered in November 2017 and it is believed a similar course will be taking place in February 2018 (both courses organised by different organisations), sometime ago there was a conflict between a SafeTALK course and an Asist course taking place on the same day or too close to each other, the usual timing is that a Safe TALK course

is the precursor to an Asist course taking place. A coordinated training programme developed in partnership across all sectors may reduce the frequency of this happening.

6.8 A co-ordinated training programme requires adequate funding. For example, there are people in Orkney trained to deliver certain courses e.g. Scottish Mental Health First Aid, SafeTALK etc but who find it difficult to deliver courses away from their main role. Trainers for these courses were recruited within organisations at a time when temporary funding from the Scottish Government through Choose Life was available. Unfortunately, the Choose Life budget was fully used up just after some people had been trained. For the past two years, training courses have been organised and funded through payments in kind, a sponsored run and the generosity of venue providers but this cannot continue in the long-term. Orkney cannot become complacent in respect of suicide awareness.

6.9 **What next 4**: Ensure the Information Sharing protocol is implemented and promulgated to all parties.

6.10 **What next 5**: Form a Training Group or allocate the task of co-ordinating training in this sector to an existing training officer and identify funding sources to deliver related courses as well as other mental health and other relevant training across all sectors. This group has to have a wider remit than that offered through the Choose Life Group.

6.11 **What next 6**: As part of the above, consider making use of existing resources, for example, the VAO Calendar that, of course, relies on organisations supplying the relevant information. It is believed that VAO staff would input the information onto the calendar, so organisations would only have to email the information.

6.12 **Theme 4 - Build Resilience**

In relation to building resilience within the community, several Third Sector organisations have already started a group with the working title of the Adverse Childhood Experiences (ACEs) Collective, as they work with people who are or have been affected by childhood experiences. Training resources have been sourced and a plan is being developed to increase awareness of this subject. Details of who is involved with the ACEs Collective can be found at Appendix 4. However, the involvement of the Education department, Connect Project and others with an interest in this area of work is desirable to ensure a co-ordinated approach is taken. This may also be a topic for inclusion within the Training Group, created under Action 5.

6.13 Complementary therapies can play their part in building resilience within the community. There was strong evidence in the workshop feedback and during the discussion on this topic that people recognised the benefit of these therapies.

6.14 Resilience is not just relevant to the community and increased pressures on mental health services, in terms of pressures on staff

and capacity, demonstrates the need for new ways of providing a service, particularly in the absence of a permanent consultant Psychiatrist.

6.15 The alternative proposed during the event, in Linda Gask's presentation, is an option that must be considered jointly by all those concerned with improving mental health services in Orkney.

*'Look at alternatives to consultant with specialty grade doctor/GP with a special interest in mental health closely supported and supervised remotely[1] by a consultant.'*

There was a great deal of consensus at the event for this approach within and across groups that community-based services i.e. GP and complementary services would be sufficient in most cases – i.e. consultant and medication not always necessary. Any change of this nature would have to be fully explored and underpinned by clinical advice and risk assessment. While this alternative option may be appropriate for many patients, there will always continue to be those who, for clinical and legal reasons, need to be able to be seen directly by a consultant psychiatrist therefore any system of the future needs to take account of this.

6.16 **What next 6**: Develop a co-ordinated plan for supporting people who have experienced or who are at risk of Adverse Childhood Experiences. This was suggested after the event but evidence from workshops supports this:

- Upskilling for staff who work in schools and staff who reach into school such as CAMHS staff to be first point/continuing point of contact.
- Support children of people with mental health issues
- Build resilience at an individual level
- Going in to schools early and keep building (space in the curriculum) – some work is already going on such as jigsaw and well-being.

6.17 **What next 7**: increase knowledge and availability of complementary therapies into the thinking of those providing support so that service users have all the options presented to them to make an informed decision about their treatment.

6.18 **What next 8**: Examine and implement ways of achieving resilience in the wider community.

6.19 **What next 9** Hold a multi-agency meeting, which must include people with lived experience of mental ill health, to discuss all the information that is now available to determine a joint course of action.

[1] Clarification: Remotely in this context means 'when the consultant is not in Orkney'

## 7.0 Recommendations

The following recommendations are based on the information gained at the event and following it. People who were unable to attend on the day were encouraged to get in touch with their views.

