



Dundee Healthy Minds Network response to Covid-19

Situation: Dundee Healthy Minds Network response to Covid-19. Ideas about how services can best support people as lockdown restrictions are eased

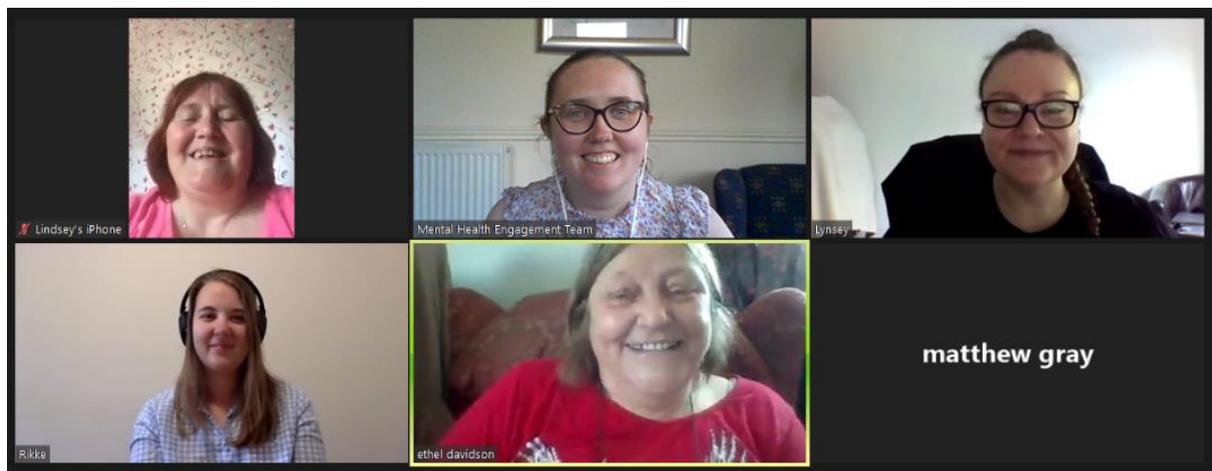
Location: Virtual Focus Groups; 1:1 phone calls; online Survey Monkey

When: Wednesday 24th June – Wednesday 1st July 2020

Participants: Healthy Minds Network Members and local people

Facilitators: Lynsey McCallum and Louise McEwan (support with virtual focus groups)

Participants: 30 people participated in total



There are some abbreviations used in this report:

CPN means Community Psychiatric Nurse

CMHT means Community Mental Health Team (Alloway Centre or Wedderburn House)

PPE means Personal Protective Equipment (facemasks, hand sanitiser)

Background

Every Health and Social Care Partnership area in Scotland must submit recovery plans to the Scottish Government. Healthy Minds Network (HMN) wanted to gather network members' and local people's views about how services have changed during the Corona Virus pandemic and ideas on how services could best support people as lockdown restrictions are eased.

HMN are represented on Dundee's local Mental Health Strategic Planning and Commissioning Group with a protected opportunity at every meeting of this group to present the views and reflect experiences of network members and local people. We wanted to provide a formal response to Covid-19 Remobilisation and Recovery planning for Mental Health Services in Tayside.

Analysis

The focus of the survey we produced on Covid-19 was to give network members and local people the opportunity to feedback their opinions about how services have changed and to contribute ideas about how services could best support people as lock down restrictions are eased (See Appendix 3 – Survey Questions) and that their feedback and recommendations be taken in to consideration when recovery plans for mental health services in Dundee are produced.

The main themes identified from the transcripts of electronic surveys, calls and focus groups (Appendix 4) were as follows:

Themes

We produced a list of 24 potential concerns during the Corona virus pandemic. We asked people to let us know the issues currently causing concern. Each of the 24 concerns were selected by people as well as some additional concerns we had not mentioned (Full table on pages 14 & 15)

Below are the top concerns selected by at least a third (10+) of survey respondents, ranked in order of priority

- Mental health issues
- Sleep disruption
- Lack of motivation
- Eating too much / not enough
- Lack of confidence
- Boredom

- Catching Corona virus
- Fear
- Isolation and loneliness
- Physical health issues
- Family / caring related worries
- Worries about work
- Getting enough fresh air

There were many additional concerns identified we had not included. Some examples are:

- People not adhering to social distancing or guidelines
- CPNs not doing face-to-face contact
- Accessing dental treatment
- Suicide

1. How has services or support has changed

- a) No face-to-face contact with a significant shift in services and appointments (across the system) being delivered over the phone
- b) Contact has been maintained primarily by phone calls but also text messages and some video calls
- c) "You do not get the same level of connection as face-to-face contact with telephone call or video call"
- d) No face-to-face contact with CPNs
- e) An individual said my "appointments with CPN cut to 10-15 minutes every 3-4 weeks and I never know when they are calling, so no set phone call appointments"
- f) All groups have been cancelled apart from HMN moving to virtual drop ins
- g) Lack of access to primary care (GP surgeries and dentists)
- h) Third sector organisations have sent out newsletters through the post (Wellbeing Works and Art Angel)
- i) "Services have tried their best to adapt"

