
Report to Scrutiny Committee

Date of Meeting: 24 February 2011

Subject: Integrated Mental Health Service Annual Report

Report by: Head of Social Policy

1.0 Purpose

- 1.1. The Integrated Mental Health Service Annual Report outlines all quality improvement activity for the period 2009 / 10. The report offers an overview of service development, performance, evaluation and stakeholder engagement .
- 1.2. The Annual report offers transparency and illustrates how the service contributes to Social Policy and Corporate priorities.

2.0 Recommendations

- 2.1. It is recommended that the Committee reviews this report, commenting and challenging as appropriate.

3.0 Considerations

- 3.1. This report covers the period 2009 /10 and is attached as *Appendix 1*. A second report will be completed in July 2011 publicising the last twelve months continued progress.

4.0 Sustainability Implications

- 4.1. The pooled budget offers flexible resource management assisting the service to cope with current financial restrictions.
- 4.2. The pooled budget was initiated in 2006 following both Council agreement and the financial governance structures of NHS Forth Valley.

5.0 Resource Implications

- 5.1. *Financial Details*

5.2. The full financial implications of the recommendations are set out in the report. This includes a reference to full life cycle costs where appropriate. Yes ✓

5.3. Finance have been consulted and have agreed the financial implications as set out in the report. Yes ✓

5.4. *Staffing* - no staffing implications associated with this report.

6.0 Exempt Reports

6.1. Is this report exempt? Yes (please detail the reasons for exemption below) No ✓

7.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

(1) **Our Priorities 2008 - 2011** (Please double click on the check box)

The area has a positive image and attracts people and businesses

Our communities are more cohesive and inclusive ✓

People are better skilled, trained and ready for learning and employment ✓

Our communities are safer

Vulnerable people and families are supported ✓

Substance misuse and its effects are reduced ✓

Health is improving and health inequalities are reducing ✓

The environment is protected and enhanced for all

The Council is effective, efficient and recognised for excellence ✓

(2) **Council Policies** (Please detail)

8.0 Equalities Impact

8.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?

Yes No N/A

9.0 Legality

9.1 It has been confirmed that in adopting the recommendations contained in this report, the Council is acting within its legal powers. Yes ✓

10.0 Appendices

10.1 Please list any appendices attached to this report. If there are no appendices, please state "none".

10.2 *Appendix One: The Integrated Mental Health Service Annual Report 09/10.*

11.0 Background Papers

11.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes (please list the documents below) No

Author(s)

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Approved by

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CLACKMANNANSHIRE

Integrated Mental Health Service

**ANNUAL REPORT
2009/10**



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Service Manager's Foreword

Welcome to the first annual report for Clackmannanshire Integrated Mental Health Service. For us, it is an opportunity to tell others about our developments and progress.

I hope you will agree that this document evidences a real and continued commitment to improving the quality of mental health care. I also hope that we have been able to illustrate the clear advantages of our partnership approach both within the service and beyond. Our successes could not have been achieved by one of us in isolation.



The commitment of all within the service has been exceptional, with staff consistently approaching challenges with enthusiasm and creating innovative methods to meet client need. Equally, Klacksun, our User network has achieved the tricky balance of working collaboratively but yet continually questioning our practice, rationale and outcomes.

The Integrated Service has many reasons to be proud, but its success is based on the recognition that we can always do better.

We look forward to presenting our 2010/11 report to you in July this year.

A handwritten signature in blue ink that reads "Jane Menzies".

Jane Menzies
Service Manager Partnership

Service Overview & Objectives

The Integrated Mental Health Service is an initiative commencing in 2003 between Clackmannanshire Community Health Partnership (CHP) and Clackmannanshire Council Social Work Department. The service was established to:

- **Formalise existing joint working**
- **Improve information sharing and communication**
- **Reduce barriers and improve continuity of care**

The service also aspired to greater efficiency through:

- **Improved coordination of resources**
- **Reducing duplication**
- **Pooling budgets**
- **Increased service user involvement**

One Service Manager provides leadership for both NHS and Local Authority services, and is in turn accountable to both the CHP General Manager and the Head of Social Policy.

This shared commitment illustrates the philosophy of the integrated team, with services working collectively to meet the needs of Clackmannanshire.