- ✓ There must be a commitment from all services, regardless of the sector they work in, to come together to improve Mental Health Services, using the proposed Framework and the findings of this event and all the reviews that have been carried out.

- ✓ Planning or development of mental health services must include people with lived experience of mental health problems (Thomson, 2015).

- ✓ It is recommended that a practitioners group, from all sectors, be formed to inform each other about each other's work and current trends, as well as, develop and deliver local training on mental health issues involving all sectors e.g. Police, OHAC, Third Sector etc.

- ✓ People experiencing mental ill health should receive person centred care.

- ✓ Any pathway and care plan created must be flexible to allow it to meet the individual needs of the person concerned.

- ✓ Complementary Therapies should be considered and offered alongside medical interventions. This should become part of the pathway for anyone experiencing mental health problems

- ✓ Information sharing in line with the agreed protocol should be instigated and promoted at all levels within organisations

- ✓ Child and Adolescent Mental Health Services is an area that needs more support and development if we are to address the issue of improving resilience (Gask, 2017, p. 8). The work of the ACEs Collective could be expanded to include statutory services with a view to delivering awareness raising work in schools and with the general public.

## 8.0 Conclusions

8.1 This was a positive consultation exercise that showed, by the numbers attending, that there is increased interest in and a need to continue to improve mental health services. The event created an environment where people could share their knowledge and experience.

8.2 It is up to those with the will and power to implement change to develop Orkney's mental health services taking into account all of the information that has been gathered during this event and in previous reviews and reports.

8.3 Finally, as Cathie Cowan, Chief Executive NHS Orkney said in her closing remarks ***'These events make people accountable'***. This event has raised expectations for change as reflected in some of the comments made on the event feedback forms shown below.

*'Personal stories were great and much more effective than PowerPoint! The honesty of the speakers very powerful.'*

*'I hope this is the start of a "conversation" that will equate to improved services for all.'*

*'Promote innovation & community awareness support & proactivity. A very good workshop – inspirational Thank you.'*

*'I hope the professionals take on board what the folk with issues reported. And are acted upon. Maybe more talks about issues folk have, where they can ask questions, find out where and how they can get help so they don't feel alone/only person with this problem. If you come across one issue that you are unaware of or you don't have the knowledge, that you help find it to support the person with the issue.'*

# References

Gask, L. (2017). *Primary Care Mental Health Transformation.* Kirkwall: NHS Orkney.

Morrison, D., & McKirdy, A. (2017). *Complementary Therapies.* Kirkwall: Orkney Blide Trust.

Thomson, D. (2015). *NHS Orkney Community Mental Health Team - service review.* Kirkwall: NHS Orkney.

Appendix 1

## Agenda

## Mental Health Services Consultation 20th November 2017

1300 – 1330: Registration – tea/coffee and scones etc

1330 – 1335: Opening address – Frazer Campbell, Orkney Blide Trust and Liam McArthur MSP

1335 – 1350: Island networks: John Trainor and Angela Colborn-Veitch, Community Mental Health Team

1350 – 1405: NHS Board CMHS Framework report: Linda Gask – summary of main points (Recommendations as a handout for each workshop)

1405 – 1505: Workshop 1

- Main points of the framework
- Discuss existing pathway suggestions for the new care pathway
- How everyone can be involved in joint working, shared training, shared assessment tools etc

1505 – 1520: Break, tea/coffee and biscuits

1520 – 1530: Collaborative Approaches – Presentation on Complementary Therapies, Orkney Blide Trust

1530 – 1600: Workshop 2

- How to make use of complementary therapies alongside medication & Psychological interventions

1600 – 1615: Emerging themes from Workshop 1

- Prioritising the themes

1620 – 1645: Question time, chaired Liam McArthur MSP

1645 – 1700: Summary of the day and what will happen next - Cathie Cowan, Chief Executive NHS Orkney