2. What has worked well

- a) People are appreciative of contact with services over the phone, albeit limited
- b) "Telephone support has been good for me"
- c) "Video calls good, don't need to travel somewhere"

- d) People have missed less appointments having them over the telephone
- e) Weekly calls from peer support workers have been helpful
- f) "The zoom meetings are helpful while we can't meet up. I have been able to keep connecting." People "...appreciated being able to come on and talk openly about how they are feeling. Knowing that other people feel the same"
- g) "Wellbeing Works have sent stuff out, like the newsletters and art packs. The art pack was great and kept me amused"
- h) "People offering various support like picking up food and delivering art supplies"
- i) "Having someone provide support and information"
- j) "Finding out about lots of support that I didn't know was out there"

3. What has not worked well

- a) Lack of face-to-face contact from vital services
- b) There is a feeling some vital services closed down unnecessarily
- c) "CPN's not doing face-to-face contact with people even though they could by wearing PPE"
- d) "No information from CMHT regarding Covid-19 and mental health or where to go for help"
- e) Letters and texts sent to patients threatening discharge from services for missing calls
- f) Lack of contact from CPNs and CMHTs has left people feeling isolated – "no contact from Alloway at all"
- g) People have described problems with contact with CMHTs (Alloway Centre and Wedderburn House). You are asked to call if you have concerns, but this is off-putting as you have to speak to someone you don't know or trust. Your calls are not returned. "When I get calls from CMHT it's like I'm an inconvenience".
- h) It has been harder to access GPs particularly when speaking to a receptionist
- i) "Uncertainty of how to access support. A lot of support has been advertised but it is not always clear how to access"
- j) "expected to do everything online"
- k) Harder for those without technology to access support or regular contact

4. Ideas for face-to-face contact

- a) Robust Health and Safety measures, policies and procedures
- b) Wearing PPE (masks and sanitiser)
- c) Identify whom are your high-risk patients or participants. Take extra precautions and encourage them to take extra precautions (masks, sanitiser, social distancing outdoors)
- d) CPNs could meet patients outdoors in gardens, for a walk or outside coffee shops, being mindful of confidentiality.
- e) Having appointments in an allocated larger building or room
- f) Staggering appointments
- g) Limiting the number of appointments to reduce numbers in waiting rooms
- h) People arriving for appointments can call on arrival and the clinician could meet you at the door
- i) Services (across the system) using technology such as video calls
- j) 1:1 meetings or small groups meeting outdoors in green spaces with social distancing
- k) Smaller group sizes (3 – 4) meeting for shorter time periods
- l) "Pop up green space meetings"
- m) "Outdoor tents and gazebos could be helpful for meeting outside"
- n) Sticking with a minimum of 2 metre distancing
- o) Markings on the ground or where to sit which shows safe distancing
- p) Go for walks in green spaces in small groups keeping a safe distance

5. What would good, safe mental health support look like during the easing of lockdown restrictions

- a) A culture where patients are treated with respect and can expect a caring compassionate approach
- b) Reinstating face-to-face contact in a safe way
- c) Reduce the waiting lists and waiting times for Psychiatry, Psychology and the CMHTs
- d) Reduce the use of locums
- e) Giving people choice in the ways they connect with services. Some people may prefer phone calls and video calls and some may prefer face-to-face contact
- f) Early intervention and prevention – prevent people reaching crisis point

- g) Options to meet outdoors or some type of outdoor support service
 - h) Robust actions for suicide prevention and respectful support for people living with distress
 - i) Connect people on long waiting lists with support from third sector mental health organisations and peer support
 - j) Mental health services and professionals including supportive carers and families. Taking on board information they provide and their views and opinions about their loved ones care and treatment
 - k) Information and communication that's easy to understand for patients and local people
 - l) More resources, such as better trained staff, peer workers and volunteers
 - m) Mental Health professionals (Psychiatrists, Inpatient, Psychology, CPNS) routinely signposting people to on-going support in the community (third sector and peer support) as part of an effective discharge process
 - n) Develop new models of care to provide better and timely support. If more training and resources was put in to peer support and CPNS for people who need less support this would leave psychologists and psychiatrists available for people who need higher level support
- i. Local people influencing new models directly and or via key networks and organisations
 - ii. Develop short-term pieces of work or projects to bring people with lived experience, carers and local people together to co-produce service improvement work

6. Barriers or challenges

- a) Staff attitudes – they may not be open to changing the way they work and giving people choices in the way they connect with services (keeping phone calls, using video calls, meeting outdoors)
- b) Changing the culture of Mental Health services to adopt a kinder, caring and compassionate approach
- c) The long waiting list for mental health services will be even longer due to Covid-19
- d) A lack of PPE for staff or patients and local people affording to buy their own
- e) A lack of large building space for indoor face-to-face contact
- f) People not following guidance or rules around social distancing

