

The Rural Reimagined

Thank you for the invite to discuss MENTAL HEALTH SERVICES in RURAL PERTSHIRE.

My Name is COLINAnd I work in North Perthshire.

I have worked in Mental Health for 20 for NHS Lothian, NHS Fife and now NHS Tayside.

This has provided me with experience and different ways of working between the services and resources in a large City to now in Rural Perthshire.

We are a Multi Disciplinary Team which consists of Community Mental Health Nurses , Occupational Therapists , Psychology , consultant Psychiatrist and support worker...That's ME.

We cover a large area fromCoupar Angus in the south , Alyth in the East and Kinloch Rannoch and as far north as Blair Atholl and all the villages in between.

What do we do? Our routine Clinics run, usually 4 weekly or 2weekly for medication and Monitoring Health.

CLINICS.

We run these clinics from 3 main bases, Blairgowrie, Aberfeldy and Pitlochry , although we have used GP surgeries in other locations where Clients struggle to get transport.

The primary goal of these Outpatient clinics is to administer medication but it also provides an opportunity for nursing staff to check on Mental state, physical health and social wellbeing.

REFERRALS to our TEAM come from Hospital wards, IHTT, GPs, Perinatal teams, Mental Health and Wellbeing and Social work. Adult Psychology services.

The MDT will decide whether a person needs Consultant only, or nursing input as well.

The Consultant and or the nurse will then refer within the team for Psychology input, OT input and or Support Worker input.

Mental Health Resources in Rural Perthshire.

Community resources are in our 3 main towns, Aberfeldy, Blairgowrie and Pitlochry.

Nhs Mental Health Teams have a base in each of these and we will routinely see patients at these bases. There are Patients who live further out and have challenges with Public transport so we will use GP surgeries for our own appointments and Near Me for Consultant Psychiatrist appointments.

Detention:

When a patient becomes acutely ill and Detention is required this is a Logistical and resource heavy Issue, requiring a 3 person team from nursing, 2 Police officers, A Mental Health Officer and a Psychiatrist.

These Teams are coming from Perth mainly, the hospital for Nursing staff which takes away numbers from wards and valuable Police time.

If and When detained, A bed has to be found, hopefully at the nearest hospital but often there are none available! So... Dundee- Fife- Edinburgh???

COVID

Many changes have been made due to COVID with NEAR ME, (which is akin to ZOOM) appointments being used instead of Face to Face.

Clinics: These were the exception as our Patients relied on us to get their medication and Bloods monitored.

Every hospital and GP surgery used an appointment system with one point entry and separate Exit point. All area's are washed down after each appointment and Correct PPE worn with a New NHS approved Mask supplied to each patient on arrival as well as alcohol Gel for hand washing.

Consultant Psychiatrist appointments were Near Me or Telephone appointments and we are only just getting back to some Face to face appointments in the last Month or two.

These appointments are often difficult for the patient and the Consultant as there are inconsistent Wi-Fi signals and Telephone often needs to come to the rescue.

Added to the tech issues, some people are just not as comfortable with Technology and especially being on a screen trying to communicate difficult issues.

This has been especially noticeable in small rural settings, i.e. Kinloch Rannoch.

CLINICS cont

A good example of this is a gentleman who has lived in this area all his life and refuses to have a landline telephone or mobile and often struggles to remember appointment times and dates.

We have started to collect this gentleman from home and take him to the GP practice where we have booked a room to use their computer to do a Near Me appointment.

Near me often does not work in this area so we revert to telephone conference call.

This works to some extent, but the gentleman also suffers from a stammer and mumbles and get's very tangential.

We will return to this location later.....

Duty worker:

An allocated member of the nursing team is duty worker Monday to Friday 9-5pm.

The Duty worker is available to any person open to the team. That means they have been referred and accepted as in need of Treatment by the MDT.

These Calls can be crisis calls or very routine and are prioritised by the nurse on Duty.

Out of hours: Patients are asked to call NHS 24 on 111.

Patients are provided with a list of resources for Suicide prevention, Bereavement, welfare rights as well as Child line and Combat stress.

Challenges to Rural working.

The challenges to the team are how best to use our resource in terms of staff as well as vehicles.

There is also weather to take in to account and this can change dramatically and quickly especially in the most Rural areas in the winter months.

For the population there are less community resources or none in the small villages and the public transport can be infrequent and expensive.

We have 3rd sector agencies i.e. PKAVS Mental Health and Wellbeing Hub who run activities and a cafe with volunteering opportunities in the walled garden and activities in creative arts from bases in Perth and Blairgowrie.

During Covid these groups have been stopped, but there has been some 1 to 1 work provided in people's villages and towns. This has undoubtedly been the biggest issue as most people may only have this socialisation in their week.