# Appendix 2

**Mental Health Services Consultation event 20.11.17**

***General feedback from the three workshops:***

- Not enough knowledge of where to go for help. Disparity of availability between Isles and Mainland. Need varied sources of advertising
- Need coaches and mentors in all parts of the community. Community advocates
- Need a central hub of information
- Need a continual marketing campaign
- Embed mental health and physical health into any advice and/or prescription
- Age appropriate information available at all points
- Provide support outwith a “framework” – one size does not fit all
- People need to know that there is a pathway of support, a progression if situation deteriorates
- Solutions not always medication and psychiatric/consultant basis
- Need home based therapies, social prescribing
- Patient centred! Service user at the centre of it all
- Community supports people as well as judging people. How can they do more to support?
- Joint training – Police, OHAC, third sector etc.
- Build resilience – intervention in schools at an early stage Programmes that all can follow – consistency of approach
- No one off interventions when funding allows – sustainability built in
- Mental Health training for all

**Workshop 1 feedback**

***Main room (A)***

- Police – pathway
- Someone needs to ask the question of the client
- Language – words
- Individual pathways
- Need to feel supported
- Information for carers – whole family
- Support children of people with mental health issues
- Carer’s assessment as well as patient. Don’t allow people to go under the radar
- Carer’s Act. More onus on health to support
- Case Manager
- Upskill GPs
- Act on what people say
- Make sure people are heard and feel they are heard
- Better information to parents
- Service user must be taken seriously

- Potential to be much less fragmented, flexibility to make sure they work across the “gaps”
- How do we resource upskilling GPs, MHT, CAMHS?
- Review pathways from referral onwards to the care plan
- Assertive outreach
- Communication and education (Not in a room, on the job! Case work)
- Retaining knowledge of networks - Individual services have records of what can be offered
- Key worker/case manager (mostly outside the UK)
- Multi-disciplinary team
- Capacity of people who support – supervision

***Health Suite (B)***

- Not discharging people for missed appointments
- Inter – professional communication
- Improved experience for service users
- More flexibility from other teams w/CMHT
- Things can go wrong when people don’t pay enough attention
- Work within resources more collaboratively
- Upskilling for CAMHS in schools to be first point/continuing point of contact
- Agree information sharing process to achieve best outcome for service user (agreed with professionals and service user)
- Informal information sharing to discuss risk
- All groups/services have different confidentiality protocol (risk assessments not shared)
- County wide protocol for info sharing
- Careful/clear communication with service-users about where their information is going and why
- Tailored information sharing (unless duty of care/reporting requirements mean act differently)

**EXISTING PATHWAY**

- Home treatment can reduce need for admission (can this be resourced?)
- People go on internet and self-diagnose
- What people do depends on the information that’s available
- Do people know what’s available?
- Collaborative resource about what’s available
- Central point for information
- Issues around connectivity
- PR drive to sell/market what’s available – commitment to on-going promotion
- If something goes wrong at first point of contact it can have lasting consequences
- Age appropriate information available at first contact
- Existing networks and connections can be built on

- NO MEETINGS WITH NO POINT
- Careful not to destroy existing informal networks
- Build resilience at an individual level
- Build hub of relevant/correct/appropriate information (beneficial)
- Community looks after people – need to be empowered and supported to come forward
- Reach out to community groups and networks to make them aware of services
- Use Radio Orkney to raise profile/reduce stigma
- Increase training in SMHFA
- Building capacity
- Health Visitors are good/supportive
- Difference of provision on outer isles vs. Mainland
- Barriers to care (geography – confidentiality, child care, isolated or self-employed people)
- Going in to schools early and keep building (space in the curriculum) – some work is already going on such as jigsaw and well-being.
- Begin with early intervention stress management skills
- Consistent approach needed across schools to avoid confusion/duplication
- Solutions not always from consultants or medication
- Success from alternative/community based solutions
- Language that is used can have an impact/create blocks “mental health”
- “coaching” or “mentoring” to help someone through challenges/to overcome challenges
- Link between good physical and good mental health (3rd sector)
- Whole well being

  *Menu for professionals on what’s out there – joint training across services and sectors

***St Magnus Suite (C)***

***What do people do when they feel unwell?***

- *Rest*
- *Music*
- *Go for a walk*
- *Private counselling*
- *Struggle on at work*
- *Withdraw*
- *Garden – own thoughts*
- *Take tablets*
- *Say nothing*
- *Self-help on the web*
- *Nothing*
- *Drink*
- *Freephone helplines*