The last few years have seen considerable redevelopment:

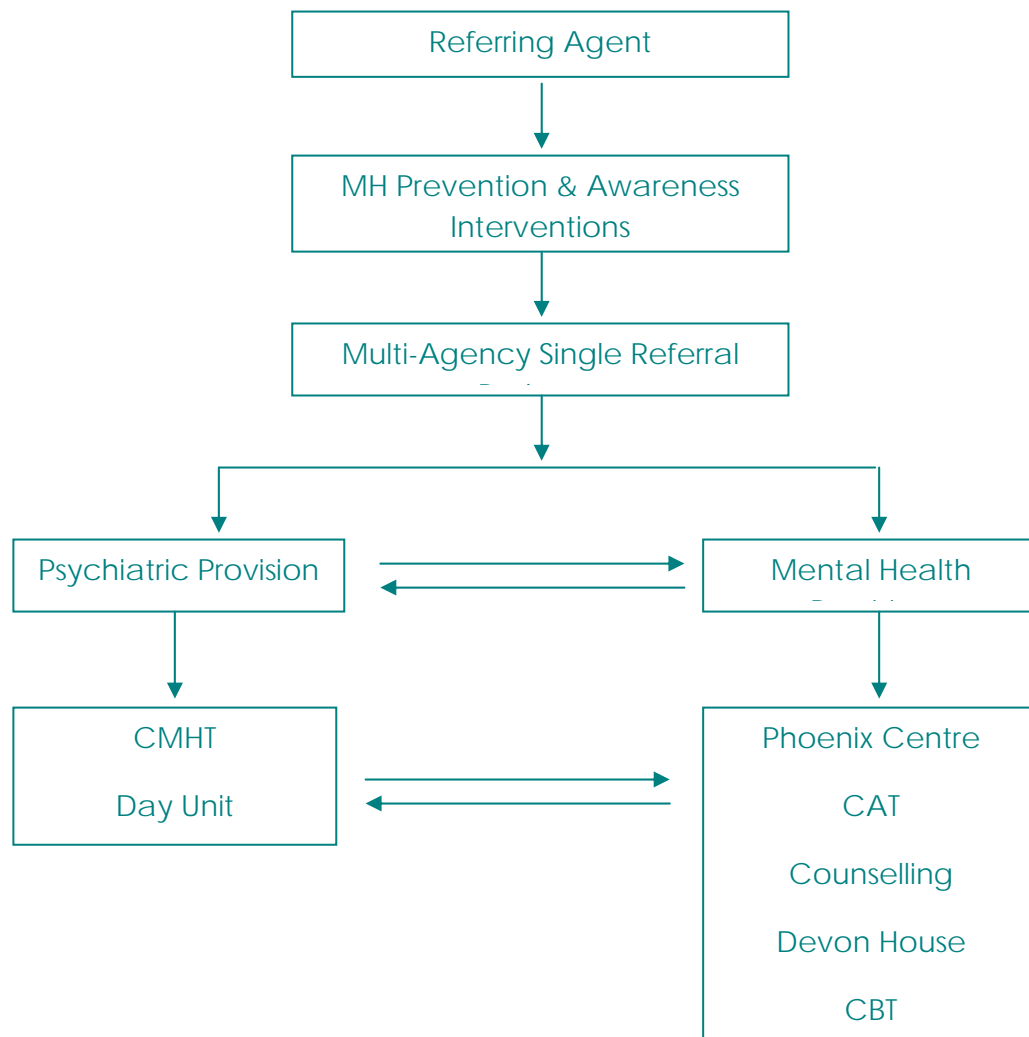
- **Incremental integration of services**
- **Mapping of all community resources**
- **Activity audit and benchmarking of practice**
- **Stakeholder consultation including formal events, surveys and workshops**
- **Establishment of a multi-agency performance framework incorporating NHS, LA and Third Sector providers**
- **A redesign of referral processes and client pathways in partnership with Primary Care**
- **The creation of Scotland's first operational pooled budget**
- **The establishment of a Service User Network**

The consultation and audit processes allowed us to understand the areas that needed to improve. There was concern that referral systems were confusing, waiting lists were long, clients' experiences repetitious and that there was a lack of information about services. An area of particular concern was high levels of referrals to Psychiatric services.

The service has since dramatically restructured and uses processes that help us provide efficient, effective and quality care.

Service Overview & Objectives

The diagram below shows how referrals are processed through the Single Referral Pathway:



Clients are now referred through one pathway, based on either need or a stated preference for a specific service. This development was initially piloted and in the first six months illustrated real progress:

- **1 and 6 week referral times were introduced**
- **72 hour fast tracking is in place for vulnerable clients**
- **A reduction in misdirected referrals from 18 to 7 percent**
- **Introduction of an electronic referral system allowing direct access to all teams**
- **A single point of access shared by all partners**
- **Link staff for all GP practices to improve communication**

These developments continue to improve as illustrated in our performance and quality improvement sections. Of particular note is the significant reduction in Psychiatric referrals ensuring less clinical and socially inclusive care where appropriate.

Our Services

The aims of the integrated service remain the same and are progressed by a number of teams offering a range of community mental health supports. The teams provide interventions for individuals with long term and complex mental illness to preventative work and mental health improvement activities. All teams equally contribute to the successes we have achieved.

Our services are provided chiefly from two buildings; Carsebridge House and the Mental Health Resource Centre in Clackmannanshire's new Community Health Care Centre.

Mental Health Resource Centre

The Mental Health Resource Centre is located within the new Clackmannanshire Community Healthcare Centre which opened in August 2009.

This is a new, purpose-built building which accommodates our Day Unit service and Community Mental Health Team as well as Consultant Psychiatrists, Psychologists, Art Therapy and the Rehabilitation Team who we work jointly with to provide our services.