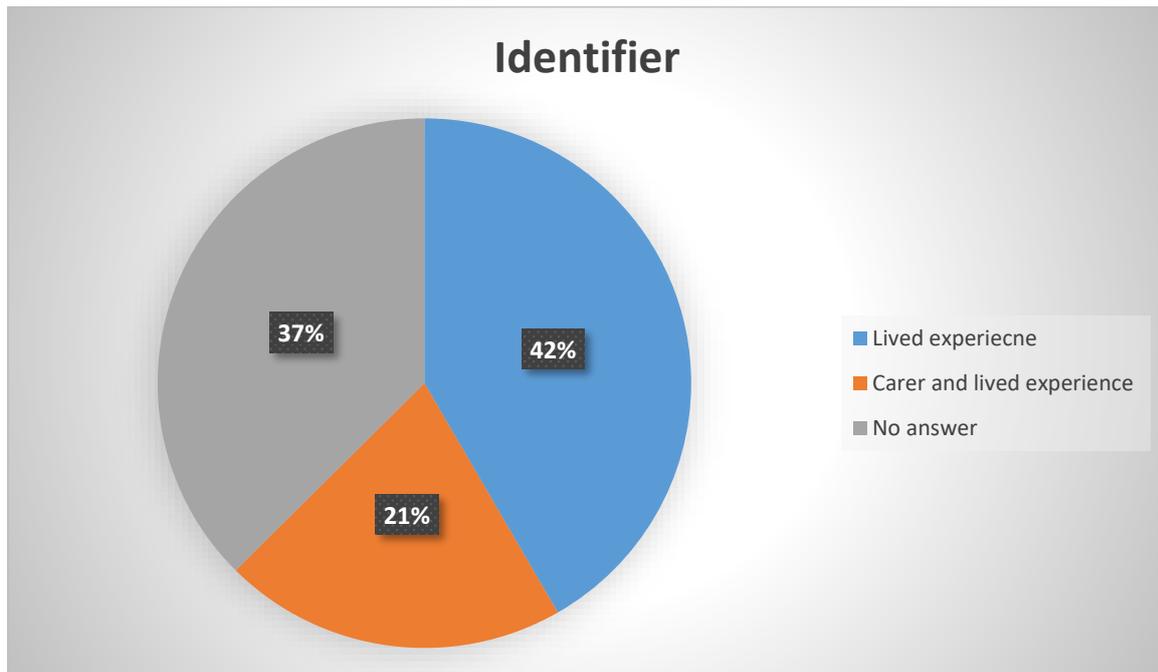
- g) Staff from different mental health disciplines, in particular psychiatrists, MHOs and psychiatric nurses, taking on board the strategic direction in Tayside and changing their practice around including, informing, listening to and taking on board the opinions of named persons, supportive carers and families around assessment, care and treatment
- h) Not enough staff of different disciplines employed in Tayside's mental health services. Including, psychiatrists, psychologists, inpatient and community psychiatric nurses, peer support workers and support workers
- i) Providing regular information and communication that's easy for patients and local people to understand
- j) Fear and anxiety around the easing of lockdown restrictions
- k) A lack of consistency in guidelines. Especially confusion between guidelines in Scotland and England
- l) Services and professionals calling people from private phone numbers is a barrier. Your average person will not answer their mobile phone if it is a withheld, private or unknown number. Which means people are missing calls from services and or telephone appointments. You can't return calls from private and withheld numbers to clarify who has called