- *Thinking*
- *Gardening*
- *Snappy/irritable*
- *Talk to family or withdraw*
- *Other people notice you are not well*

**Existing Pathway**

- How do people find out about services/help? Leaflets, web search, voluntary agencies, colleagues, friends, Samaritans, duty nurse
- GP – look at physical symptoms first then mental health – offer medication but side effects make you feel worse, a change of meds feels worse, want to know the facts
- If signed off – left to your own devices, therefore decline. If return to work, can be a struggle
- Diagnosis: on Isles – NP/locum GP/taken to place of safety<br>Kirkwall – CMH team<br>Isles a private community, not a town situation
- If no medication – voucher for Picky – physical health - books on prescription as was – materials
  - OACAS, Blide trust, Psych Therapies
  - Online access (tricky in places, use of Library if in town?) "Living Life to the Full"
  - Support groups – CRUSE, Samaritans, Touched by Suicide
  - Other 3rd Sector, social workers, CMHT
- Cornhill
- Isles – cost – time – out of own community (positive and negative), process of having to getup, on the boat and in to town – for an hour's meeting and then hours wandering town.
- Blide recently out on some isles – PB funding
- Psychological therapies can be offered in the community – these may not work
- Get into vicious circles – habit
- No common pathway – it's all a personal journey
- Forget drugs, prescribe physical exercise
- Anti-depressants can be effective for depression
- Need advocacy for those in the position of needing help
- Need to be pro-active, looking for those who need support
- Need money for the 3rd sector
- Advocate in each isles? 3rd sector, somebody without a hat, Befriending? Doesn't need to be a CPN, friends/partners – help them to get to a GP or CPN – help them to get help.

**What of Linda's recommendations?**

**1st group**

Funding?

Knowledge/skills levels – training.

Data sharing required.

Tier 1 to 4 – need a knowledge of this, an awareness there are increasing levels of support

Communication of professionals so important

- Precious about boundaries
- Need to trust one another

Dementia is a huge issue

Utilising capacity elsewhere – consultants

Methods of advertising help

- Varied and many
- Local publicity – radio and paper, discrete advertising
- Don't want to be seen picking up leaflets
- Toilets, supermarkets

**2nd group**

Communication – more support and information for carers

Prevention and pro-action rather than reaction

Classes in stress control, anxiety management, relaxation etc – open to the public

Information – updated regularly, out there – advertise – Orcadian – radio – website – VAO – normalise mental health.

CMHT and OBT working more closely and effectively

**3rd group**

Cycle of illness ill – no support – ill and support - to get well.

Intervention before and after triggers to avoid need for crisis intervention

**Round Table Two following "Collaborative Approaches – Presentation on Complementary Therapies"**

1. ***What do people think about complementary therapies?***

- "Wonderful"
- Depends what they are – need a clear evidence base. Be sure what's offered is beneficial. Check NICE or SIGN guidelines
- Note: Orkney under prescribes anti-depressants
- Need evaluations/feedback from service users
- There's a balance between theory and practise
- Risk assessment needed
- Mix of help. Balance. Alongside. Look at whole person.
- Power and control in the individual's hands. They take control
- Can they be on a social prescription?

2. ***What are the barriers to promoting them?***

- Cost?
- Mobility issues.
- How to make acceptable in the community?
- Sustainability? Train in the community.
- Raise awareness – find local practitioners in situ. Community help. Befrienders.
- No instant answer – find a link into the community – takes time to embed.
- Alternative viewpoints.

3. ***Should they be promoted through GP surgeries/CMHT?***

- Whole community issue.
- Embed within the community
- Mental health = building community resilience

Appendix 3

Complementary Therapies

By

Diane Morrison

&

Amanda McKirdy

(November 2017)

## Introduction

Earlier this year Orkney Blide Trust asked if Diane and Amanda would like to do limited research into the use of Complementary Therapies in Orkney and the value of these therapies to people who use them.

For the purposes of this small-scale research Complementary Therapies were defined as those treatments outside of conventional medicine. However, this does not mean that anyone should consider abandoning treatments or medicines prescribed to them. Orkney Blide Trust feels that these therapies are useful in supporting conventional treatments, which is why we used the term complementary.