Day Unit

The Day Unit provides multi-disciplinary and specialised assessment, treatment and maintenance care either in groups or on an individual basis for people who are experiencing severe and complex mental health problems, as well as support to their carers and families.

The aim is to offer individualised packages of clinical care to assist and enable people to remain in their home environment and to maintain and optimise their independence whilst addressing their mental health difficulties.

Community Mental Health Team (CMHT)

The CMHT functions as a multi-disciplinary team for adults with severe and complex mental illnesses. The philosophy of care is to assist people in their home environment, where possible, whilst helping them tackle their mental health care needs.

Clients can be seen at home or at out-patient appointments, and care is based on individual needs.

The CMHT aim is to assist in the development of positive coping skills, promoting mental health and wellbeing and encouraging user and carer participation in their care plans.

Our Services

Carsebridge House



Carsebridge House provides a base for the Phoenix Centre, Community Access Team and the Supported Employment Service.

Klacksun (Service Users Network) has its own equipped office space in the premises allowing members to be actively involved in user involvement activities such as administration, research and meetings.

The Scottish Association for Mental Health also provide services from here (Devon House and Counselling Service).

Phoenix Centre

The remit of the Phoenix Centre is to provide a variety of courses as well as individual support for people who suffer from mild to moderate mental health problems.

Our philosophy is to provide an informal and professional approach to mental health support by enabling individuals to explore their mental health needs in a non-threatening, relaxed and supportive environment.

Interventions include anxiety management; self esteem and confidence; depression management; relaxation.

Community Access Team

The Community Access Team provides short term support to people with mental health problems, assisting them to access facilities and resources in the community. This includes education, training and voluntary work, as well as a range of leisure activities. We aim to provide a friendly person centred service, enabling people to recognise their own strengths and abilities and gain new skills. The service promotes recovery and positive mental health.

Supported Employment

The Supported Employment service provides individualised assistance offering needs led support to enable people with mental health problems to access and sustain employment.

Our approach follows the supported employment model offering vocational profiling, identifying training needs, job searching/matching and job coaching. We carry out retention work, for individuals at risk of losing employment due to their mental health problems.

We aim to support employers by providing information, training in raising awareness of mental health issues in the work place.

Partnership Working & Links With Other Organisations

Partnership working is key to everything we do and ensures our services meet customer need. The integration however is not solely internal and we could not function without a wider range of agencies:

- **GPs and Primary Care**
- **Carers services**
- **NHS and Council colleagues (Housing, Education, Acute Services)**
- **Job Centre Plus and Clackworks**
- **Clackmannanshire Healthier Lives Anticipatory Care Project**

We have a unique relationship with the **Scottish Association for Mental Health (SAMH)** who share our premises, performance monitoring processes and referral pathways. SAMH provide two core local services:

- **Devon House**
A partial Clubhouse model for individuals with severe and enduring mental illness.
- **Counselling Service for People with Mild to Moderate Difficulties**
Support for individuals who are experiencing adverse life events, life cycle transitions, sexuality issues or coping with illness.
- **Klacksun Service User Network**

Klacksun is a key part of the Integrated Service, but it is also key that it works independently and challenges our work where appropriate. The Integrated Service funds this facility to ensure that the voice of users is heard and influences our practice. Klacksun is led by an Involvement Worker and has an office and meeting space within Carsebridge; a small budget is provided for expenses, activities and projects. Klacksun considers itself as the 'voice that counts'; it contributes to, develops and challenges services, with the shared aim of improving them. Examples of their work include:

- **Contributing to national consultations i.e. Direct Payments and Smoking in Mental Health Units etc.**
- **Leading work across Forth Valley on User Involvement expenses**
- **Influencing the national processes for Mental Health Nurse recruitment**
- **Working alongside Stirling University regarding Nurse and Social Work student induction processes**
- **Producing regular newsletters offering mental health related news and information**
- **Delivering mental health awareness sessions to Clackmannanshire's secondary schools**
- **Establishing a website committed to user involvement - www.klacksun.org.uk**
- **Undertaking training and offering awareness sessions in Wellness Recovery Action Plans**

A **Liaison and Development Group** was set up to ensure managers and service users meet regularly and that user views are integral to all that we do. This allows us to jointly discuss service need, review or create service policies and develop new strategies. The New Developments section offers more information on achievements to date, many taken forward exclusively by service users themselves.

Stakeholder Engagement & Consultation

The service is built on consultation and developments are a consequence of both initial and continual review. It is this approach that has led to our success.

We are committed to involving all stakeholders in proposed developments and in how we can improve our services.

Focus Groups - Do we make a difference?

In September 2008 a researcher was employed to evaluate quality assurance systems and allow us to gauge whether or not our interventions really make a difference to a person's mental health.