7. Recommendations

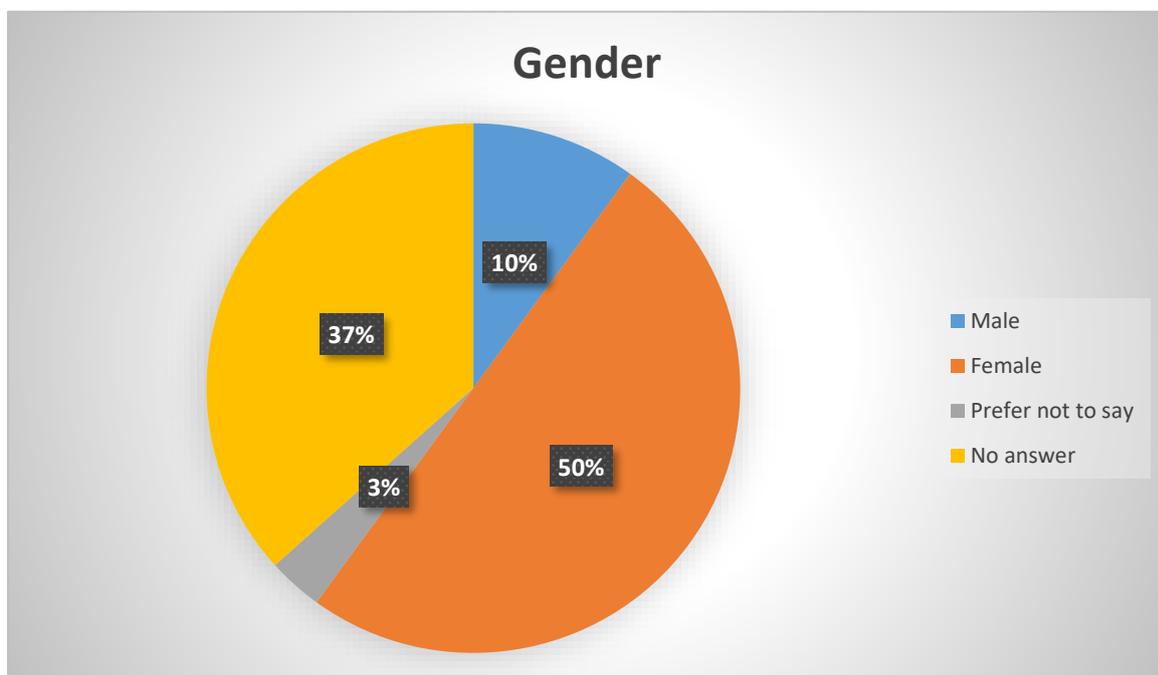
- 1. Targeted support and interventions from mental health services (across the system) to address the themes identified causing people most concern**
- 2. Reinstate face-to-face contact in a safe way. In particular, with vital services (CPNs, Psychiatrists, Psychologists)**
- 3. Identify people who are high-risk and take extra precautions. Including people who may not have been given a shielding letter from their GP**
- 4. Implement a culture where patients are treated with respect and can expect a caring compassionate approach at all times**
- 5. Robust actions for suicide prevention and compassionate support for people who live with distress**
- 6. Develop new models of care to provide better and timely treatment and support**
- 7. Local people influencing and co-producing new models of care and service improvement work directly and or via key networks and organisations**

- 8. Develop short-term pieces of work or projects to bring people together to co-produce service improvement work**
- 9. Develop clear and inclusive information lines to give local people and partners timely information about recovery plans, improvement work and service redesign**
- 10. Staff from various mental health disciplines must take on board the strategic direction in Tayside and changing their practice to, include, inform and listen to named persons, supportive families and carers**
- 11. Professionals must be open to adopting new ways of working**
- 12. Services must be person centred and give people choice in the way they connect with services. Including, telephone appointments, video calls, face-to-face contact and meeting outdoors**
- 13. Any perceived confidentiality risk around meeting outdoors should be weighed up against the risks of isolation and loneliness, mental health deterioration and distress**
- 14. Identify and establish relationships with third sector organisations and those who can provide peer support. To connect people on long waiting lists with support while they wait extended periods and to refer people for ongoing support in the community as part of an effective discharge process from Inpatient services, Psychiatry, Psychology or the CMHTs**

Appendix 1



The graph above shows that 24 people responded electronically and 1:1 over the phone. 10 respondents identified with having lived experience; 5 people have both lived experience and a caring roll and 9 people chose not to answer.



The graph above shows that 30 people took part in the survey in total. There were 15 female respondents; 3 male respondents; 1 preferred not to say and 9 people chose not to answer this question.

Appendix 2 – Engagement and Involvement Plan

Remobilisation Recovery Planning Engagement and Involvement plan	
Electronic participation can be submitted any time between Weds 24th and Weds 1st July	
Wednesday 24 th am 1:1 calls over phone	pm 1:1 calls over phone
Thursday 25 th am 1:1 calls over phone (or 1:1 video call)	pm Zoom focus group (ask permission to record)
Friday 26 th am 1:1 calls over the phone (or 1:1 video call)	pm 1:1 calls over the phone (or 1:1 video call)
Monday 29 th am 1:1 calls over phone (or 1:1 video call)	pm Zoom focus group (ask permission to record)
Tuesday 30 th am 1:1 calls over phone (or 1:1 video call)	pm 1:1 calls over phone (or 1:1 video call)
Wednesday 1 st am 1:1 calls over phone and collate data	pm 1:1 calls over phone and collate data
Thursday 2 nd am Write SBAR report	pm Write SBAR report
Friday 3 rd am Write SBAR report	pm Write SBAR report
Monday 6 th July Write SBAR report	pm Write SBAR report

Appendix 3 – Survey Questions



HMN want your opinions about how services have changed during the Corona Virus pandemic and your ideas on how services could best support you as lockdown restrictions are eased.

Every Health and Social Care Partnership area in Scotland must submit recovery plans to the Scottish Government. Your opinions and ideas will inform and shape local mental health services' remobilization plans.