Amanda and Diane were both pleased to be asked and agreed to do the research without hesitation. This report is the result of their work.

## Method

The research started with numerous Google searches for articles on Complementary Therapies and what was available in Orkney.

Once the initial searches were completed Amanda and Diane wrote a short questionnaire (Appendix 1) that was sent out to 130 members of Orkney Blide Trust.

An analysis of the results was conducted and the findings were grouped into similar topics (Appendix 2).

## Types of Complementary Therapies

The following therapies were identified as part of the research:

**Ecotherapy** - is the name given to a range of treatments aiming to improve mental and physical wellbeing through outdoor activities, sometimes known as 'Nature therapy'. Health walks in the outdoors, photography, tree planting and woodland project in Hoy as well as the Out & About destinations to where walks and nature play a large part. The Blide Garden itself, which it could be said provides a Mindfulness/Meditation aspect.

www.mind.org.uk/information-support/drugs-and-treatments/ecotherapy/#.WXeVoYTyvIV

**Tai Chi and Qigong** – are traditional Chinese exercises that have been developed over thousands of years. The relationship between physical and mental health has been proven and improvements in physical health or reductions of chronic disease symptoms may help to improve mental health.

www.ncbi.nlm.nih.gov/pmc/articles/PMC3917559/

**The Alexander Technique** - is a method of helping you to identify and to correct harmful physical postural habits acquired through stress and anxiety, and to move in a more relaxed and comfortable way, more as Nature intended. Better posture can lead to both less physical pain and better mental health wellbeing through greater

comfort with and confidence in your own body.

http://www.alexandertechnique.com/

**Art Therapy** – is perhaps one of the more well known and accepted complementary therapies. It can cover a range of treatments and activities, from mindful gardening to simple painting or colouring books, and photography.

https://www.mind.org.uk/information-support/drugs-and-treatments/arts-therapies/#.WXeXulTyvIU

http://www.orkneycommunities.co.uk/FORARTSSAKE/index.asp

**Animal Assisted Therapy** - with particular emphasis on horses and dogs which have physical health benefits too, involving movement, play and exercise; emotional responsiveness, building self-esteem and confidence

http://www.tsh.scot.nhs.uk/Person%20Centred/Docs/Animals%20as%20Therapy%20booklet%20-%20Aug%2007.pdf

**Mindfulness** - is a technique which can help people manage their mental health or simply gain more enjoyment from life. It involves making a special effort to give your full attention to what is happening in the present moment – to what's happening in your body, your mind or your surroundings, for example – in a non-judgemental way. Mindfulness describes a way of approaching our thoughts and feelings so that we become more aware of them and react differently to them

www.mind.org.uk/information-support/drugs-and-treatments/mindfulness/#.Wg7FtlVI_IU

## Survey Results

There was a 10% return rate of the questionnaire (13 surveys out of 130 distributed). It should be noted that respondents gave more than one answer to the questions i.e. they gave a list of activities that they participate in rather than naming just one.

The list of Complementary Therapies used by respondents included the following:

CBT/Counselling/Recovery Plan; Self-Help (music, reading, etc); Mindfulness; Tai Chi/Yoga; Creative activities; Physical activities; Gardening/Ecotherapy; Conversation/company; and Volunteering

Overall, the survey identified self-help (activities such as reading, listening to music etc.), creative and physical activities as the most commonly used Complementary Therapies by respondents.

Most people felt that using their chosen Complementary Therapy reduced their anxiety and provided support. Just under a third of respondents said they gained a tool that they can use to self-manage their mental health.

Respondents were also asked what other therapies they might consider using and they answered:

Group singing; Massage/aromatherapy; Yoga; Physical activities; Animal therapy; Ecotherapy; Art & Crafts; Peace and Quiet; Mindfulness; Social nights; Acupuncture; Relaxation techniques; and Volunteering.

When asked what the barriers were to try out new therapies or activities the biggest barrier was found to be ‘mobility issues’, followed by cost.

## Conclusion

There are many academic research papers (for more information, search the internet) that show the benefits to people’s mental health through the use of Complementary Therapies. The limited research carried out by Diane and Amanda shows that in Orkney people also benefit from a range of Complementary Therapies and activities.