Focus groups were held throughout 2009 with staff and service users to discuss the ways that we can best answer this question. We wanted to know what we need to ask, to who and when? We also considered national guidance, practice elsewhere and the needs of agencies such as Quality Improvement Scotland and the Social Work Inspection Agency.

The information gathered from this exercise is now being used to redesign our evaluation systems to make sure they are evidence based, appropriate and effective.

Mental Health Planning Group

The Mental Health Planning Group (previously Framework Implementation Group) includes representation from all stakeholders. This group takes forward developments and actions in line with local and national strategies (e.g. HEAT targets; Community Care Outcomes; Mental Health Act monitoring and review). The group organised the Mental Health Planning Event in January 2010.

Mental Health Planning Event

A large consultation event took place in January 2010 with key stakeholders in order to:

- Ensure the mental health planning process in Clackmannanshire is integrated, inclusive and in appreciation of the needs of key partners
- Address the priority areas for mental health development
- Progress the Towards a Mentally Flourishing Scotland national strategy for mental wellbeing

The event focused on 7 known priority areas:

- Employability
- Homelessness and Housing
- Substance Misuse
- Mental Health awareness and wellbeing
- The user and carer experience
- Preventing admission and readmission and shifting the balance of care
- Transition and life events

Three questions were asked of all participants:

- What is positive and we should do more of?
- What do we need to improve?
- Identification of key areas for action?

An action plan was devised following consultation that includes priorities for improvement in each of the 7 focus areas. Progress is monitored through a bi-monthly planning group, but actions are the responsibility of a wide range of agencies.

New Developments & Improvements

We continuously strive to improve our services, in partnership with all our stakeholders. Some of this year's developments and improvements are included below.

SERVICE PROVISION

New Mental Health Resource Centre

One of the most significant developments this year was the move to the new building in Clackmannanshire's Community Health Centre, in August 2009.

The Centre is purpose-built and accommodates the Day Service and Community Mental Health Team as well as our Rehabilitation colleagues. The development offers real opportunities to further collaboration and extend practice.

Cognitive Behavioural Therapy (CBT)

In 2008 we piloted a CBT service as requested by GPs. This proved successful and extended our range of psychological therapies. The CBT service also offers access to a Trauma Team offering specialised assistance. This provision is now a permanent part of our service and is very well used.

Community Based Services

Service users have expressed the preference for some teams to be based outwith mental health premises and more part of mainstream health care.

In 2010 Phoenix Centre staff started to provide mild to moderate mental health support within Clackmannanshire's GP practices.

Out of Hours Working

The Phoenix Centre and Community Access Team introduced later working hours for some of their services to meet the needs of people who are unable to attend services during normal office hours or who have childcare issues.

Health Maintenance Clinic

The Day Unit now offers annual health checks to all clients who are receiving longer term treatments with specific medications. These checks include a full physical examination including ECG. This improves the opportunity and accessibility for clients to receive holistic care incorporating both physical and mental wellbeing needs at a local level, which was not previously available.

STAFF TRAINING AND DEVELOPMENT

Borderline Personality Disorder

A wide range of services have been provided with training from our Clinical Psychologist and Consultant. A solution focused group has also commenced, led by service users and supported by staff.

Sleep Disorders

A number of Day Unit staff attended training for people who have mental health problems and a sleep disorder. This training allows staff to provide support to people within a group setting.

Wellness Recovery Action Plan (WRAP) Training

At the end of 2009 this was introduced across the service, offering a self-management tool to help clients to take control of their own recovery. Service users were involved in both training and raising awareness.

Deliberate Self Harm

An impressive piece of work was undertaken by service users and staff with the assistance of our Consultant Psychologist. A joint working group mapped out current services and looked at practice elsewhere, good quality leaflets were sourced and training was put in place for staff. The Psychologist offers a supervision forum to support practice.

EVALUATIONS

Surveys

Three new annual surveys were introduced to obtain views from service users and carers and also staff views on leadership within our service. These were sent out in May and June 2010, services provided in the last year. The main results of the surveys are summarised on page 14.

INVOLVING OUR CUSTOMERS

Klacksun

Klacksun members developed an induction checklist to ensure that everyone attending our services gets the same information and opportunities to be involved. In addition to this, Klacksun now has a dedicated stand for leaflets and newsletters in our reception and public areas.

Standards for Involving People Who Use Our Services

The service user standards are just that, a clear outline of what service users should expect from us and what we, as services, need to achieve. These standards are based on best practice. The standards will always be a work in progress but great strides have been made. Achievements to date include:

- a standardised package of information that is given to all new clients
- user involvement is now established as part of the induction for all staff
- a recruitment policy that ensures service users are involved in the recruitment of all new staff. This policy was completed in 2010 with associated training anticipated in 2011.

User Recruitment Policy

The working group (a sub group of the Liaison and Development Group) have been undertaking research, and drawing on local examples of good practice to draw up a policy which will ultimately ensure that any staff recruitment exercise will include people who have a experience of receiving mental health services.