Although this has prevented some people from accessing their usual support networks , many have embraced the beauty on their doorstep and we have encouraged and meet with our patients 1 to 1 for walking. This is usually relatively local but some patients have ventured in to the hills and started fishing, bird watching and taking up art.

Part of my role is to carry out Interest checklists and from this we will support a person to engage in their passion or interest using the resources that are as near to them as possible.

When this has not been possible, I have started 1 to 1 sessions to gain some confidence and momentum whilst we look at future groups and resources with community resources opening up again.

PEER SUPPORT:

We are currently planning groups to either re-start or new groups for Football, hill walking and Art.

The model would be to organise venue's and or meeting place, dates and times and costs, initially

Using a member of staff to facilitate before encouraging the group to self manage and with less frequent input.

The feedback we receive from people living in these communities is very much "PRO's and CON's.

This is often describes as "I get more people looking out for me" or "handing in shopping".(PRO's)

BUT.... "They all know my business" and "I am excluded from local events or venues". (CON's).

We use Patient surveys which are anonymised and Feedback forms.

North Perthshire RECOVERY CAFE:

This is a resource that facilitates a safe space for people with mental health issues and provides a cafe space in Pitlochry, walking groups with peer support in Aberfeldy and Blairgowrie and a gardening group in Pitlochry. We are currently working collaboratively to establish local community led art groups and football groups with the aim to facilitate and establish then hand the running and management to the local community.

Live Active gym and walking sessions.

This is run by P& K Council and utilises the council sports resources as well as local beauty spots for walking groups. These walking groups are split for beginner or gentle walks to the hard core hill walker.

We have recently seen a surge in referrals for gym sessions, and the opportunity to access a safe gym space with peers as well as the Compass card, set up by P&K Council which allows people to access these sports for £1 per session. There are sports centres in Perth, Pitlochry, Blairgowrie and Aberfeldy, and again we are hoping to gain more access as COVID releases our sports centres from being used as Vaccination centres.

RURAL LIVING.

Loneliness, Isolation, stigma and alcohol abuse are common issues for the people we see in small communities and when combined with Schizophrenia, Severe Depression and Bipolar affective Disorder, it becomes very difficult and challenging to engage the patient in any resource or group.

We will try a Graded Exposure approach with 1:1 work initially and move towards more time spent in public arena's and hope to engage in a mental health group further down the line.

When group work is not possible we will encourage Family, friends and be more focused on the patient managing their interest within the person's ability at that time.

Collaboration and Partnership working.

One of my main duties as a support worker is to identify and make working relationships with our third sector partners, Charities, and local community clubs.

We refer in to PKAVS who run Wisecraft.

This offers the “Walled Garden” at Murray Royal Hospital as well as a cafe.

Wisecraft in Blairgowrie also run a small garden and creative groups for Art and drama as well as a joinery workshop.

The North Perthshire Recovery group based in Pitlochry , run a recovery cafe and a garden group but also have walking groups in Aberfeldy and Blairgowrie.

Live Active through P& K Council is beginning to offer more Mental Health Gym slots in the Leisure Centres. There is high interest in this as people appear more inclined to engage if there is a safe space to use the gym..... Again Stigma and loss of confidence in using general mainstream services.

In recent years we have seen an increase in Men’s Sheds, Art clubs, and more recently “man talk”.

These are all run by people in communities on a voluntary basis and they are all very different in what they offer but these resources are invaluable as the social links are often already made and people are less likely to be intimidated by something new and meeting strangers.

Re-Imagining Mental Health in our Rural Communities.

The work to improve our collaborative partnerships must continually improve as we build our community resources.

Over the years I have run many Art groups in my role but I would like to bring the entire Third sector, Charities and clubs together with NHS Tayside or at least P&K and simulate an Art Project that I worked on in Fife. This is called the “Roads to Success” and was a fife wide project that set a Theme each year and was a collaboration of all the mental Health Resources together with Inpatients and community patients to produce creative works from Knitting, sculptor, jewellery making, poetry and drawing and Painting. This project due to the constant communications and connections between all these services fosters better relationships and more involvement and control for the people who engage in the work. This culminates in a large yearly exhibition which is opened by someone of note in the locality and brings positive Media Exposure for all the Patients and workers involved.

The Improvement in social confidence and inclusion are remarkable to witness and many people move on to mainstream learning or clubs.

Patient involvement and Peer working are an underused Resource and when this works it promotes better local engagement and a sense of community support and friendship.

We live and work in a wonderful and Beautiful Landscape.

We need to look and experience Rural Perthshire together and enrich our lives.

**Thank you for listening and i hope this gives an insight in to
Community Mental Health in North Perthshire.**

Any Questions are welcome and I'll do my best to answer.

I will post a painting of the Kinloch Rannoch area ...to follow this piece.

Thanks

Colin.