- Please let us know the issues currently causing you concern:

(You can tick as many as you want, and / or add any others not mentioned below)

- Mental Health issues
- Delayed discharge from acute services
- Early discharge from acute services
- Fear
- Boredom
- Lack of confidence
- Lack of motivation
- Lack of routine
- Isolation and loneliness
- Physical Health issues
- Lack of services using video calling as a way to keep in contact
- Getting medication that you need to stay well
- Sleep disruption
- Eating too much / not enough

- Getting enough fresh air
- Alcohol or substance use
- Getting enough food in
- Catching Corona virus
- Corona virus testing
- Worries about work
- Money worries
- Lack of access to technology and Wi-Fi
- Family / Caring related worries
- Not receiving a shielding letter when you have conditions which put you in a high risk group

Anything else not mentioned above?

.....

.....

.....

.....

.....

.....

- In what ways have the services you use or the support you receive changed during the Coronavirus pandemic?

- Has anything been good or worked well in regards how services have changed during the Coronavirus pandemic?

- Has anything been bad or not worked well in regards how services have changed during the Corona virus pandemic?

- If we cannot bring people together in building in groups, what ideas do you have about face-to-face contact with in services?
- What would good, safe mental health support services look like during the easing of lockdown restrictions? Is there anything services need to develop?
- What do you feel could be barriers or challenges?

Identifier (please check all boxes which apply to you)

- I am a person with lived experience of mental health challenges
- I am a carer of someone with mental health challenges

Gender

- I am male
- I am female
- Other, please specify.....
- Prefer not to say

Thank you very much for taking part, we will use the responses we receive to highlight issues affecting Healthy Minds Network members and the wider mental health community. To inform and develop recovery plans and potentially key areas of work, as well as developing better links with you through this challenging time.

Kind regards

Lynsey McCallum

Coordinator Dundee Healthy Minds Network

Appendix 4 – Transcripts

Please let us know the issues currently causing you concern: (You can tick as many as you want, and / or add any others not mentioned below			
	Number of people selected option		Number of people selected option
Mental Health Issues	25	Sleep disruption	20
Lack of motivation	20	Eating too much/not enough	19
Lack of confidence	18	Boredom	17
Catching Corona virus	16	Fear	15
Isolation and loneliness	15	Lack of routine	15
Physical Health issues	14	Family / Caring related worries	13
Worries about work	13	Getting enough fresh air	11
Money worries	9	Not receiving a shielding letter which put you in a high risk group	9
Early discharge from acute services	8	Alcohol or substance use	8
Lack of services using video calling as a way to keep in contact	7	Corona virus testing	7
Getting medication that you need to stay well	5	Getting enough food in	4
Lack of access to technology and Wi-Fi	4	Delayed discharge from acute services	3
Anything else not mentioned	People not adhering social distancing X4 CPN's not doing face-to-face contact with people X 3 "even though they could by wearing PPE"		

	<p>Confusion over guidance (between Scotland and England)</p> <p>Accessing dental treatment</p> <p>People not following the guidelines</p> <p>People with addictions not having enough money to buy face masks</p> <p>Losing touch with friends</p> <p>People not wearing masks on public transport X2</p> <p>Suicide X3 "there have been 2 people I know in the last month alone"</p> <p>Drug overdoses and drug deaths in my community in St Marys</p> <p>Mums with mental health problems won't come forward for help because of fear they may have their children removed from their care. They struggle on till it's crisis point and the quite unwell and can't cope.</p>
--	---

30 people answered

In what ways have the services you use or the support you receive changed during the Coronavirus pandemic?
Appointments with my CPN have been cut to 10-15 minutes every 3 or 4 weeks. I never know when she is calling so no set appointment. My support worker has ceased phoning since 2 months ago. When I get calls from CMHT it's like I'm an inconvenience. Most help is from peer support worker where she calls weekly.
Move from face to face appointments to video appointment.
I have been having appointments over the phone instead of face to face
I've received none
telephone appointments rather than face to face
cannot see friends and family
My C.P.N. left work so have got to phone Alloway any time I have concerns. I wont do this because I find it difficult talking to people I don't know. You have to build a mutual trust .
No home visits from CPN, phone calls only. Family digital support has increased as required
No face to face contact. You can't read people's body language over the phone.
I have received phone calls from support workers at Wellbeing Works. I have also received newsletter in the post from Wellbeing Works and Art Angel.
Not meeting face to face. Phone calls instead and zoom drop ins
They have been non-existent. No face-to-face contact for my son and calls aren't returned from his CPN or Wedderburn.

12 answered electronically or by telephone call

Has anything been good or worked well in regards how services have changed during the Coronavirus pandemic?

Nope

Has been good to still have some contact with mental health services, albeit limited.