The working group have also been looking at the range of ways in which people who have experience of receiving mental health services can get involved in recruitment. It is hoped that the policy will be completed and training offered during 2010/2011.

Evaluating the Service Users Experience

A research project involving consultation with service users and staff was carried out to help us identify the best ways to evaluate how people feel about our services. The outcomes of this project are being used to introduce new evaluation methods which will be piloted early in 2011.

QUALITY ASSURANCE AND CONTINUOUS IMPROVEMENT

Joint Internal Audit

The service was subject to an NHS and Council joint audit in November 2009. No real issues were noted but an action plan is now in place to progress the advice we were given. This process was very helpful in terms of our financial and risk processes.

Quality Forum

A Quality Forum was established in March to ensure we have dedicated time to address performance and quality issues. This has offered us a more formal framework.

The service has previously undertaken the Public Service Improvement Framework (PSIF) assessment and this has guided us through the improvement process, making it clear where we need to focus our efforts. PSIF will be repeated in 2011.

The service has won a bronze COSLA award for our pooled budget and 2 Celebrating Success Awards: one in partnership with the CBT service and the other for our Single Referral Pathway.

We have also been recognised for our continual improvement by both SWIA and Audit Scotland.

We are working towards the Customer Service Excellence Award at this time.

SUPPORT FOR STUDENTS AND TRAINEES

The Integrated Mental Health Service supports students from Medicine, Social Work, Mental Health Nursing, Occupational Therapy and Psychology. We are able to offer a unique placement with the focus on partnership practice.

Klacksun members have participated in student induction days and lectures with the Departments of Social Work and Nursing in the University of Stirling.

Performance & Monitoring

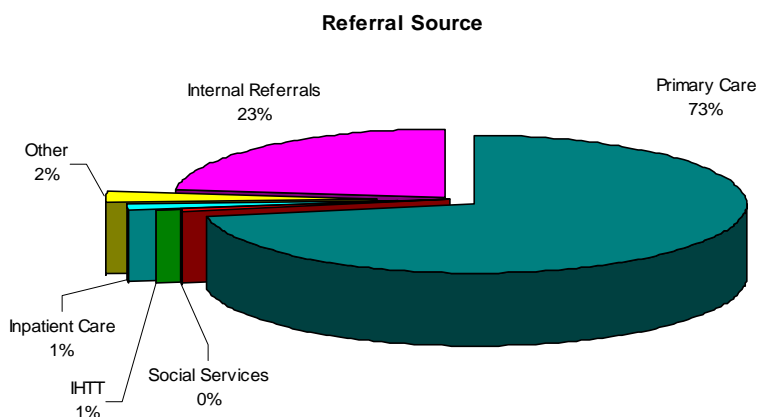
An extensive performance framework is in place monitoring all aspects of care, ensuring standards are maintained and improved where possible. Regular reports are considered at both management meetings and in the Quality Forum.

Performance reports and balanced scorecards are updated regularly and we use this information to tell us about our service user needs and the demand for specific provisions. This ensures resources are directed to where need is evidenced and issues can be addressed easily and in good time.

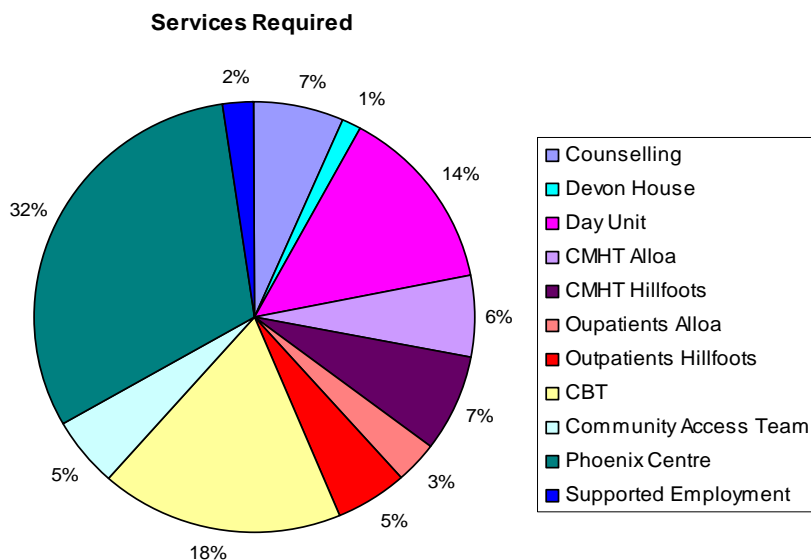
Who do we receive referrals from?

In the year 2009-2010 we received a total of 1704 appropriate referrals, 1392 were from external services and 392 were referred internally:

Primary Care	1233
Social Services	5
Intensive Home Treatment Team	9
Inpatient Care	23
Out of area	42
 Internal referrals	 392



We are experiencing an increase of approximately 300 referrals per annum.



What services do people need?

By collating data and producing regular reports, we are able to monitor which services people are being referred to. This allows us to determine where we need to place our resources and to identify if we need to make any changes.