Orkney Blide Trust recognises the benefits of physical activity and has provided Mindfulness, Tai Chi and Aromatherapy sessions within our premises and more recently during our project work as part of Your Island Your Choice to the islands of Rousay, Eday and Shapinsay. Most notable has been the positive reaction to mindfulness on Eday that has seen the Advanced Nurse Practitioner set up a Mindfulness group following on from the session provided by Orkney Blide Trust.

The question now is, how do we ensure that people are aware of and make use of the additional support offered by Complementary Therapies?

Appendix 1

**What Works For You?**

**Complementary Therapies and Mental Health Survey**

**Please complete and return and return to the Blide in the self-addressed envelope by 15th September 2017. Thank you.**

**I**n addition to treatment by medication and CPN or psychologist, what therapies and/or activities have you found helpful to your mental wellbeing?

**I**n what way have these therapies and/or activities been beneficial to your mental wellbeing?

**A**re there any therapies or activities in which you would be interested in taking part/making use of?

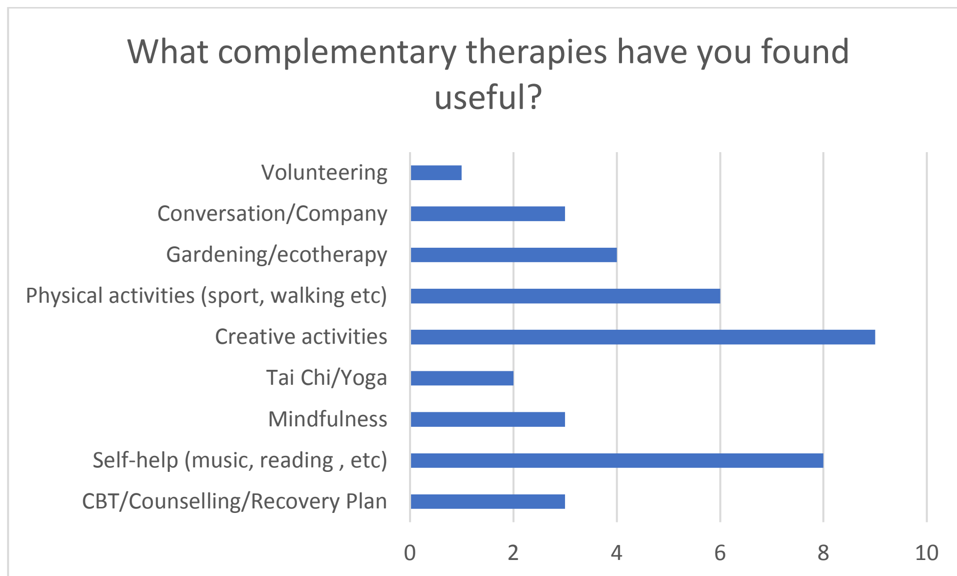
**W**hat might discourage you from trying out new therapies or activities?

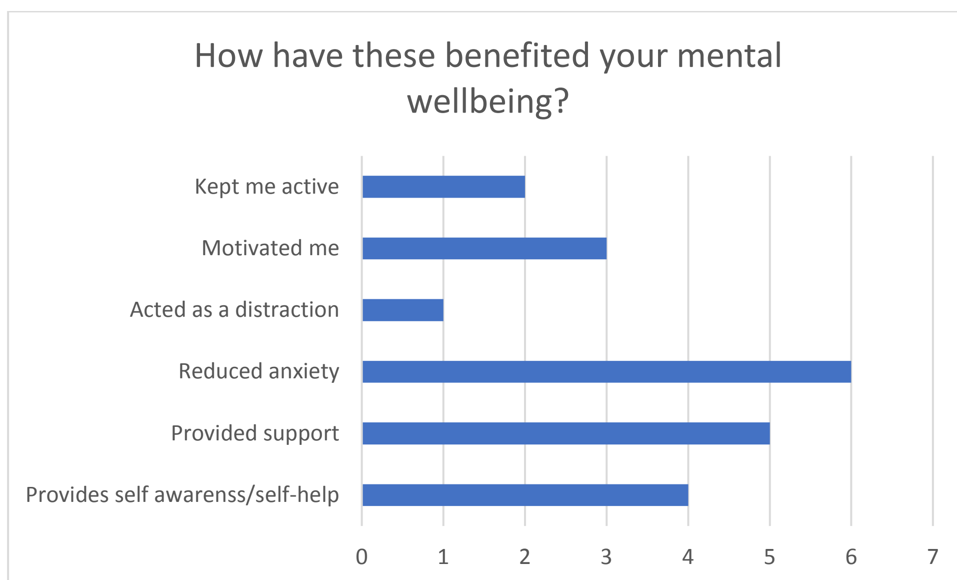
**I**f these therapies/activities were available through The Blide Trust, or other mental health organisations, would you be more likely to give them a try?