I am forgetful and have missed appointments in the past. I have been discharged from psychological services by letter in the past, when still in need of appointments. During the Corona virus situation. I have forgot about my appointment but not missed them because they called me and I answered my phone. I would have missed my appointment if it was face to face. I have not missed an appointment over the phone.

Video calls , not having to travel to somewhere

Able to receive increased contact on the phone when required

Yes. The support available from yourself, Michelle, Louise and Elaine is invaluable. Knowing you are all at the end of a phone if needed is s great comfort to me.

No

There is a great desire from many to do what they can to support others. Services have tried their best to adapt.

Getting telephone support has been good for me. I have made sure to save people's number that I want to speak to. If I don't know the number, I tend not to answer. If I do know the caller, it forces me to answer the phone to have a chat.

I am chuffed at the way Wellbeing Works have sent stuff out, like the newsletters and art packs. The art pack was great, it kept me amused. Wendy said in a letter that she missed us all. It is nice to feel wanted and missed. I wasn't feeling good that day and her letter cheered me up

The zoom meetings are helpful while we haven't been able to meet up. I have been able to keep connecting.

Only on the staff have benefitted by the look of things.

12 answered electronically or by telephone call

Has anything been bad or not worked well in regards how services have changed during the Corona virus pandemic?

For me it's the lack of face to face and information coming from CMHT. I have never received any information from them regarding COVID-19 and mental health or where to go for help
I prefer face to face appointments and hope these can happen again soon.
I have had friends and family receive threatening letters or texts saying they may be discharged for missing phone appointments. This is not on, threatening to discharge people during a pandemic. The person who received a threatening text hadn't even missed a call and it was a mistake on the workers part. Imagine they had been wrongly discharged. Getting threatening texts and letters at during a pandemic makes you feel worse mentally. People are out of their normal routine, that's why you might forget things. You may feel angry, upset, abandoned and even more isolated.
I also have a loved one who is experiencing delayed discharge from hospital into supported living. I assume, because of Corona virus. Why aren't mental health hospitals and social care testing people to make sure they are Covid negative and then moving the person into their new home? This is what is happening in other areas of social care, quarantine for 2 weeks or a negative Covid test. It should be the same in mental health services
Withholding of vital medication which has been detrimental to mental and physical health
pressure to use zoom
Nothing I can think of personally. There is lots of information and help being made available to everyone. This is quite comforting.
expected to do everything online
It has been hard for those without technology to access support and regular contact.
Not really. I have become a bit disillusioned with the police in Lochee. They are nowhere to be seen.
Not for myself. I have had good support from Wellbeing Works. It has been easy enough to contact my GP. The nurse called me back and I could collect my prescription from Lloyds in Menzieshill.
Face to face contact is better
There is no support. There has been no contact for my son for 15 days after discharge from Carseview. Then eventually a phone call. No care plan in place, no support in place, no monitoring in place, of anything, not even his medication. They didn't let me know he had been discharged from hospital. I was his named person, I had been for years. They were adamant and told me I wasn't when I was. Then they removed me as named person, so they didn't have to communicate anything to me anymore. I have my son's best interest at heart and look out for him always. I will keep doing what I am doing as his mother. There has been no communication with his MHO who is on holiday for a fortnight during his discharge. They lost his belongings, including his bus pass. His CPN said that they could not accompany him down to get his depot. He had to make his own way down to get his depot. They had no idea how he was actually doing and if this was manageable for him.

12 answered electronically by telephone call

If we cannot bring people together in building in groups, what ideas do you have about face-to-face contact with in services?

Wearing PPE gear, bigger rooms which is never going to happen. Having your appointment in an allocated bigger building

Limit number of appointments at one time to reduce numbers of people in waiting room. Or stagger appointments, 10am, 10.15am etc. Or have people wait in their car instead and be phoned when they can enter building, with their clinician meeting them at door so no waiting room needed.

One to one meetings or small groups can come together outdoors with social distancing. During the summer months people can meet up in parks, at the beach or in large gardens like Botanic Gardens. There are nature walks in Dundee not far off bus routes.

People can do different activities like art, mindfulness and meditation, photography, creative writing, nature walks, knitting or crochet. People can have a picnic and bring their own packed lunch, flask and activity like sketch book and pencils, wool, crochet hooks or cross-stitch.

The problem is the weather, people needing to use a toilet and transport for some people. Some people might not have an activity to bring with them.

Video calls are also a way to see people and to keep in touch.

Fearful

smaller group sizes, for shorter time periods, taking into account social distancing measures

use the outdoors

An outdoor space like a park would be a good idea because the social distancing would be easier to keep to. Another plus would be getting out in the fresh air getting exercise as well.

Pop up green space meetings. 1 to 1 meet ups round the block and in gardens. Encouragement of those nearby to support and stay in contact with one another.

Using technology has worked for some people. Using outdoor tents or gazebos could be helpful for meeting outside. 1:1 meetings would be easier to manage than small groups. People with addictions are usually under the influence

and from my experience seem less aware of keeping their distance and a bit in your face. You can have markings on the ground which shows the appropriate distance, but people may not follow the rules.