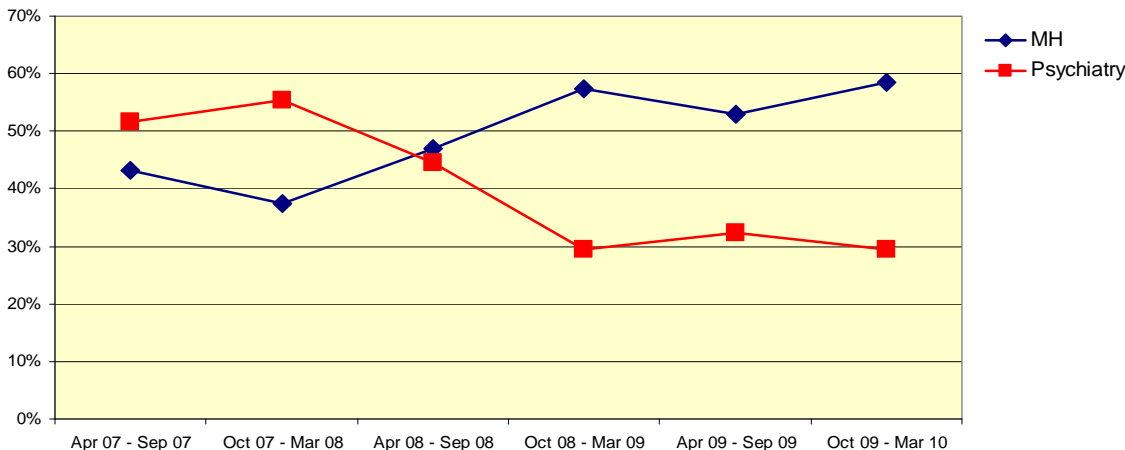
The adjacent chart shows the percentage of referrals going to each service in the last year.

Prior to redevelopment, it was acknowledged that too many referrals were being directed to Psychiatric services. To address this, the referral process was reviewed, service directories outlining available teams were published and alternatives such as CBT and Counselling were provided. As a result we have now

Performance & Monitoring

achieved a significant reduction in the referral rate in line with our target and the national 'Shifting the Balance of Care' strategy. It is generally accepted that service users are better served accessing lower tier provisions where possible.

Percentage of referrals to psychiatry & community based mental health services

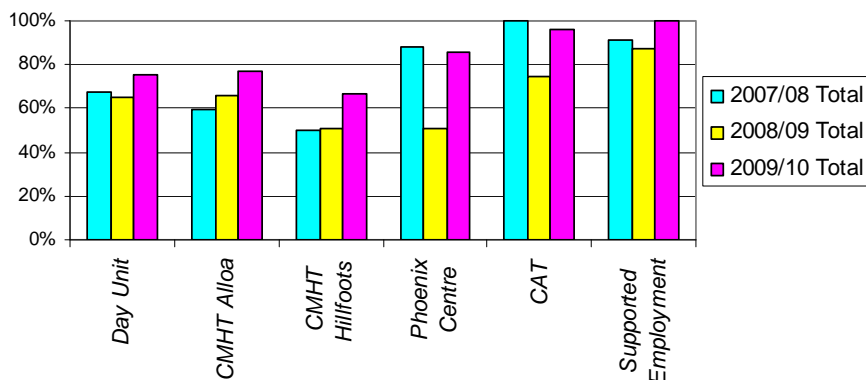


How well do we meet our timeframes?

The referral process offers clear timeframes for the referrer to decide when we should respond (within either one week or 6 weeks depending on whether the referral is urgent or routine).

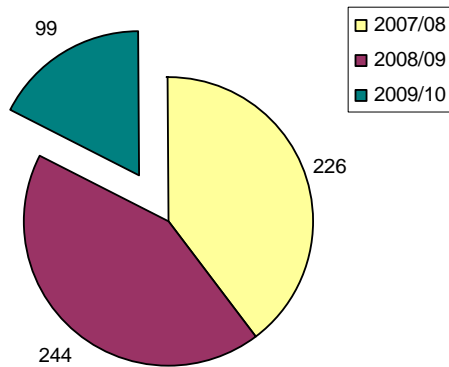
The chart below shows how well services within the Integrated Mental Health Service have met those timeframes over the last 3 years.

IMHS Appointment Targets Met



2008/09 saw a dip in performance due to considerable service reorganisation and the change process. 2010/11 figures are continuing to evidence improvement.

Counselling Service - No. of Referrals



The Counselling Service provided by SAMH is a popular development and was perceived highly in a recently evaluation where all service users had rated the provision as 8/10 or higher. However, the service has experienced difficulty meeting their targets due to excessive demand. To assist, the Phoenix Centre staff have worked jointly with them offering assessments and alternative or interim service.

This has helped reduce the number of referrals to Counselling services by approximately 60% so people have been receiving a service much sooner. We will continue to work in this way, but other alternative models are still under review.