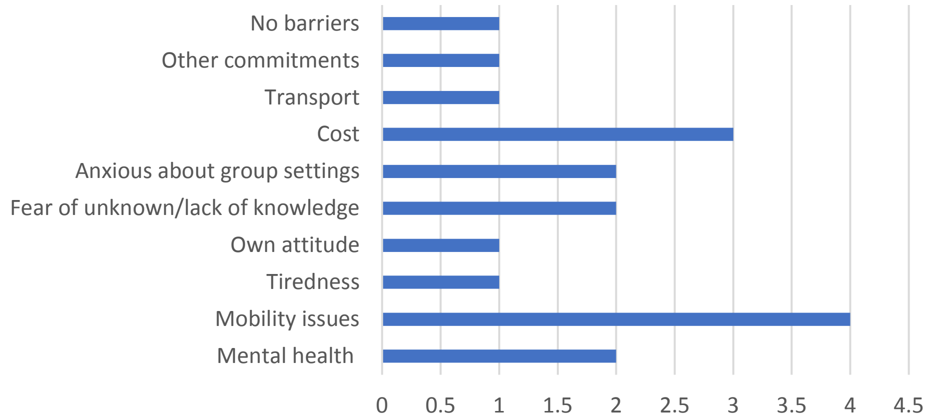
**A**ny other comments are welcome.

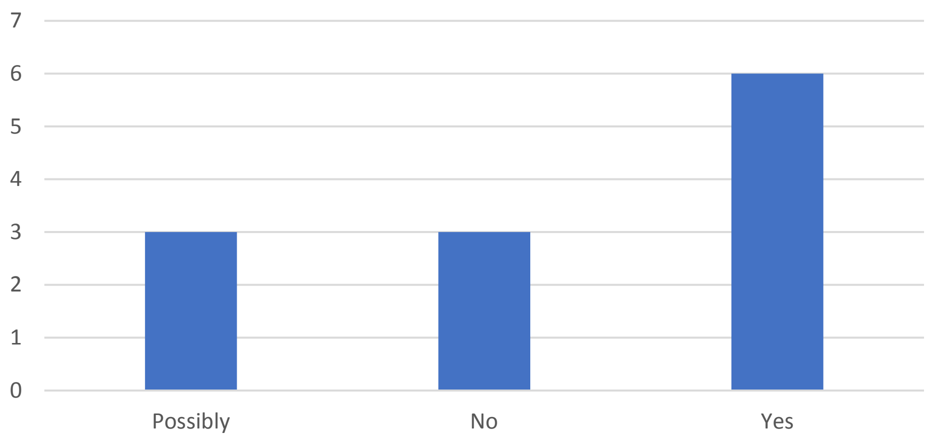
Appendix 2

Survey Results by graph




What are the barriers preventing you trying out new therapies or activities?
No barriers
Other commitments
Transport
Cost
Anxious about group settings
Fear of unknown/lack of knowledge
Own attitude
Tiredness
Mobility issues
Mental health
0
0.5
1
1.5
2
2.5
3
3.5
4
4.5


If these therapies were available through the Blide or others, would you give them a try?
7
6
5
4
3
2
1
0
Possibly
No
Yes

# Appendix 4

## Members of the ACEs Collective (working title)

Women’s Aid Orkney

Ypeople

Relationships Scotland Orkney

Home-Start Orkney

Orkney Blide Trust

Kevin Denvir

Orkney Rape Crisis