If it is a nice day we can meet in a park or large garden. You can make groups smaller. If you have a big building, you can maybe have small controlled groups meet inside, but space out seating more than 2 metres. Making use of outside on a nice days seems the safest.

Help groups can keep meeting on zoom, that has been a good thing. As directed by safety policies small groups might be able to come together. Small groups for 3-4 people in big indoor spaces. Zoom is fine for me just now

2 metre distancing, PPE (masks), control the number of people in buildings. Services should be going out to people's houses. Most clients have been isolated, so they will be safe to be around. These people dangerously isolated

12 answered electronically or by telephone call

What would good, safe mental health support services look like during the easing of lockdown restrictions? Is there anything services need to develop?

Sending proper information to patients, making sure appointments still go ahead

Definitely need to work out how to reinstate face to face appointments.

Give people choice. Phone calls and video calls might be better than face to face appointments for some people, with Asperger's, people who find it difficult to get out the house and people who are forgetful. Some people will need face to face help and appointments, especially those who are more severely unwell, psychotic or need to be given a depot.

If appropriate, maybe some face to face meetings outside with a CPN like going for a walk if the patient was up for it or in a private garden

Shorter waiting lists for psychology and community mental health teams would be safer. People could be connected to support while waiting, like peer support or third sector organisations or self-help groups if the person is not acutely unwell

Stop using locums who move on and have more permanent posts. A new model that is not reliant on psychiatry to assess and treat people or the waiting lists will never go down.

There needs to be something for suicide prevention in Dundee. A safe place for people who are distressed and suicidal. There also needs to be help and support for families affected by suicide.

There needs to be a culture change, where people and patients are treated with a caring, compassionate response

Somewhere in community and not having to travel far

social distancing measures, hand hygiene, face masks

people need human contact so maybe we need to challenge the narrative of 'new normal'

We need more health professionals available. They need to have shorter waiting times so people get help when they actually need it. People experiencing problems with their mental health need help sooner rather than later to help and guide them through their crisis before they get out of control. Getting help quicker would help stop the knock on effects to other family members and ultimately not overburden already overstretched services

Outdoor support service, away from small cramped spaces. small local (walking/ nature) groups maybe with an overall aim that connects various groups around Dundee or further afield.

Meeting outdoors. Controlling how many people can be in a building at any one time. Using face masks for protection.

Wearing face masks, social distancing, transport needs, meeting outside. Staggering appointment times. Keeping people at least 2 metres apart. Making people wait and asking people in to buildings when someone leaves like supermarkets are doing.

Social distancing, face masks and hand washing. Using technology much more in mental health services. Staggered appointments and controlling how many people can be inside a building. Using 1 way systems in building like in shops.

A more kind and caring approach. Stop blackmailing patients and families. Mental health services force patients to conform to their ways and try to isolate patients from loving concerned family members. To avoid having to be answerable to families when patients can't effectively voice their own concerns.

Drugs services and mental health services should also work together.

12 answered electronically or by telephone call

What do you feel could be barriers or challenges?

Lack of common sense, lack of PPE gear, lack of building space

Some people may prefer phone or video appointments which could be kept for those that wish it.

Staff attitudes - people don't like change (offering video calls, meeting outside, trying to do things differently, psychiatrists and professionals used to holding all the power)

Mental health hospitals and social care not being pushed to work more closely to get people Covid tested and moved into their new homes and delaying discharge

Changing the culture of mental health services to be more caring and kinder and not cold and complacent

Nothing targeted towards suicide prevention for people who are suicidal or families affected by distress or loss from suicide

Lengthy waiting lists

Over reliance on digital technology. I do not like video conferencing

fear

Lack of qualified Psychiatrists, Psychologists, C.P.Ns, and other healthcare professionals is a definite barrier. Funding, recruitment, of more staff. With the negative reputation of certain services in our area it will be more challenging to employ good staff. Also the moral of some healthcare staff is low so this also has to be addressed.

Fear and anxiety to return to the outside world for those who have been reluctant to leave their homes regularly during this period.

People being under the influence of alcohol or drugs because a lot of people are not keeping their distance. People not sticking to the rules and guidelines. Attitudes to the virus and safety. It's like some people think that it is all over because lockdown is easing and it's not.

Buying face masks and hand sanitizer costs money which is hard for low income households.

Things that services used to do and the way they operate might not work well anymore. There may be psychological barriers. Professionals may also not be open to changing the way they work. Finding the right solutions might be trick and require a bit of trial and error.

People don't answer their phones to unknown, withheld numbers or numbers they don't recognise. When services call, it is often a withheld or private number and you can't call back either to check who it was as they sometimes don't accept incoming calls.

Mistrust and the fear of being judged. One bad experience with mental health services can set someone back years.