Sickness Absence Monitoring

Both the NHS and Council have policies in place to support staff during sickness absences. Within the Integrated Mental Health Service, sickness absences are consistently under corporate targets (our absence rate for 2009/10 was 4.7%), with many staff regularly going above and beyond their expected responsibilities to provide a consistent and high quality service.

Evaluation

The Integrated Mental Health Service uses questionnaires to evaluate how satisfied people are with our service. Specific teams in turn, have their own method of gaining both individual and group work feedback.

Some examples of the feedback we have received from people who have used our services:

Evaluation Forms

Community Access Team:

On a scale of 1-5 (low-high):

91% scored the overall service as a 4 or more

90% scored the level of involvement in their plan of activity as a 3 or more

91% scored the support they received to access employment/training/other service as a 4 or more

Some of the comments we received:

- *The placement that was found for me was excellent - just what I was looking for and not at all easy to find*
- *I felt my support worker very easy to talk to and friendly. That helped me a lot. I achieved a lot of my goals and now I am more motivated towards my goals in life*
- *I'm grateful for this service as it's making me grow and become more confident*
- *My keyworker is a very nice lady and helped me a lot. She is an asset to the team*

Phoenix Centre Notice Board

In addition to evaluation forms, we now have a notice board in Carsebridge House where people who attend the Phoenix Centre can make comments and suggestions, here are a few we have received:

Made me focus on life, my problems, my future. I feel I am coping much better in stressful situations.

A very enjoyable course, good to meet others and share experiences.

I didn't think a group was for me
BUT
I learned a lot of useful things
and received the tools to help me.

Evaluation

Mental Health Resource Centre

Community Mental Health Team:

"I am truly lucky in that my key worker is exceptionally good at putting me at ease, allowing me to talk, clarifying what it is I'm trying to say and responding to me with honesty, considerable knowledge and absolute support. She is extremely astute in picking up signals, exploring them and assisting in making sense of situations. At one of the most difficult times of my life she has been an absolute God send".

Service User Survey

We sent our service user survey out to 150 randomly selected people and received 42 (28%) responses:

- **81%** received **clear information**
- **93%** get a **good response** when they contact us
- **93%** feel they **don't have to wait too long** for the service
- **82%** have been **fully involved** in deciding the service they receive
- **88%** feel they **can rely on the service**
- **93%** feel the service is of a **good quality**
- **91%** feel they are **treated with dignity and respect** by the service
- **86%** feel they got **help when they needed it**
- **91%** say MH services have made them **feel safer**
- **91%** say MH services have helped them to lead a **more independent life**
- **86%** feel mental health services have helped them **feel part of the community**

The survey did, however, highlight some issues to be improved:

- **50%** feel they do not see a **written assessment of their needs**
- **71%** feel they have been offered a **clear plan** that describes the services I will receive

Carers Survey

Our carers survey was sent out to 31 randomly selected people who care for people who receive our services and received 11 (35%) responses:

- **100%** feel there is **clear information** about available services
- **90%** feel they are **supported in their caring role** by the service
- **91%** feel the support they receive from the service has **helped them to continue their role as a carer**
- **83%** feel that the assistance provided **meets some or all of their needs**
- **64%** feel quite or very **valued as a carer**
- **55%** feel quite or very **supported as a carer**
- **64%** feel involved in the **reviewing the care and support**

A key issue for improvement is the identification of carers as the numbers known to the service remain low, so support remains limited. This is a key action in our Service Development Plan for 2010/11.

Leadership Survey

The response to the leadership survey was very positive with the majority of responses being over 80%. Some examples include:

- **88%** of staff fully **understand the role and responsibility of their job**
- **85%** feel that **their manager is accessible, listens and responds promptly to their request**
- **87%** feel **encouraged to contribute to service development and planning**
- **86%** feel they are in receipt of **development opportunities to meet their professional needs**

Recovery Journeys

"Recovery is being able to live a meaningful and satisfying life, as defined by each person, in the presence or absence of symptoms. It is about having control over and input into your own life. Each individual's recovery, like his or her experience of the mental health problems or illness, is a unique and deeply personal process." Scottish Recovery Network

Faith, Hope and Recovery

My name is Ron and I have been a member of Klacksun for coming up 3 years.



Back in 2003 I became acutely unwell with anxiety, panic attacks and general agoraphobia. It was quite disabling; I couldn't enjoy the activities I used to.

I went round various GPs and was given antidepressants which initially helped me with my anxiety disorder, but I knew there were other things that could help me more. I felt I needed counselling and/or CBT (cognitive behavioural therapy).

I moved to Clackmannanshire 4 years ago and was referred to the Integrated Mental Health Service at Carsebridge. The help I got there was tremendous. The difference in services from where I lived before was like night and day. Soon after I joined Klacksun which gave me confidence in talking to and meeting people and gave my life more structure.

I realised that in order for my recovery to continue I had to conquer my fear of the unknown. The next step was to get back into employment. I identified jobs which would be suitable and started applying for those I had "cherry picked".