A caring approach is needed. Do not judge people.

Treat people without controlling them

12 answered electronically or by telephone call

Key points from focus group 25th June

In what ways have the services you use or the support you receive changed during the Coronavirus pandemic?

- All groups have been cancelled
- Difference in feeling of connection over Zoom and missing seeing people face to face
- Lack of access to GP surgery. Being told not to contact, phone appointments only, avoiding arranging new prescription

Has anything been good or worked well in regards how services have changed during the Coronavirus pandemic?

- Lots of people signing up to volunteer
- Feeling cared about as people offering various support like picking up food and delivering art supplies
- Finding out about lots of support that I didn't know was out there
- Having someone who is providing support and information
- The group shared the view that having zooms has been helpful. They appreciated being able to come on and talk openly about how they are feeling. Knowing that other people feel the same

Has anything been bad or not worked well in regards how services have changed during the Corona virus pandemic?

- Uncertainty of how to access some support. A lot of support advertised but it is not always clear how to access
- Certain groups and organisations have not been in contact with their participants
- Charity shops being closed preventing people from donating goods

If we cannot bring people together in building in groups, what ideas do you have about face-to-face contact with in services?

- Meet up in parks and other green spaces. Bring drinks with us.
- Encourage people to take precautions such as masks and handwashing
- CPNs could do 1-1 meetings with people outside coffee shops
- Go for a walk as a group at a safe distance. If you don't like going a walk on your own, walking the same route with a group could help

What would good, safe mental health support services look like during the easing of lockdown restrictions? Is there anything services need to develop?

- Meeting in green and open places such as; Baxter park, Botanic gardens, green space at the Friary
- Meet people in their own garden space if they have one
- The group agreed that it is sometimes easier to speak to someone face to face
- Reassurance is important that other people will follow the rules
- The group shared the view that it will be essential to make sure that people are following the rules for distancing and hand hygiene. Making it clear that people should stay away if they have any sort of symptoms
- Marking out places where it is safe for people to stand/sit

What do you feel could be barriers or challenges?

- The group had concerns that people will not follow the guidance and the potential for a second wave of the virus. This could be because people don't realise how serious the virus is. Suggested to overcome this by adapting the existing group ground rules
- The need to have smaller groups. People may need to 'book' to come to a drop in and inform if they are cancelling to limit the numbers of people attending. People could have a set day to come to the Friary group.
- Some people will be at higher risk of the virus than others. Need to take extra precautions for these people
- Have a session at the drop in to make a face covering
- There is a lack of consistency in the guidelines especially confusion between English and Scottish guidelines.

Key points from focus group 29th June

In what ways have the services you use or the support you receive changed during the Coronavirus pandemic?

- Apart from HMN practically all services have closed down
- Feelings that some services shut down unnecessarily
- Appointments have been over the phone, zoom calls, text messages
- It would be useful to have a plan in place so that there is something to look forward to

Has anything been good or worked well in regards how services have changed during the Coronavirus pandemic

- It may be easier for people to have appointments over the phone. One person shared that they have found themselves to be more open over the phone. The group agreed that this is something that could also be bad as people will get used to staying at home
- Costs reduced
- Zoom worked well

Has anything been bad or not worked well in regards how services have changed during the Corona virus pandemic?

- One member shared that they have not had any contact from Alloway centre.
- Have been told to ring and speak to a duty worker if need support but this is a barrier as you have to share your story to someone you don't know
- Shared view among the group that it has been harder to access GP services particularly when speaking to a receptionist
- A member shared they felt services had closed down unnecessarily
- If you a ring a service and it is an answer machine this puts you off ringing back or leaving a message

If we cannot bring people together in building in groups, what ideas do you have about face-to-face contact with in services?

- Confidentiality concerns about certain services being in the open air
- Safety precautions such as hand sanitiser need to be in place. A group member shared they would rather people don't wear face

masks. If these safety precautions were in place the group would feel safer than in a supermarket

- Need to be extra cautious for people who are at high risk although the group had concerns that often people who are in older in age and high risk are taking risks

What would good, safe mental health support services look like during the easing of lockdown restrictions? Is there anything services need to develop?

- More resources are needed. There is not currently enough staff to deliver the amount of contact needed
- More resources would include better trained staff, peer workers and volunteers
- Develop a new model to provide better support for people. The group shared the view that if more training and resources was put into peer support and CPNs for people who need less support that would leave psychologists and psychiatrists available for those who need higher level support
- At the moment money is being invested into the something that is already broken
- There is a lack of signposting from psychiatry services to when people are being discharged. This means that people are having to find out what is available by themselves and pay for private support

What do you feel could be barriers or challenges?

- Waiting lists especially now they will be longer
- Not enough staff
- Workers not having their own experience. Not everything can be learned in a text book so lived experience makes workers more understanding and less condescending
- People falling through the gaps when the support they need isn't offered to them