At this present time I'm working part-time as a hospital porter in the NHS and have been working there since January 2010. It has made me more confident, able to cope with life's stresses and interacting with other people has helped my social skills.

Don't get me wrong; there are some days I don't feel well but I have enough faith in myself to know that I will get through the bad times!

Light at the End of the Tunnel

Sandy is a jovial, upbeat, "easy to chat to" kind of guy with a great big smile - with a good deal of determination.



However, a year previous to chatting to Klacksun, the smile had been wiped from Sandy's face. A number of deaths in the family, one of which was particularly sudden and traumatic, left him overwhelmed with grief. Add to this, growing problems at work which were outwith his control, and Sandy ended up at his GP surgery thinking he was having a heart attack. What Sandy discovered though was that his heart was fine and what he has experienced was an extreme panic attack. What followed, was what Sandy described as a "dangerous time". He couldn't see any future for himself, he didn't want to go out, he had horrendous nightmares, he started feeling as if everything was his fault. Sandy does a physically demanding job and is a strong man, but he felt throughout this time that his strength went - he couldn't even take his beloved dog out for a walk.

In total confusion, Sandy turned up at the Phoenix Centre for an appointment. When he saw the term "mental health" he was shocked and wondered what would happen to him at the appointment. Although Sandy had been reassured that his heart was fine, no-one had explained what exactly was going on until that appointment at the Phoenix Centre. Using terms he, as a mechanic, understood anxiety was explained to him. This was a real turning point for Sandy. He felt that once he understood what was happening to him, he decided to take the help offered and put it into practice and where is determination kicked in.

Sandy went on to participate in an anxiety management course which he says was "hard". He learned two important words - "Stop" and "No"! Sandy also attended, for a time, the weekly relaxation class. Again, a very different experience for him. The Men's Peer group helped him get ready for the banter back at work. The Supported Employment

Service helped him sort through work issues and helped him speak to his employers about getting back to work. Sandy is now receiving support from the Counselling service. Sandy says all the services came together at the right time for him. He has learned how to deal with stressful situations and to manage his anxiety attacks.

Interestingly, Sandy believes that he is a better person for his experience. He is now much more tolerant, aware of others and about mental health generally. In fact, Sandy has had people who have concerns and worries of their own approaching him at work. Sandy has been able to encourage them not to keep things to themselves and given them advice on where they can get help by sharing his experience with them.

Sandy didn't think he would ever be back at work but after six months he did return. However, his experience has given him a totally different perspective on life and he has decided to take early retirement, take advantage of his health and the opportunity to spend time with his wife and lovely grandchildren. He has taken up hill walking with a friend who seems to know just what to say and do.

It has been a long haul but Sandy, by putting all his learning into practice, has found the light at the end of the tunnel.

Pooled Budget

The service is supported significantly by the establishment of Scotland's first Pooled Budget.

- A pooled budget offers opportunity for partners to amalgamate monies in a discrete fund
- A service specification outlines approved services covered by the agreement
- The Service Development Plan outlines service strategic and operational priorities for a 3 year period
- Expenditure is based on the needs of the service users and not directed by boundary or contribution
- A pooled budget is uniquely flexible

This development has enabled resources to move freely in response to client need and service demand, and has allowed significant growth and change in a comparatively short timeframe. In 2009/10 the Pooled Budget experienced an underspend as illustrated in the accounts, this was due to the change process and withholding permanent spend until proposed changes had been assessed. Services are now established, and the underspend was re-invested by partners in other Social Work and CHP services.

How did we spend our budget?

	Annual Budget	Expenditure	Variance
	£	£	£
Staffing Costs	376,540	326,771	(46,769)
Premises Related Costs	46,600	71,636	25,036
Transport Costs	4,720	3,497	(1,223)
Supplies & Services	37,950	23,487	(14,463)
Third Party Payments	889,840	946,918	57,078
Transfer Payments	0	1,690	1,690
Total Expenditure	1,355,650	1,373,999	18,349
Income	(591,930)	(666,206)	(74,276)
Net Expenditure	763,720	707,793	(55,927)

Further Information

For further information about our services or any information in this report please contact:

Integrated Mental Health Service

Service Manager Provision
Integrated Mental Health Service
Social Policy
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Alloa, FK10 1EX
www.clacksweb.org.uk
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Tel: 01259 452376 / 450000

Phoenix Centre, Community Access Team and Supported Employment

Team Leader
Carsebridge House
3-8 Carsebridge Court
Alloa FK10
www.clackweb.org.uk
email: integratedmentalhealth@clacks.gov.uk
Tel: 01259 215048

Community Mental Health Team and Day Unit:

Mental Health Resource Centre Manager
Mental Health Resource Centre
Clackmannanshire Community Healthcare Centre
Hallpark Road
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email: integratedmentalhealth@clacks.gov.uk
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Klacksun

User Involvement Worker
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3-8 Carsebridge Court
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SAMH Devon House and Counselling Service

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